



# 2023 E-HUG

5/4/2023



# 2022 EHUG

- Please ensure that you are muted
- If you have questions, enter them in the chat and we will address them at the end of the presentation

The meeting will begin in 5 minutes...

# Agenda

- ▶ CMS Updates
- ▶ Medicare Advantage Coding Updates
- ▶ Most Common Documentation Errors
- ▶ SCAN Updates
- ▶ Q&A



# CMS Updates

Francine Odee – Sr. Director, Risk Adjustment

# RADV Final Rule – Key Provisions

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- ▶ **No FFS Adjuster**: CMS will not apply a FFS Adjuster to any RADV audit amounts for any year
- ▶ **Extrapolation**: CMS will **extrapolate RADV audit amounts beginning with audits of PY 2018**
  - CMS may, in limited circumstances, decide not to extrapolate
- ▶ **Prior Years**: CMS will **finalize RADV audits for PYs 2011- 2017, but without extrapolation**
  - Beginning April 3, CMS will notify affected plans on a rolling basis of audit findings going back to PY 2011
- ▶ **OIG Audits**: CMS intends to recover overpayment amounts from OIG RADV audits under same rules as CMS audits
- ▶ **Audit Methods**:
  - Going forward, CMS will rely on any statistical valid method for sampling and extrapolation that it determines to be well-suited to a particular audit
  - In selecting plans and/or diagnoses for audit ,CMS will focus on plans and enrollee HCCs that are identified as being at highest risk for improper payments
- ▶ **Projected Recoveries**: 2023: \$13.1 million, 2024: \$28.0 million, 2025: \$479.4 million (extrapolation on PY2018)  
Over 10 years (2023 – 2032): \$4.7 billion

# Changes to Risk Adjustment Model / PY2024 Announcement

|  | Current<br>2020 V24 Model | V28 Model   |
|--|---------------------------|---|
| <p><b><u>Model Phase in over 3 years</u></b></p> <ul style="list-style-type: none"> <li>• PY2024 blend</li> </ul>  | 67%                       | 33%   |
| <p><b><u>Model Recalibration</u></b></p> <ul style="list-style-type: none"> <li>• FFS Claims diagnosis date of service year update</li> <li>• Cohort of Beneficiaries - Denominator year update</li> </ul>   | 2014 and 2015             | 2018 and 2019   |
|  | 2015                      | 2020  |
| <p><b><u>Model Reclassification</u></b></p> <ul style="list-style-type: none"> <li>• Diagnostic Classification System update</li> <li>• Principal 10 Clinical update</li> <li>• HCC Constraints update<br/>(Coefficients equal for multiple HCC codes within a Disease Hierarchy Group)</li> </ul> | 9,797 Dx codes<br>86 HCC  | 7,770 Dx codes<br>115 HCC   |
|  | ICD-9 CM                  | ICD-10 CM   |
|  | 4 Disease Groups          | 8 Disease Groups  |
|  |                           | Removal of discretionary diagnostic categories and those that are not cost predictors |



# Medicare Advantage Coding Updates

Lilly Sarino – Manager, Coding Quality

Ifedayo Kuye, M.D., VP, Medical Director of Clinical Operations

# Medicare Advantage Coding Updates

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- ▶ The following education will highlight the differences between the v24 and v28 Part C HCC model.
  - Both models are active for 2023 – 2025 DOS and it is recommended that education incorporates v24 and v28.



# General Guidance for Diagnosing to Specificity

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- ▶ Continue to diagnose unspecified condition related to lab findings or exam but make greater effort at determining if further testing is needed to find more specific diagnosis (i.e., ITP)
- ▶ Greater need to review specialist documentation to include specific diagnosis that may have been revealed in their evaluation
- ▶ Recognize that diagnosis of clinically relevant complications of a given disease are more likely to be accepted for risk adjustment (i.e., PVD w/ Ulceration)

# Vascular – common codes

## ► Exists in v24 only

Atherosclerosis of extremities related codes without a complication

I70.201 – I70.219,  
I70.291 – I70.319,  
I70.391 – I70.419,  
I70.491 – I70.519,  
I70.591 – I70.619,  
I70.691 – I70.719,  
I70.791 – I70.799

**v24(HCC 108)**

Peripheral vascular disease, unspecified & other specified peripheral vascular diseases

I73.9, I73.89

**v24(HCC 108)**

Aneurysm without rupture related codes

I71.2 - I71.23,  
I71.4 - I71.43,  
I71.6 - I71.62,  
I71.9, I72.0 - I79.0

**v24(HCC 108)**

Atherosclerosis of aorta/renal artery  
I70.0, I70.1 **v24(HCC108)**

Ectasia related codes

I77.810 – I77.819 **v24(HCC 108)**

Other specified disorders of arteries

I77.89, I77.9, I70.8, I79.1, I79.8

**v24(HCC 108)**

Dissection of artery related codes

I67.0, I77.7X **v24(HCC 107)**

Vascular disorders of intestine related codes K55.XXX, N28.0

**v24(HCC 107)**

## ► Exists in both v24 & v28

Atherosclerosis codes with a complication (rest pain, ulceration, gangrene)

