

Annual screening and evaluation of chronic conditions

Chronic conditions, HCCs, ICD-9-CM codes and descriptions



The goal of this tool is to educate and inform providers on how to properly code annual screenings and evaluations and how those codes map out to the various HCCs (hierarchical condition categories).

HIV status

Older people are at increasing risk for HIV/AIDS and other STDs. A growing number of older people now have HIV/AIDS. People age 50 and older represent almost one-fourth of all people with HIV/AIDS in the U.S. Older people are less likely than younger people to talk about their sex lives or drug use with their doctors, and doctors don't tend to ask their older patients about sex or drug use. Therefore, primary care providers should assess the risk of HIV infection in each of their elderly patients and screen for HIV, and possibly other, STDs accordingly.

HCC	HCC code description	ICD-9-CM code	ICD-9-CM description
1	HIV/AIDS	V08	Asymptomatic HIV infection

National Institute on Aging. HIV, AIDS, and Older People External Web Site Policy. Bethesda, MD: U.S. Department of Health and Human Services; 2009. (cited 2012 Jan 12). Available from: <http://www.nia.nih.gov/health/publication/hiv-aids-and-older-people> External Web Site Policy.

Cancer

Routine cancer screening in the Medicare Advantage population comprises many of the new HEDIS/five-star health care quality measurements. The goal of cancer screening is early detection, which should lead to successful cancer treatment. The risk of all cancers increases with advancing age. The primary care physician should review the patient's individual risk of certain cancers (e.g., tobacco use, personal and family history of cancer) and that cancer screening protocols are up-to-date (mammography, colonoscopy, pelvic examination, and prostate examination) based on current evidence-based medicine recommendations.

A Correctly Reporting Cancer Diagnoses tool is available from your Optum Healthcare Advocate.

HCC	HCC code description	ICD-9-CM code
11	Colorectal, bladder and other cancers	141.x - 149.x, 153.x, 154.x, 159.x - 161.x, 164.x, 165.x, 180.x, 184.x, 188.x - 189.x
12	Breast, prostate, and other cancers and tumors	172.x, 174.x, 175.x, 179, 182.x, 185, 186.x, 187.x, 190.x, 193, 194.1, 194.5 - 194.9, 195.x, 199.1, 199.2, 209.00 - 209.3x, 225.x, 227.3, 227.4, 228.02, 237.0 - 237.3, 237.5 - 237.9, 239.6, 259.2, 759.5, 759.6

History of cancer: Patients with a history of cancer, with no evidence of current cancer, and not currently under treatment for cancer should be reported as "Personal history of malignant neoplasm." These V codes require additional digits to identify the site of the cancer and should be reported only when there is no evidence of current cancer. If a patient's presenting problem, signs, or symptoms may be related to the cancer history or if the cancer history (personal or family) impacts the plan of care, then report the appropriate V code and not the code for the active cancer.

Example: Personal history of malignant neoplasm, kidney V10.52

Diabetes

Among Americans aged 65 years or older, 26.9% (10.9 million people) have diabetes. Moreover, 60% of all diabetics will have some complication of diabetes. In addition to screening all patients for diabetes and prediabetes (with fasting blood sugar or screening HbA1C), all diabetics should be screened annually for diabetic complications (eye complications, neuropathy, renal disease, peripheral vascular disease). Patients with type 2 diabetes who require insulin should be documented with an additional V code (**V58.67**).

Diabetes coding tools, GFR calculators, and monofilaments are available from your Optum Healthcare Advocate.

HCC	HCC code description	ICD-9-CM code	ICD-9-CM description
18	Diabetes with chronic complications	250.4x	Diabetes with renal manifestations*
		250.5x	Diabetes with ophthalmic manifestations*
		250.6x	Diabetes with neurological manifestations*
		250.7x	Diabetes with peripheral circulatory disorders*
		250.8x	Diabetes with other specified manifestations*
		250.9x	Diabetes with unspecified complications*
19	Diabetes without complication	249.0x	Secondary diabetes mellitus without mention of complication
		250.0x	Diabetes mellitus without mention of complication
122	Proliferative diabetic retinopathy and vitreous hemorrhage	362.02	Proliferative diabetic retinopathy
		379.23	Vitreous hemorrhage

Note: Use additional external cause code, if applicable, to identify the cause of the eye condition.

