

## HCC Documentation Quick Guide

Documentation, coding and submission of each patient’s diagnoses or Hierarchical Condition Category (HCCs) is required **at least once per calendar year**, restarting every January 1.

**Validating HCC coding:**

- document the status of each condition being **treated**
  - acute or chronic (not “history of...”)
- document the plan of action (**MEAT**)
  - [MEAT Quick Guide](#)
- code each diagnosis **consistent with and supported by** documentation
  - include site, laterality, stage, severity, and complications or manifestations

**Tips to close the gaps to capture all HCCs:**

- identify and outreach sickest patients or those with the most active chronic conditions
- ensure annual face-to-face encounters are completed for each patient
- pre-visit planning (ex. chart preparation, review problem list and highlight all HCCs)

<b>Opportunities</b>	<b>Solutions</b>	<b>Examples</b>
Definitive diagnosis is not clarified (ex. rule out, probable, consistent with, versus, suspect)	Document symptoms or await test results	“Chest pain consistent with angina” becomes <b>“unstable angina”</b>
Relationship is not established between diagnosis and common corresponding complication	Causal relationship is assumed unless documented otherwise; most instances can be linked without risk of assumption (ex. with, due to, caused by)	“Type 2 diabetes” and “peripheral vascular disease” becomes <b>“peripheral vascular disease due to type 2 diabetes”</b>
Diagnosis is unspecified	When descriptors are known (ex. laterality, severity, clinical status) specific documentation provides clarity	“Depression, unspecified” becomes <b>“major depressive disorder, mild, in partial remission”</b>
Diagnosis in history status is not linked to corresponding residual or sequelae	If causal relationship exists, link without risk of assumption	“History of stroke (CVA)” and “left hemiparesis” becomes <b>“left hemiparesis due to CVA”</b>
Symptoms are listed in place of a definitive diagnosis	Consider if criteria is met for a diagnosis	“Abnormal weight loss, underweight, loss of appetite” becomes <b>“protein-calorie malnutrition”</b>
Cancer status is not accurate	Active, history of, in remission must have distinct supporting documentation	*Active: monitored, undergoing/awaiting/refuses treatment, watchful waiting *History of: resolved, no evidence or residuals *In remission (partial or full): reduced signs and symptoms