I70.221 – I70.229,  
I70.321 – I70.329,  
I70.421 – I70.429,  
I70.521 – I70.529,  
I70.621 – I70.629,  
I70.721 – I70.729,

**v24(HCC 106, 108);  
v28(HCC 263, 264)**

Aneurysm with rupture related codes

I71.1 - I71.13,  
I71.3 - I71.33,  
I71.5 - I71.52, I71.8

**v24(HCC 107);  
v28(HCC 264)**

**Common vascular disease  
Dx that exists in the v24 vs. v28 model**

# Example – Atherosclerosis of the extremity

- ▶ Atherosclerosis related codes without a complication  
v24(HCC 108); v28(not an HCC)

## Arteriosclerosis of artery of extremity (I70.209)

- With DM, stable. seen on R hip xray 10/2012 extensive vascular calcification.
- Stable. Maintain good BP and LIPID control. Continue to monitor lipid levels and BP. Follow-up with cardiology and/or PCP as indicated.

- ▶ Atherosclerosis related codes with a complication (rest pain, ulceration, gangrene)  
v24(HCC 106, 108); v28(HCC 263, 264)

## Atherosclerosis of native artery of extremity with rest pain (CMS-HCC)

Chronic. Stable.

Findings on consult note dated 01/24/2021, patient is followed by Dr. [REDACTED]

Patient is taking meds- ASA 81 mg po daily and Praluent 150 mg/mL

Continues to have BLE associated with neuropathy.

Plan: Repeat lipid panel annually. Follow-up with pcp for results.

Continue current medications-ASA 81 mg po daily and Praluent 150 mg/mL

# V24 Diagnosis: Atherosclerosis without complication

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| V28 Diagnoses  | How to diagnose   | General Tips   |
|--|---|--|
| Atherosclerosis w/ complications (rest pain, ulceration, gangrene) | <ul style="list-style-type: none"><li>• Vascular ultrasound demonstrating calcification</li><li>• Clinical symptoms consistent with rest pain, gangrene and/or ulceration related to suspected vascular disease</li></ul> | <ul style="list-style-type: none"><li>• Evaluate and document presence of clinical complications, if present.</li><li>• Ok to use clinical judgement to relate suspected diagnosis with underlying condition without imaging</li></ul> |

Reference: <https://www.uptodate.com/>

# Blood – common codes

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## ▶ Exists in v24 only

- Coagulation and hemorrhagic disorders
  - Disseminated intravascular coagulation [defibrination syndrome] D65 v24(HCC 48)
  - Other coagulation defects related codes D68.XXX v24(HCC 48)
  - Other primary thrombophilia D68.59, D68.69, D68.69 v24(HCC 48)
  - Antiphospholipid syndrome, Lupus anticoagulant syndrome D68.61, D68.62 v24(HCC 48)
  - Allergic purpura, Other nonthrombocytopenic purpura D69.0, D69.2

## ▶ Exists in both v24 & v28

- Essential (hemorrhagic) thrombocythemia D47.3 v24(HCC 48); **v28(HCC 23)**
- Coagulation and hemorrhagic disorders
  - Hereditary factor deficiency related codes D66, D67, D68.1, D68.2 v24(HCC 46, 48); **v28(HCC 111, 112)**
  - Von Willebrand disease related codes D68.0 - D68.09 v24(HCC 48); **v28(HCC 112)**
  - Acquired hemophilia D68.311 v24(HCC 48); **v28(HCC 112)**
  - Immune thrombocytopenic purpura D69.3 v24(HCC 48); **v28(HCC 112)**

# Blood common code tips

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- Coagulation defect, unspecified D68.9 v24(HCC 48)
  - More specific codes in v28
    - D66 Hereditary factor VIII deficiency
    - D67 Hereditary factor IX deficiency
    - D680 Von Willebrand's disease
    - D6800 Von Willebrand disease, unspecified
    - D6801 Von Willebrand disease, type 1
    - D68020 Von Willebrand disease, type 2A
    - D68021 Von Willebrand disease, type 2B
    - D68022 Von Willebrand disease, type 2M
    - D68023 Von Willebrand disease, type 2N
    - D68029 Von Willebrand disease, type 2, unspecified
    - D6803 Von Willebrand disease, type 3
    - D6804 Acquired von Willebrand disease
    - D6809 Other von Willebrand disease
    - D681 Hereditary factor XI deficiency
    - D682 Hereditary deficiency of other clotting factors
    - D68311 Acquired hemophilia
- Other nonthrombocytopenic purpura D69.2 v24(HCC 48)
  - More specific codes in v28
    - D693 Immune thrombocytopenic purpura
    - D6942 Congenital and hereditary thrombocytopenia purpura
  - Thrombocytopenia, unspecified D69.6 v24(HCC 48)
    - More specific codes in v28
      - D693 Immune thrombocytopenic purpura
      - D6941 Evans syndrome
      - D6942 Congenital and hereditary thrombocytopenia purpura
      - D6949 Other primary thrombocytopenia