*All diabetic manifestations are dependent on chart documentation. Assign as many codes from category 250 as necessary to identify all the associated diabetic conditions. Multiple coding is required for this type of complication, with multiple codes for "Diabetes with complications" as necessary, followed by a code(s) for the associated manifestation(s) indicating the complication(s).

Example: A type 2 patient with diabetic CKD stage 3 and diabetic cataract would be coded as:

- **250.40**
- **585.3**
- **250.50**
- **366.41**

Nutrition and metabolic disorders

Annual reporting of a patient's body-mass index (BMI) is a HEDIS/five-star requirement. Although patients with a BMI less than 19 can be diagnosed with protein-calorie malnutrition, the elderly are at increased mortality with a BMI less than 21. Risk factors for protein-calorie malnutrition include: prolonged hospitalization, nursing home residence, alcohol dependence, cancer, chronic heart failure, dementia, depression, liver disease and renal disease. Because of the national epidemic of obesity and the importance of its diagnosis and management, accurate documentation and coding is essential. Based on recommendations by the U.S. Preventive Services Task Force (USPSTF), CMS will cover preventive services and counseling for obesity, under a new HCPCS code, G0447 (Face-to-Face Behavioral Counseling for Obesity, 15 minutes).

A *Protein-Calorie Malnutrition tool*, *Overweight, Obesity and Morbid Obesity tool* and a *BMI calculator* are available from your Optum Healthcare Advocate.

HCC	HCC code description	ICD-9-CM code	ICD-9-CM description
21	Protein-calorie malnutrition	263.0	Malnutrition of moderate degree
		263.1	Malnutrition of mild degree
		263.8	Other protein-calorie malnutrition
		263.9	Unspecified protein-calorie malnutrition
		799.4	Cachexia
22	Morbid obesity	278.01	Morbid obesity
		278.03	Obesity hypoventilation syndrome
		V85.41	Body mass index 40.0-44.9 adult
		V85.42	Body mass index 45.0-49.9 adult
		V85.43	Body mass index 50.0-59.9 adult
		V85.44	Body mass index 60.0-69.9 adult
V85.45	Body mass index 70 and over adult		

Recording the actual BMI on a progress note and properly coding it now are essential HEDIS/five-star health care quality measures, mandated by the Centers for Medicare & Medicaid Services (CMS). While BMI may be coded from the dietitian's or other caregiver's documentation, the diagnosis of being overweight or obese must also be documented and coded from the provider's chart notes because the BMI code alone does not capture the abnormal weight condition. The code for the obesity should be listed first followed by the code for the BMI.

"Intensive Behavioral Therapy (IBT) for Obesity." *Centers for Medicare & Medicaid Services*. Medicare Learning Network, 19 Mar. 2012. Web. 15 Oct. 2014. <<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7641.pdf>>.

Musculoskeletal

Rheumatoid arthritis (RA) causes premature mortality, disability and compromised quality of life. The diagnosis of bona fide RA, followed by prescribing the affected patient with a disease-modifying antirheumatic drug (DMARD) is a HEDIS/five-star metric. For the 2014 CMS-HCC model, psoriatic arthropathy also has been added to the CMS-HCC Risk Adjustment Model.

HCC	HCC code description	ICD-9-CM code	ICD-9-CM description
40	Rheumatoid arthritis and inflammatory connective tissue disease	714.0	Rheumatoid arthritis*
		696.0	Psoriatic arthropathy

"Rheumatoid Arthritis." *Centers for Disease Control and Prevention*. Division of Adult and Community Health, n.d. Web. 14 Oct. 2014. <<http://www.cdc.gov/arthritis/basics/rheumatoid.htm>>.

Blood

Thrombocytopenia recently has been added to the list of HCCs. Although thrombocytopenia can be defined as a platelet count below 150,000 platelets per microliter (as determined through laboratory screening), thrombocytopenia rarely causes problems until the count is below 50,000. Thrombocytopenia often occurs because of an underlying problem such as an immune disorder, malignancy, or side effect of certain medications. As such, the accurate diagnosis of thrombocytopenia and its etiology is crucial.

