

Diagnosis Hot Sheet:

Accurate, specific diagnosing of patient conditions is vital to the Risk Adjustment payment methodology

Most Effective Way to Document – MEAT!

- M Monitor** - signs, symptoms, disease progression, disease regression
- E Evaluate** - test results, medication effectiveness, response to treatment
- A Assess/Address** - ordering tests, discussion, review records, counseling
- T Treat** - medications, therapies, other modalities

CHRONIC CONDITIONS

NEED TO BE ADDRESSED ONCE A YEAR

- Artificial Opening (ostomy) – **Z93.9**
- HIV Status – **Z21**
- Insulin dependent (if type II) – **Z79.4**
- Lower Limb Amputee – **Z89.4- / Z89.5-**
- Noncompliant with Renal Dialysis – **Z91.15**
- Respirator Dependence – **Z99.11**
- Renal Dialysis – **Z99.2**
- Tracheostomy – **Z93.0**

CONGESTIVE HEART FAILURE

Important to Document

- Acuity** – Acute, Chronic, Acute on Chronic
- Type** – Diastolic, Systolic, Combined systolic and diastolic
- Due to or associated with** – Cardiac or other surgery, Hypertension, Valvular disease, Rheumatic heart disease (Endocarditis, Pericarditis, Myocarditis), Other
- I50.1** Left Ventricular Failure
- I50.21** Acute Systolic CHF
- I50.22** Chronic Systolic CHF
- I50.23** Acute on Chronic Systolic CHF
- I50.31** Acute Diastolic CHF
- I50.32** Chronic Diastolic CHF
- I50.33** Acute on Chronic Diastolic CHF
- I50.41** Acute combined Systolic and Diastolic CHF
- I50.42** Chronic combined Systolic and Diastolic CHF
- I50.43** Acute on Chronic combined Systolic and

MAJOR DEPRESSIVE DISORDER

Important to Document

- Episode** – single episode or recurrent
- Severity** – mild, moderate, severe with or without psychotic features
- Clinic Status of Current Episode** – partial or full remission
- F32.0** MDD, single episode, mild
- F32.1** MDD, single episode, moderate
- F32.2** MDD, single episode, severe w/o psychotic episodes
- F33.0** MDD, recurrent, mild
- F33.1** MDD, recurrent, moderate
- F33.2** MDD, recurrent, severe w/o psychotic episodes
- F32.4** MDD, single episode, partial remission
- F32.5** MDD, single episode, full remission
- F32.40** MDD, recurrent, remission, unspecified
- F32.41** MDD, recurrent, partial remission
- F33.42** MDD, recurrent, full remission
- Use PHQ-9 to aid in identifying severity level

CHRONIC OBSTRUCTIVE PULMONARY DISEASE

Important to Document

- J44.0** COPD with acute lower respiratory infection
- J44.1** COPD with acute exacerbation
- J44.9** COPD, unspecified
- Use additional reporting code when applicable - tobacco use (Z72.0), tobacco dependence (F17.-), history of tobacco dependence (Z87.891), exposure to environment tobacco smoke (Z77.22)

CHRONIC KIDNEY DISEASE

Important to Document

- Stage** – 1-5 and ESRD
- Type** – Acute or Chronic
- Status of Condition** – stable, worsening, etc.
- Underlying Cause (if known)** – Hypertension, Diabetes
- Use linking terminology "Stage 4 CKD due to diabetes", "diabetic nephropathy"
- Dialysis Status**

ICD-10	Stage	Severity	GFR Value
N18.1	Stage 1	Normal	GFR > 90 ml
N18.2	Stage 2	Mild	GFR 60-89 ml
N18.3	Stage 3	Moderate	GFR 30-59 ml
N18.4	Stage 4	Severe	GFR 15-29 ml
N18.5	Stage 5	Kidney Failure	GFR < 15 ml
N18.6	Stage 5	End Stage Renal Disease	Requiring chronic dialysis or transplant

DIABETES

Important to document

- Type** – 1 or 2
- Control** – controlled, poorly controlled, uncontrolled, out of control
- Specify Complications w/ linking verbiage** – "caused by", "due to", "with", "secondary to"
- Insulin Use** Insulin Use (Z79.4)

Type 1	Type 2	Description
E10.21	E11.21	DM w/ Diabetic Nephropathy
E10.22	E11.22	DM w/ Chronic Kidney Disease
E10.29	E11.29	DM w/ other Diabetic Kidney Compl
E10.40	E11.40	DM w/ Diabetic Neuropathy, unsp
E10.42	E11.42	DM w/ Diabetic Polyneuropathy
E10.43	E11.43	DM w/ Diabetic Autonomic (poly) Nuero
E10.59	E11.59	DM w/ other Circulatory Complication
E10.621	E11.621	DM w/ Foot Ulcer
E10.65	E11.65	DM w/ Hyperglycemia
E10.69	E11.69	DM w/ other Specific Complication

Yearly screenings - A1C, retinal eye exam, nephropathy

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ST PETER'S HEALTH
PARTNERS

Medical Associates

Cancers – Primary, Secondary, Metastatic, Leukemia

Cancers should only be coded as current when there is evidence of **current treatment** toward for the cancer (or the patient has refused treatment or "watchful waiting" is being followed). Follow up of past cancers which have resolved, been eradicated, or are no longer being actively treated should not be coded as current cancers. Past cancers should be coded using the appropriate personal history of cancer codes.

- **Example:** "Prostate cancer, off of Lupron for 1 year; stable" – Code to Personal History
- **Example:** "Prostate cancer currently taking Lupron; continue to follow up with Hematology" – Code to Active Cancer

Major Depressive, Bipolar, and Paranoid Disorders

- Major Depressive Disorder (MDD) –
 - Must specify **severity** (mild, moderate, severe).
 - Code F32.A (Depression, NOS) **does not** count for HCC.
- Mood Disorder
- Bipolar Disorder
- Suicide attempt/ Intentional self-harm (Suicidal/ Homicidal ideation without diagnosis of MDD **does not** count in HCC model)

NOTE: Combination code F41.8 (combined anxiety and depression) **does not** have a RAF value!

Morbid Obesity

- Morbid Obesity E66.01
- BMI of 35-39.9 **with** obesity related comorbid condition(s)
- Both the Morbid Obesity E-code and the BMI code must be documented.
- Z68.41 (BMI) 40.0-44.9
- Z68.42 (BMI) 45.0-49.9
- Z68.43 (BMI) 50.0-59.9
- Z68.44 (BMI) 60.0-69.9
- Z68.45 (BMI) 70 or greater
- BMI \geq 40.0 (specify BMI)