# V24 Diagnosis: Thrombocytopenia, unspecified

| V28 Diagnoses                                      | How to diagnose  | General Tips   |
|--|--|--|
| Immune thrombocytopenic purpura                    | Diagnosis of exclusion. Platelet count of <100,000 without anemia, leukopenia or other apparent causes of thrombocytopenia | <ul style="list-style-type: none"> <li>- Evaluate labs that have been done in the past that can provide a more specific diagnosis</li> <li>- Connect concurrent clinical conditions to lab changes</li> <li>- Read specialist notes, if a consult has been made in the past</li> </ul> |
| Evans syndrome                                     | Autoimmune hemolytic anemia, immune thrombocytopenic purpura and/or autoimmune neutropenia                                 |  |
| Congenital and hereditary thrombocytopenic purpura | Peripheral smear w/ schistocytes, hemolysis (elevated indirect bilirubin, LDH) and ADAMST13 activity                       |  |
| Other primary thrombocytopenia                     | Caused by: Drugs (Linezolid), Infections (HIV, HCV), Alcoholism, Nutritional deficiencies, Rheumatologic conditions (SLE)  |  |

Reference: <https://www.uptodate.com/>

# Blood common code tips continued

- Immunodeficiency:
  - due to conditions classified elsewhere D84.81 v24(HCC 47)
  - due to drugs D84.821 v24(HCC 47)
  - unspecified D84.9 v24(HCC 47)
- Documentation example: Immunodeficiency due to conditions classified elsewhere v24(HCC 47); v28(not an HCC)
  - More specific codes in v28
    - D61818 Other pancytopenia
    - D700 Congenital agranulocytosis
    - D704 Cyclic neutropenia
    - D71 Functional disorders of polymorphonuclear neutrophils
    - D720 Genetic anomalies of leukocytes
    - D761 Hemophagocytic lymphohistiocytosis
    - D801 Nonfamilial hypogammaglobulinemia
    - D802 Selective deficiency of immunoglobulin A [IgA]
    - D803 Selective deficiency of immunoglobulin G [IgG] subclasses
    - D804 Selective deficiency of immunoglobulin M [IgM]
    - D805 Immunodeficiency with increased immunoglobulin M [IgM]
    - D89810 Acute graft-versus-host disease
    - D89811 Chronic graft-versus-host disease
    - D89812 Acute on chronic graft-versus-host disease
    - D89813 Graft-versus-host disease, unspecified

## Immunodeficiency due to conditions classified elsewhere (D84.81)

- Patient immunocompromised secondary to uncontrolled diabetes, advised to be compliant with diet and medications to avoid infections, Patient reminded about importance of flu vaccine and pneumonia vaccines, as she has an increased risk for infection secondary to being a diabetic, patient declined both vaccines. Advised to call if she changes her mind.



# Psychiatric – common codes

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## ► Exists in v24 only

- Bipolar disorder, currently in remission, most recent episode unspecified F31.70 v24(HCC 59)
- Bipolar disorder, in full remission, most recent episode hypomanic, manic, depressed, or mixed F31.72, F31.74, F31.76, F31.78 v24(HCC 59)
- Manic episode in full remission F30.4 v24(HCC 59)
- Poisoning of drug sequela codes v24(HCC 59)

## ► Exists in both v24 & v28

- Drug dependence, in remission F11.21, F12.21, F13.21, F14.21, F15.21, F16.21, F18.21, F19.21 v24(HCC 55); **v28(HCC 139)**
- Drug abuse, in remission F11.11, F13.11, F14.11, F15.11, F16.11, F18.11, F19.11 v24(HCC 56); **v28(HCC 138)**

## ► Exists in both v24 & v28

- Bipolar disorder, current episode specified, such as: hypomanic, manic, depressed, or mixed; partial remission F31.0 - F31.64, F31.71, F31.73, F31.75, F31.77 v24(HCC 59); **v28(HCC 154)**
- Other bipolar disorders F31.81, F31.89, F31.9 v24(HCC 59); **v28(HCC 154)**
- Schizoaffective disorder, bipolar type v24(HCC 57); **v28(HCC 151)**
- Poisoning of drug initial encounter codes v24(HCC 55, 59); **v28(HCC 137, 155)**
- Alcohol dependence, in remission F10.21 v24(HCC 55); **v28(HCC 137)**

# Example - Bipolar Disorder

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- ▶ Bipolar disorder, currently in remission, most recent episode unspecified  
v24(HCC 59); v28(not an HCC)

**3. Bipolar disorder, currently in remission,  
most recent episode unspecified**

Continue divalproex sodium delayed release tablet,  
250 mg, 1 tab(s), orally, 2 times a day

Clinical Notes: stable cont monitoring for  
worsening s/sx , f/u with pcp as scheduled.