HCC	HCC code description	ICD-9-CM code	ICD-9-CM description
48	Coagulation defects and other specified hematological disorders	287.5	Thrombocytopenia, unspecified
		289.84	Heparin-induced thrombocytopenia (HIT)
		287.30	Primary thrombocytopenia, unspecified
		287.31	Immune thrombocytopenic purpura
		287.32	Evans' syndrome
		287.33	Congenital and hereditary thrombocytopenic purpura
287.39	Other primary thrombocytopenia		

"What Is Thrombocytopenia?" *National Heart, Lung, and Blood Institute (NHLBI)*. National Institutes of Health (NIH), n.d. Web. 14 Oct. 2014. <<http://www.nhlbi.nih.gov/health/health-topics/topics/thcp/printall-index.html>>.

Substance abuse

It is estimated that 17% of older adults misuse and abuse alcohol and medications. Although the majority of older adults visit a physician regularly, about 40% of those who are at risk for substance abuse problems do not self-identify or seek service and are unlikely to be identified by their physicians. Therefore, any alcohol, illicit substance and medication misuse should be ascertained.

HCC	HCC code description	ICD-9-CM code	ICD-9-CM description
55	Drug/alcohol dependence	303.xx	Alcohol dependence »The following fifth-digit subclassification is for use with category 303: <ul style="list-style-type: none"> • 0 - Unspecified • 1 - Continuous • 2 - Episodic • 3 - In remission
		304.xx	Drug dependence (with a fourth digit to indicate the class of drug involved) »Status of dependence (fifth digit assignment): <ul style="list-style-type: none"> • 304.x0 - Unspecified • 304.x1 - Continuous • 304.x2 - Episodic • 304.x3 - In remission

Center for Substance Abuse Treatment. Substance Abuse Among Older Adults. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 1998. (Treatment Improvement Protocol (TIP) Series, No. 26.) Chapter 1 - Substance Abuse Among Older Adults: An Invisible Epidemic. Available from: <http://www.ncbi.nlm.nih.gov/books/NBK64422/>

Psychiatric

Suicide rates are almost twice as high in the elderly, with the rate highest for white men over 85 years of age. Older adults who commit suicide had seen a clinician within the previous month. Treatment of depression can have beneficial effects on health outcomes in the elderly. Accordingly, the Centers for Medicare & Medicaid Services (CMS) will reimburse for annual depression screening (G0444). The fifth digit indicates the severity of the condition or the clinical status of the current episode.

PHQ-9 forms, a Depression Screening tool and a Major Depressive Disorder Algorithm are available from your Optum Healthcare Advocate.

HCC	HCC code description	ICD-9-CM code	ICD-9-CM description
58	Major depressive disorders, bipolar, and paranoid disorders	296.2x	Single depressive episode
		296.3x	Recurrent depressive episode

American Psychiatric Association. *Diagnostic & Statistical Manual of Mental Disorders*, Fifth Edition. Arlington, VA, American Psychiatric Association, 2013.

Neurological

For the 2014 CMS-HCC model, the HCC for polyneuropathy has been restructured. Diabetic neuropathy has been moved to *Diabetes with Chronic Complications* (see page 2). Screening for neuropathy begins with querying the patient for complaints of numbness, pain, or other peripheral neurologic symptoms and reviewing the patient's medical history for diabetes, alcohol misuse, nutritional deficiency, and certain medications (e.g., dapsone, hydroxyurea, metronidazole, vincristine, thalidomide, isoniazid, linezolid, or ribavirin). Screening also includes assessment of vibratory sensation or monofilament testing.

Monofilaments and a Peripheral Neuropathy tool are available from your Optum Healthcare Advocate.

HCC	HCC code description	ICD-9-CM code	ICD-9-CM description	
75	Myasthenia gravis/myoneural disorders and Guillain-Barre syndrome/ inflammatory and toxic neuropathy	357.0	Acute infective polyneuritis	
		357.1	Polyneuropathy in collagen vascular disease	
		<i>Note: Code first underlying disease, as: disseminated lupus erythematosus (710.0), polyarteritis nodosa (446.0), rheumatoid arthritis (714.0).</i>		
		357.3	Polyneuropathy in malignant disease	
		<i>Note: Code first underlying disease (140.0-208.9).</i>		
		357.4	Polyneuropathy in other diseases classified elsewhere	
		<i>Note: Code first underlying disease, as: amyloidosis (277.30-277.39), beriberi (265.0), chronic uremia (585.9), deficiency of B vitamins (266.0-266.9), diphtheria (032.0-032.9), hypoglycemia (251.2), pellagra (265.2), porphyria (277.1), sarcoidosis (135), uremia NOS (586).</i>		
		357.5	Alcoholic polyneuropathy	
		357.6	Polyneuropathy due to drugs	
		<i>Note: Use additional E code to identify drug.</i>		
		357.7	Polyneuropathy due to other toxic agents	
		<i>Note: Use additional E code to identify toxic agent.</i>		
		357.81	Chronic inflammatory demyelinating polyneuritis	
		357.82	Critical illness polyneuropathy	
		357.89	Other inflammatory and toxic neuropathy	
358.00	Myasthenia gravis without (acute) exacerbation			
358.01	Myasthenia gravis with (acute) exacerbation			