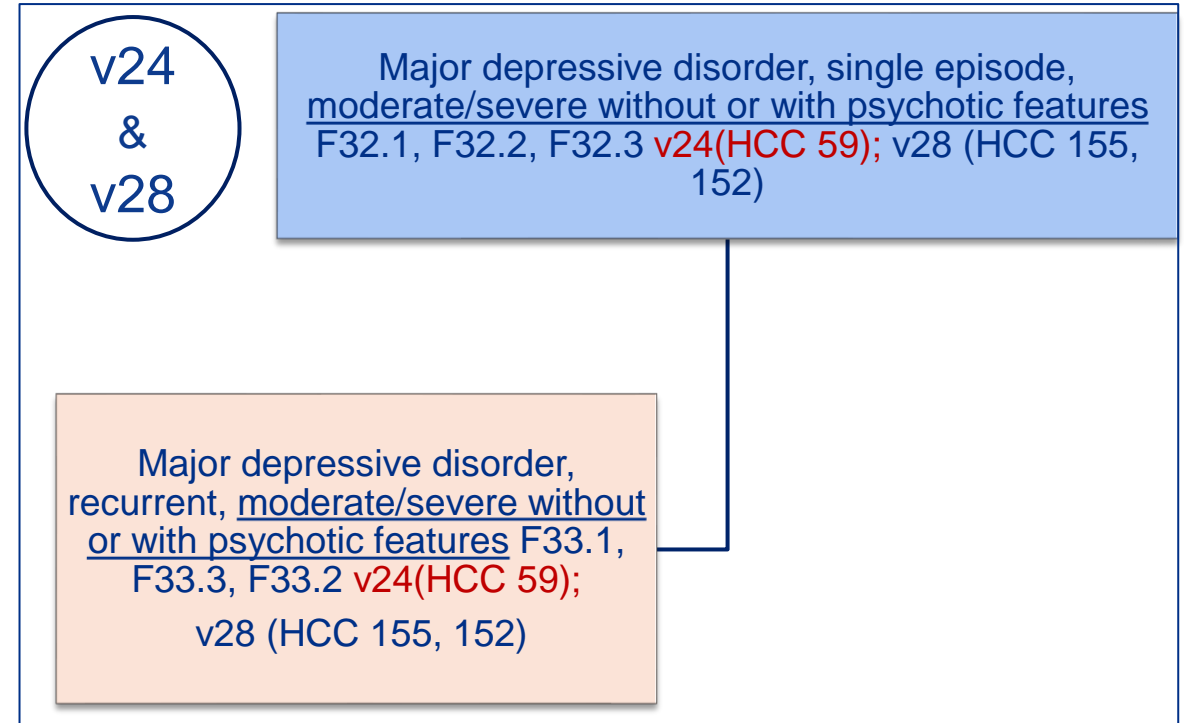
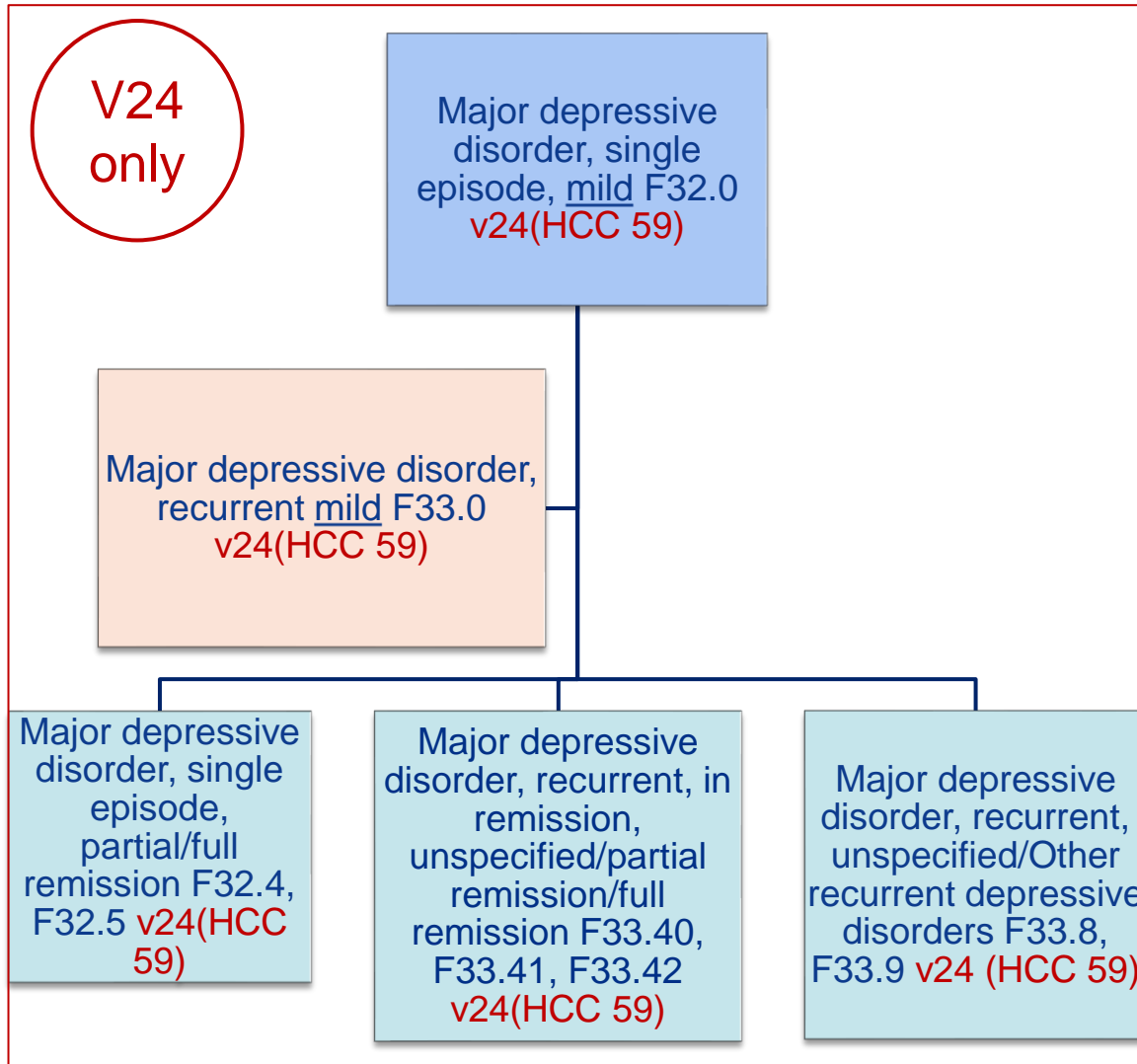
- ▶ Bipolar disorder, in partial remission, most recent episode depressed  
v24(HCC 59); v28(HCC 154)