Marangoni, C., E. Mauri, M. Lacerenza, and P. Marchettini. "Painful Peripheral Neuropathies." National Center for Biotechnology Information, U.S. National Library of Medicine. Pain Medicine Center, Scientific Institute San Raffaele, Via Stamira D'Ancona 20, 20127 Milano, Italy, 2006. Web. 15 Oct. 2014. <<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2430688/>>.

Oxygen and respirator dependence/tracheostomy status

The patient's dependence on oxygen, dependence on ventilator or presence of a tracheostomy should be documented annually.

HCC	HCC code description	ICD-9-CM code	ICD-9-CM description
82	Respirator Dependence/tracheostomy status	V44.0	Tracheostomy status
	Hypoxia/supplemental oxygen dependence	V55.0	Attention to artificial openings (tracheostomy)
		V46.1x	Dependence on respirator, status

Heart

Heart disease is the leading cause of death in both men and women aged 65 years and older. The Centers for Medicare & Medicaid Services (CMS) will cover preventive services and counseling for cardiovascular disease prevention and risk reduction, under a HCPCS code (G0446). Documentation of the visit must include: (1) encouraging aspirin use for the primary prevention of CVD when the benefits outweigh the risks for men aged 45-79 years and women aged 55-79, (2) screening for high blood pressure in adults aged 18 years and older (>140/90 non-diabetic; 130/80 diabetic), and (3) intensive behavioral counseling to promote a healthy diet for adults with hyperlipidemia, hypertension, advancing age and other known risk factors for cardiovascular and diet-related chronic disease.

Reviewing the family and personal history of cardiovascular disease hypertension, any heart disease, stroke, peripheral vascular disease and exercise tolerance; annual screening for hypercholesterolemia and other dyslipidemias; and screening EKGs all are important in diagnosing heart disease of all forms.

Tools on Documentation & Coding for Cardiovascular Disease and Hypertension Coding are available from your Optum Healthcare Advocate.

HCC	HCC code description	ICD-9-CM code	ICD-9-CM description
85	Congestive heart failure	428.0	Congestive heart failure, unspecified
86	Acute myocardial infarction	410.xx	Acute myocardial infarction (acute or 8 weeks or less from the date of the MI) » The fourth digit reports the site of the infarction: Anterolateral wall, other anterior wall, inferolateral wall, inferoposterior wall, other inferior wall, other lateral wall, true posterior wall, subendocardial, other specific sites, or unspecified site » The fifth digit 0, 1 or 2 reports the episode of care unspecified, initial or subsequent respectively
87	Unstable angina and other acute ischemic heart disease	411.0	Postmyocardial infarction syndrome
		411.1	Intermediate coronary syndrome (unstable angina)
88	Angina pectoris	413.9	Other and unspecified angina pectoris
96	Specified heart arrhythmias	427.81	Sinoatrial node dysfunction
		426.0	Atrioventricular block, complete
		427.x	Cardiac dysrhythmias

Go AS, Mozaffarian D, Roger VL, Benjamin EJ, Berry JD, Borden WB, Bravata DM, Dai S, Ford ES, Fox CS, Franco S, Fullerton HJ, Gillespie C, Hailpern SM, Heit JA, Howard VJ, Huffman MD, Kissela BM, Kittner SJ, Lackland DT, Lichtman JH, Lisabeth LD, Magid D, Marcus GM, Marelli A, Matchar DB, McGuire DK, Mohler ER, Moy CS, Mussolino ME, Nichol G, Paynter NP, Schreiner PJ, Sorlie PD, Stein J, Turan TN, Virani SS, Wong ND, Woo D, Turner MB; on behalf of the American Heart Association Statistics Committee and Stroke Statistics Subcommittee. Heart disease and stroke statistics—2013 update: a report from the American Heart Association. *Circulation*. 2013;127:e6-e245.

Vascular

20% of all patients aged 65 years and older will have evidence of peripheral vascular disease when assessed by an ankle-brachial index (ABI). Therefore, the American Heart Association and American College of Cardiology recommend ABI screening on all elderly patients. For the 2014 CMS-HCC model, there is now a separate category for atherosclerosis of the extremities with ulceration or gangrene.

HCC	HCC code description	ICD-9-CM code	ICD-9-CM description
106	Atherosclerosis of the extremities with ulceration or gangrene	440.23	Atherosclerosis of the extremities with ulceration
		440.24	Atherosclerosis of the extremities with gangrene » Use additional code for any associated ulceration (707.10 - 707.19, 707.8, 707.9)
107	Vascular disease with complications	441.xx	Aortic aneurysm and dissection
		444.xx	Arterial embolism and thrombosis
108	Vascular disease	443.9	Peripheral arterial disease, peripheral vascular disease, and claudication are coded to 443.9
		440.20	Atherosclerosis of extremities, unspecified
		440.21	Atherosclerosis of extremities w/ intermittent claudication
		440.22	Atherosclerosis of extremities w/ rest pain
		440.23	Atherosclerosis of extremities w/ ulceration
		440.24	Atherosclerosis of extremities w/ gangrene

Lin JS, Olson CM, Johnson ES, et al. The Ankle Brachial Index for Peripheral Artery Disease Screening and Cardiovascular Disease Prediction in Asymptomatic Adults: A Systematic Evidence Review for the U.S. Preventive Services Task Force [Internet]. Rockville (MD): Agency for Healthcare Research and Quality (US); 2013 Sep. (Evidence Syntheses, No. 100.) 1, Introduction. Available from: <http://www.ncbi.nlm.nih.gov/books/NBK164526/>.

Lung

Smoking remains the primary risk factor for developing chronic bronchitis and chronic obstructive pulmonary disease. According to the United States Preventive Services Task Force, patients with a past smoking history would benefit from screening spirometry. Patients with a history of chronic asthma also are at increased risk of developing COPD. Idiopathic pulmonary fibrosis (IPF), rheumatoid arthritis-associated interstitial lung disease and idiopathic interstitial pneumonia are highly associated with advanced age, with the estimated prevalence increasing from 14 per 100,000 per year for the general population to approximately 270 per 100,000 per year for the elderly. Accordingly, for the 2014 CMS-HCC model, a new HCC has been added for patients with pulmonary fibrosis. Patients usually seek medical attention when they experience persistent cough, nonremitting or progressive dyspnea, or dyspnea on exertion. Exposure history, the presence of arthralgias or other extrapulmonary symptoms or signs, and the presence of gastroesophageal reflux symptoms can provide important clues to the diagnosis and the presence of disease-related comorbidities. All medications should be reviewed to identify any drugs that have been associated with pneumotoxicity.

A COPD Detail Aid and a COPD Coding Reference sheet are available from your Optum Healthcare Advocate.

HCC	HCC code description	ICD-9-CM code	ICD-9-CM description
111	Chronic obstructive pulmonary disease	491.0	Simple chronic bronchitis
		491.1	Mucopurulent chronic bronchitis
		491.20	Obstructive chronic bronchitis w/o exacerbation
		491.21	Obstructive chronic bronchitis w/ (Ac) exacerbation
		491.22	Obstructive chronic bronchitis w/ (Ac) bronchitis
		491.8	Chronic bronchitis, other
		491.9	Chronic bronchitis, unspecified
		492.8	Emphysema, NOS
		493.21	Chronic obstructive asthma w/ status asthmaticus
		493.22	Chronic obstructive Asthma w/ (Ac) exacerbation
		496	Chronic airway obstruction (COPD), NEC
112	Fibrosis of lung and other chronic lung disorders	135	Sarcoidosis
		494.0	Bronchiectasis without acute exacerbation
		494.1	Bronchiectasis with acute exacerbation
		515	Postinflammatory pulmonary fibrosis
		<i>Note: If a provider documents "lung fibrosis," "fibrotic lung," "postinflammatory pulmonary fibrosis," "pulmonary fibrosis," "cirrhosis of lung," "induration of lung," or "interstitial pneumonitis," they all code to 515.</i>	

Chronic Obstructive Pulmonary Disease (COPD) Fact Sheet." American Lung Association. N.p., May 2014. Web. 15 Sept. 2014. <<http://www.lung.org/lung-disease/copd/resources/facts-figures/COPD-Fact-Sheet.html>>.