**Bipolar disorder, in partial remission, most recent episode depressed F31.75**

Current meds include: Continue Lamictal tablet, 100 mg, 1 tab(s) po, 2 times a day

Plan: Monitor for acute behavioral/mental status changes.

# Major Depression



**Major Depression Dx that exists in the v24 vs. v28 model**

# Example - Major Depression

- ▶ Major depressive disorder, recurrent, mild v24(HCC 59); v28(not an HCC)

**Assess Condition: Major depressive disorder, recurrent, mild (F33.0)**  
STATUS: Unchanged  
TODAY'S ASSESSMENT: Appears stable on current meds

- ▶ Moderate major depression v24(HCC 59); v28(HCC 155)

|              |   |
|--------------|---|
| Assessment   | Moderate major depression (F32.1), chronic.   |
| Patient Plan | 3/2/21: PHQ9=13. Ref'd to Claire Peng -Integrated Behavioral Health for Please help with therapist appt for Spanish speaking pt.<br>4/23/21: Pt is waiting to see BH therapist<br>6/11/21: Submitted a new referral to Clinical Psychology for evaluation.<br>7/9/21: Pt is waiting for f/u w/ therapist<br>8/6/21: PHQ9=15. Pt declined meds or referral to psych at this time<br>10/8/21: Pt reports stable mood<br>11/11/21: Pt reports stable mood<br>7/29/2022: Patient reports he is mood has been stable<br>9/10/2022: The patient reports stable mood. PHQ2=0 |

# Metabolic – common codes

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## ► Exists in v24 only

- Malnutrition/Cachexia related codes E40 – E43, E44.0, E44.1, E45, E46.X, R46 v24(HCC 21)
- Hyperparathyroidism related codes v24(HCC 23)  
E21.0 E21.3, N25.81 v24(HCC 23)
  - Tip: Hyperparathyroidism can be seen in Multiple endocrine neoplasia [MEN] syndrome
- Other specified disorders of adrenal gland E27.,8, E27.9
  - Tip: If they have adrenal tumor, they might have Multiple endocrine neoplasia [MEN] syndrome
- Hypoparathyroidism related codes E20.0, E20.8, E20.9, E89.2 v24(HCC 23)
- Hyperaldosteronism related codes E26.09, E26.1, E26.81, E26.89, E26.9 v24(HCC 23)
- Adrenocortical related codes E27.0 - E27.5 v24(HCC 23)

## ► Exists in both v24 & v28

- Morbid (severe) obesity related codes & BMI 40.0 and above E66.01, E66. 2, Z68.41 - Z68.45 v24(HCC 22); **v28(HCC 48)**
- Multiple endocrine neoplasia [MEN] syndrome related codes E31.20 - E31.23 v24(HCC 23); **v28(HCC 51)**
- Polyglandular dysfunction E31.8, E31.9 v24(HCC 23); **v28(HCC 51)**

# Example – Cachexia & Morbid Obesity

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## ▶ Cachexia v24(HCC 21); v28(not an HCC)

**Diagnose: Cachexia (R64)**

BACKGROUND: patient refusing intake

TODAY'S ASSESSMENT: order feeding by CG, cont ensure TID routine

## ▶ Morbid Obesity v24(HCC 22); v28 (HCC 48)

### **9. Morbid obesity**

Clinical Notes: BMI >36, and with DM, htn- per clinical opinion, pt has morbid obesity. Stable. Recommend weight loss.