Kidney

Screening for chronic kidney disease (CKD) can be done through estimated glomerular filtration rate and proteinuria. Renal failure is now broken out into acute renal failure (**584.x**) and two levels of CKD (**585.4** and then **585.5** & **585.6**). Unspecified codes such as **585.9**, chronic kidney disease, unspecified; **586**, renal failure, unspecified; and **583.9**, nephritis, unspecified, should be avoided. The presence of end-stage renal disease (CKD, stage V) and compliance/non-compliance with dialysis should be documented annually.

GFR calculators, a Managing CKD tool and tools on CKD coding and documentation are available from your Optum Healthcare Advocate.

HCC	HCC code description	ICD-9-CM code	ICD-9-CM description
134	Dialysis status	V45.11	Renal dialysis status
		V45.12	Noncompliance with renal dialysis
136	Chronic kidney disease (stage V)	585.5	Chronic kidney disease, stage V
		585.6	ESRD
137	Chronic kidney disease (stage IV)	585.4	Chronic kidney disease, stage IV (severe)

"Chronic Kidney Disease (CKD)." National Kidney Foundation. National Kidney Foundation. 11 Oct 2012. <<http://www.kidney.org/kidneydisease/index.cfm>>.

Skin

Pressure ulcers remain a significant cause of morbidity and mortality among elderly patients. For the 2014 CMS-HCC model, there are now only two HCCs for pressure ulcers of the highest severity. The location, size and depth of the ulcer should be recorded.

HCC	HCC code description	ICD-9-CM code	ICD-9-CM description
157	Pressure ulcer of skin with necrosis through to muscle, tendon, or bone	707.24	Pressure ulcer, stage IV
158	Pressure ulcer of skin with full thickness skin loss	707.23	Pressure ulcer, stage III
		707.25	Pressure ulcer, unstageable

Lyder CH, Ayello EA. Pressure Ulcers: A Patient Safety Issue. In: Hughes RG, editor. *Patient Safety and Quality: An Evidence-Based Handbook for Nurses*. Rockville (MD): Agency for Healthcare Research and Quality (US); 2008 Apr. Chapter 12. Available from: <http://www.ncbi.nlm.nih.gov/books/NBK2650/>.

Transplant

All major organ transplants (e.g., heart, lung, liver, bone marrow, peripheral stem cells, pancreas, intestines) should be documented annually, in addition to the presence of immunosuppressive medications or complications secondary to the transplant.

HCC	HCC code description	ICD-9-CM code	ICD-9-CM description
186	Major organ transplant or replacement status	V42.x	Organ/tissue transplants listed
		V42.8X	Other specified transplant except V42.89 - V42.9
	Complications of transplanted organ Transplant failure or rejection	996.82	Liver
		996.83	Heart
		996.84	Lung
		996.85	Bone marrow
		996.86	Pancreas
		996.87	Intestine
		996.88	Stem cell
<i>Note: Use additional code to identify nature of complication, such as: cytomegalovirus (CMV) infection (078.5), graft-versus-host disease (279.50 - 279.53), malignancy associated with organ transplant (199.2), post-transplant lymphoproliferative disorder (PTLD) (238.77).</i>			

Openings

Artificial openings for feeding and elimination should be documented annually.

HCC	HCC code description	ICD-9-CM code	ICD-9-CM description
188	Artificial openings for feeding or elimination	V44.X	Artificial opening status except V44.7
		V44.5X	Artificial opening status: cystostomy

Amputations

All amputations should be documented annually and inspected for any complications such as ulcers, poor prosthetic fitting and infection.

HCC	HCC code description	ICD-9-CM code	ICD-9-CM description
189	Amputation status, lower limb/amputation complications	V49.7X	Lower limb amputation status
		V52.1	Artificial leg (complete) (partial)

Eye

Age-related macular degeneration (AMD) is the leading cause of loss of vision in people over 65 years of age. AMD is characterized by degeneration of the macula, the area of the retina responsible for central vision. Risk factors for AMD include advancing age, family history of AMD and cardiovascular risk factors such as hypertension and cigarette smoking. Annual eye examinations are incorporated in the health care quality measurements (HEDIS/five-star).

HCC	HCC code description	ICD-9-CM code	ICD-9-CM description
124	Exudative macular degeneration	362.52	Exudative senile macular degeneration

"Common Eye Disorder." Centers for Disease Control and Prevention. Division of Diabetes Translation, National Center for Chronic Disease Prevention and Health Promotion, 23 Apr. 2013. Web. 15 Oct. 2014. <http://www.cdc.gov/visionhealth/basic_information/eye_disorders.htm>.

Endocrine

Fractures secondary to osteoporosis and osteopenia are a major public health concern in America. The Bone Mass Measurement Act of 1998 broadened the selective screening by mandating Medicare coverage for densitometry services for individuals at risk of osteoporosis, which included individuals with primary hyperparathyroidism. Screening for primary hyperparathyroidism should thus be considered in any elderly patient with hypercalcemia. In addition, patients with chronic kidney disease are susceptible to bone loss secondary to Vitamin D deficiency and resulting secondary hyperparathyroidism. Patients with CKD — especially those with an eGFR less than or equal to 45 mL/min/1.73m² — should be for secondary hyperparathyroidism and Vitamin D deficiency. Finally, in rare cases, patients who have undergone renal transplantation may develop tertiary hyperparathyroidism.

HCC	HCC code description	ICD-9-CM code	ICD-9-CM description
23	Other significant endocrine and metabolic disorders	252.0x	Hyperparathyroidism

"Osteoporosis: A Resource from the American College of Preventive Medicine." *American College of Preventive Medicine*. N.p., 2009. Web. 15 Oct. 2014. <<http://www.acpm.org/resource/resmgr/timetools-files/osteoporosisclinicalreferenc.pdf>>.

How can we help you?

Our goal is to help healthcare professionals facilitate and support accurate, complete and specific documentation and coding with an emphasis on early detection and ongoing assessment of chronic conditions. Through targeted outreach and education, we help our clients and their providers:

- Deliver a more comprehensive evaluation for their patients
- Identify patients who may be at risk for chronic conditions
- Improve patient care to enhance longevity and quality of life
- Comply with the Centers for Medicare & Medicaid Services (CMS) risk adjustment requirements

Call your Optum Healthcare Advocate to find out how we can help you improve outcomes for your patients.

Due to the updated, clinically revised CMS-HCC Medicare risk adjustment model for payment year 2015, the bolding of ICD-9-CM codes has been revised to reflect:

- **Red = Risk adjusts in only the 2013 CMS-HCC model**
- **Black = Risk adjusts in both the 2013 CMS-HCC model and the 2014 CMS-HCC model**
- **Orange = Risk adjusts in only the 2014 CMS-HCC model**

Note: The 2015 payment year model is a blend of the 2013 CMS-HCC model (67%) and the 2014 CMS-HCC model (33%).

For additional information as well as publications and products available for HEDIS®, please visit the National Committee for Quality Assurance (NCQA) website at www.ncqa.org.

Coding source:
Optum ICD-9-CM for Physicians Professional 2014. Vols. 1&2. Salt Lake City: 2013.



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This guidance is to be used for easy reference; however, the ICD-9-CM and ICD-10-CM code books and the Official Guidelines for Coding and Reporting are the authoritative references for accurate and complete coding. The information presented herein is for general informational purposes only. Neither Optum nor its affiliates warrant or represent that the information contained herein is complete, accurate or free from defects. Specific documentation is reflective of the "thought process" of the provider when treating patients. All conditions affecting the care, treatment or management of the patient should be documented with their status and treatment and coded to the highest level of specificity. Enhanced precision and accuracy in the codes selected is the ultimate goal. This tool supplies general information regarding HEDIS and Stars, but NCQA administers HEDIS and CMS administers the Stars measures and you should consult the NCQA and CMS websites for further information. Lastly, on April 7, 2014 CMS announced a revised CMS-HCC risk adjustment model that differs from the proposed Medicare risk adjustment model. For more information see: <http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Advance2015.pdf>, <http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2015.pdf>, and <http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/index.html>.

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