# Heart common codes

- ▶ **Exists in v24 only**
  - Angina pectoris related codes I20.X, I25.XXX v24(HCC 88)
  - Cardiomyopathy due to drug and external agent I42.7 v24(HCC 85)
  - Supraventricular tachycardia I47.1 v24(HCC 96)
- ▶ **Exists in both v24 & v28**
  - Unstable angina related codes I20.0, I23.7, I25.XXX v24(HCC 87); **v28(HCC 229)**
  - Cardiomyopathy & Myocarditis related codes A36.81, B33.24, I42.X, I43, I51.X v24(HCC 85); **v28(HCC 227)**
  - Specified Heart Arrhythmia related codes I44.2, I47.2, I47.2X, I47.9, I48.0, I48.XX, I48.3, I48.4, I48.XX, I49.3, I49.5 v24(HCC 96); **v28(HCC 238)**
  - Acute Myocardial Infarction related codes I21.XX, I22.XX, I51.1, I51.2 v24(HCC 86); **v28(HCC 228, 229)**
  - Other Acute Ischemic Heart Disease related codes I23.X, I24.X v24(HCC 87); **v28(HCC 229)**
  - End stage heart failure I50.84 v24(HCC 85); **v28(HCC 222)**
  - Acute on Chronic Heart Failure related codes I50.XX v24(HCC 85); **v28(HCC 224)**
  - Acute Heart Failure related codes I50.XX, I50.8XX v24(HCC 85); **v28(HCC 225)**
  - Heart Failure related codes I09.81, I50.XX, I50.8XX v24(HCC 85); **v28(HCC 226)**
  - Hypertensive heart related codes I11.0, I13.X v24(HCC 85); **v28(HCC 226)**
  - Pulmonary heart & vessel related codes I27.XX I28.X v24(HCC 85); **v28(HCC 226)**
  - Pulmonary embolism with acute cor pulmonale related codes I26.XX v24(HCC 85); **v28(HCC 267)**

# Example - Angina

- ▶ Angina, unspecified v24(HCC 88); v28(not an HCC)

**Angina pectoris -**  
SEEN AT LAMC ER ON 5/10/18  
  
PRESENTLY ASYMPTOMATIC  
**I20.9: Angina pectoris, unspecified**  
● **ANGINA: CARE INSTRUCTIONS**

- ▶ Unstable angina v24(HCC 87); v28(HCC 229)

|    |   |         |
|----|---|---------|
| 1. | Coronary artery disease involving native coronary artery of native heart with <b>unstable angina pectoris (HCC)</b> | I25.110 |
| 2. | White coat syndrome with diagnosis of hypertension  | I10     |
| 3. | Hyperlipidemia, mixed   | E78.2   |

*\*Note: Unstable Angina is a life-threatening acute condition that is typically treated in ER/hospital settings. Documentation in the record must reflect that the patient had unstable angina at the time of visit.*



# Neurological – common codes

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**v24**      Parkinsonism due to other disease  
related codes G21.XX v24(HCC  
78)

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Polyneuropathy related codes  
G61.XX, G62.XX, G63, G65.XX  
v24(HCC 75)

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Respiratory conditions due to  
other external agents J70.X  
v24(HCC 112)

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**v28**

Parkinson's disease related codes  
G20, G21.X v24(HCC 78);  
**v28(HCC 199)**

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Myasthenia Gravis without (Acute)  
Exacerbation and Other Myoneural  
Disorders related codes G70.XX,  
G73.X v24(HCC 75);  
**v28(HCC 196)**

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# Musculoskeletal – common codes

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## ► Exists in v24 only

- Osteonecrosis due to drugs related codes M87.1XX v24(HCC 39) Spinal enthesopathy, Other infective spondylopathies, Other specified inflammatory spondylopathies, Unspecified inflammatory spondylopathy, Spondylopathy in diseases classified elsewhere related codes M46.0X, M46.5X, M46.8X, M46.9X, M49.8X v24(HCC 40)
- Sjogren syndrome without lung involvement related codes M35.0X v24(HCC 40)
- Drug-induced systemic lupus erythematosus/Systemic sclerosis induced by drug and chemical codes M32.0, M34.2 v24(HCC 40)
- Systemic sclerosis related codes M34.8X v24(HCC 40)

## ► Exists in both v24 & v28

- Osteonecrosis due to previous trauma/other secondary osteonecrosis/other osteonecrosis, osteonecrosis unspecified, osteonecrosis in diseases classified elsewhere related codes M87.2XX, M87.3XX, M87.8XX, M87.9, M90.5XX v24(HCC 39); **v28(HCC 92)**
- Psoriatic spondylitis, Juvenile ankylosing spondylitis, Ankylosing spondylitis, Non-radiographic axial spondyloarthritis, Other specified spondylopathy related codes L40.53, M08.1, M45.X M48.8XX v24(HCC 40); **v28(HCC 93)**
- Sjogren syndrome with lung involvement M35.02 v24(HCC 40); **v28(HCC 280)**

# New HCCs added to v28

Malignant pericardial effusion in diseases classified elsewhere I31.31, Malignant pleural effusion J91.0, Malignant ascites R18.0 v28(HCC17)

Benign carcinoid tumor D3A.XXX v28(HCC 22)

Disorders of copper metabolism E83.XX v28(HCC 50)

Toxic liver disease with fibrosis and cirrhosis of liver K71.7 v28(HCC 64)

Alcoholic hepatitis/  
Toxic liver disease  
K70.10, K70.11, K71.XX  
v28(HCC 65)

Other diseases of biliary duct  
K83.XX, Q44.X  
v28(HCC 68)

Newborn Digestive system disorder P77.X, P78.0, Q4X.X 28(HCC 78)

Fournier gangrene N49.3 v28(HCC 92)

Arthropathy/ myositis  
D86.86, D86.87,  
G72.41 v28(HCC 93)

Congenital dyserythropoietic anemia/Newborn codes P55.X, P56.X, D64.4 v28(HCC 109)

Newborn affected by maternal use P04.XX, P93.X, P96.X v28(HCC 137)

Anorexia/Bulimia nervosa related codes F50.XX v28(HCC 153)

Postpolio syndrome/Birth injury to spine and spinal cord G14, P11.5 v28(HCC 182)

# New HCCs added to v28 continued

Newborn Kernicterus  
P57.X v28(HCC  
192)

Convulsions of  
newborn P90  
v28(HCC 201)

Other disturbances of  
cerebral status of  
newborn P91.XXX  
v28(HCC 202)

Respiratory arrest of  
newborn P28.81 v28(HCC  
212)

Respiratory complications  
of newborn P22.0, P26.X,  
P27.X,P28.XX, P29.81  
v28(HCC 213)

Artificial heart with  
complications T82.5XXA  
v28(HCC 223)

Neonatal cardiac failure  
P29.0 v28(HCC 225)

Hemorrhage of  
newborn/due to birth  
injury P10.X, P11.1,  
P11.2, P52.XX v28(HCC  
248)

Severe persistent asthma,  
uncomplicated/with  
(acute) exacerbation/with  
status asthmaticus  
J45.50, J45.51, J45.52  
v28(HCC 279)

Central/Tributary  
retinal vein occlusion  
H34.8110 -  
H34.8392 v28(HCC  
298)

Pemphigus, Pemphigoid,  
and Other Specified  
Autoimmune Skin  
Disorders D86.3, L10.XX,  
L12.X, L88 v28(HCC 387)

Epicranial subaponeurotic  
hemorrhage due to birth  
injury P12.2 v28(HCC  
399)

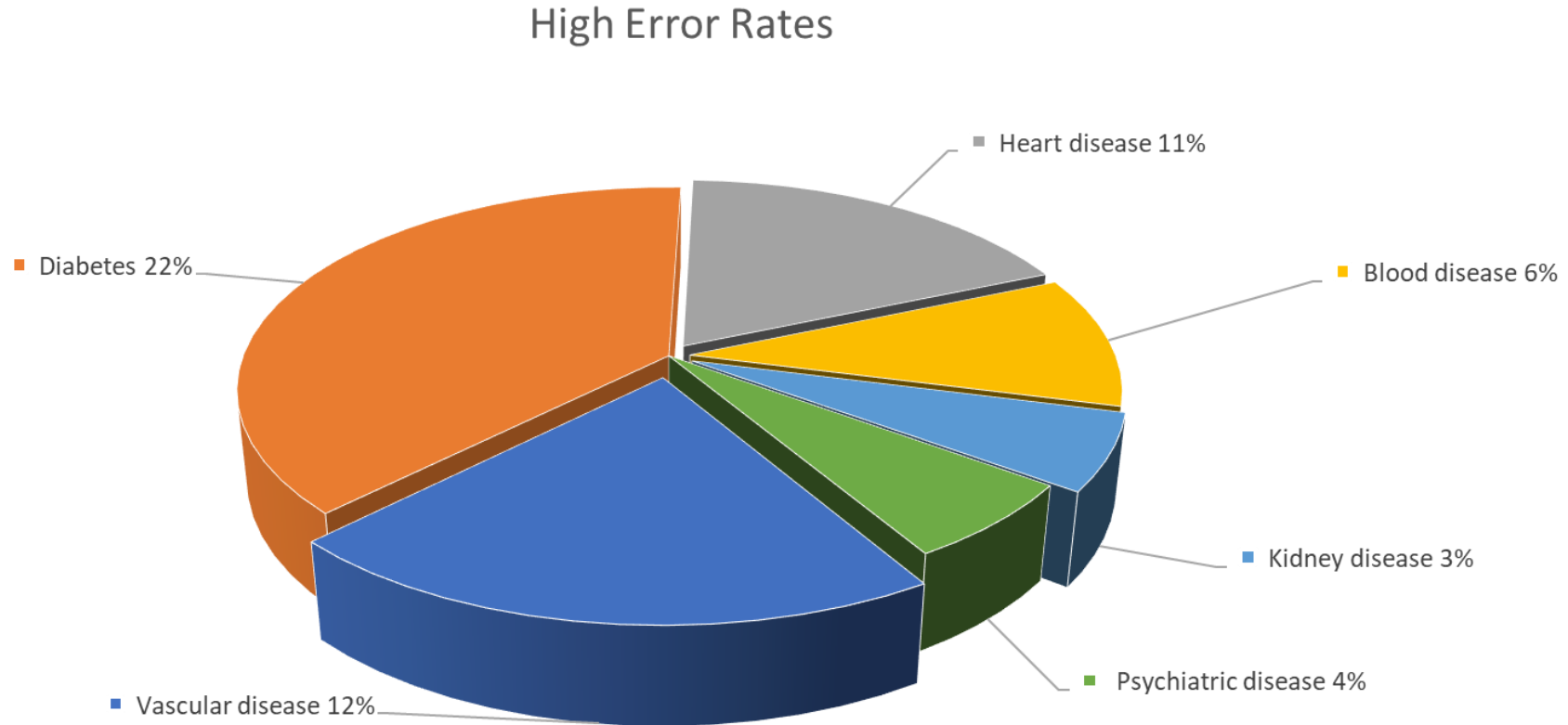
Presence of artificial right,  
left or bilateral leg(s)  
(complete) (partial)  
Z97.13, Z97.14, Z97.16  
v28(HCC 409)



# Most Common Documentation Errors

Mallory Tanglao – Coding Quality Specialist

# Disease Groups with Highest Documentation Errors\*



\*Based on SCAN Audit Results

# Documentation Best Practices – MEAT

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- Signs
- Symptoms
- Disease progression
- Disease regression

- Test results
- Medication effectiveness
- Response to treatment
- Physical exam findings

- Ordered Tests
- Record review
- Discussion
- Counseling

- Medication
- Referral
- Therapies
- Plan for management

# Common Documentation Errors

## Documentation Errors

- Diagnosis is listed without support
- Overcoded diagnoses
- Wrong ICD - 10 code
- Contradictory diagnoses
- NEC “Not Elsewhere Classified”, “Other code”



# Diagnosis listed without support

- ▶ Diagnoses that are addressed during the visit:
  - must be clearly documented and supported with a current status, assessment, treatment or plan.
  - MEAT (Monitor, Evaluate Assess, Treat) can be used for completeness.

- ▶ **Not Validated: Mild Major depression F32.0 is listed under the Assessment & lacks support.**

## Assessment

### Assessed

1. Screening for breast cancer (Z12.39)
  - mammo: due, covid jan 20  
mammo 1st per breast ctr, covid v after nl result
2. Cataract (H26.9)
3. Mild major depression (F32.0)
4. Vitreous detachment, right (H43.811)
  - 10/27/16 in el salvador:: OD flash of lights, shadows. saw opthal , dx R partial vitreous detachment. sees floaters.  
also cat
  - P: con to opthal to update
5. Obesity (BMI 30.0-34.9) (E66.9)
  - bmi 33.36 increased  
P: diet, lose wt
6. History of COVID-19 (Z86.16)
  - 1/17/22 ha, achy, cough, nasal sz, sob, tired  
1/20/22 covid sx  
1/29/22 sx resolved
  - 1/17/22 ha, achy, cough, nasal sz, sob, tired  
1/20/22 covid sx  
1/29/22 sx resolved

# Overcoded

- Multiple ICD - 10 codes are documented/submitted with the diagnosis
  - Per ICD -10 guidelines an Excludes1 note indicates that the 2 codes should never be submitted together.

|  |   |
|--|---|
| <b>G63</b> Polyneuropathy in diseases classified elsewhere |   |
| Code first underlying disease, such as:                    |   |
|  | amyloidosis (E85.-) ( <a href="#">E85-E85.9</a> )   |
|  | endocrine disease, except diabetes (E00-E07, E15-E16, E20-E34) ( <a href="#">E00-E07.9</a> , <a href="#">E15-E16.9</a> , <a href="#">E20-E34.9</a> , )  |
|  | metabolic diseases (E70-E88) ( <a href="#">E70-E88.9</a> )  |
|  | neoplasm (C00-D49) ( <a href="#">C00-D49.9</a> )  |
|  | nutritional deficiency (E40-E64) ( <a href="#">E40-E64.9</a> )  |
| <b>EXCLUDES1</b>   | polyneuropathy (in):  |
|  | diabetes mellitus (E08-E13 with .42) ( <a href="#">E09-E13.9</a> )  |
|  | diphtheria (A36.83) ( <a href="#">A36.83</a> )  |
|  | infectious mononucleosis complicated by polyneuropathy (B27.0-B27.9 with fifth character 1) ( <a href="#">B27.01</a> , <a href="#">B27.11</a> , <a href="#">B27.81</a> , <a href="#">B27.91</a> ) |
|  | Lyme disease (A69.22) ( <a href="#">A69.22</a> )  |
|  | mumps (B26.84) ( <a href="#">B26.84</a> )   |
|  | postherpetic (B02.23) ( <a href="#">B02.23</a> )  |
|  | rheumatoid arthritis (M05.5-) ( <a href="#">M05.5-M05.59</a> )  |

Example: *Polyneuropathy in diseases classified elsewhere G63 v24(HCC 75) is the incorrect code*

*Polyneuropathy in rheumatoid arthritis - 1 code M05.50 v24(HCC 40 and 75)*

|   |
|---|
| <b>Assessment</b>   |
| Diagnoses attached to this encounter:<br><b>Polyneuropathy in rheumatoid arthritis</b> [ICD-10: M05.50], [ICD-10: <b>G63</b> ], [ICD-9: 714.0], [ICD-9: 357.1], [SNOMED: 193180002] Comment: stable; pt does report some numbness and tingling in toes; abnormal DPN 2020; cont Xeljanz and leflunomide; f/u with rheumatology when due |

Reference: Optum 360 (2022), ICD-10-CM Expert for Physicians. The complete official code set.



# Wrong ICD - 10 code

- ▶ Diagnosis is documented or submitted with the wrong ICD -10 code
  - EMR systems do not always have the correct code assigned to each diagnosis.
    - Coders review each supported narrative diagnosis to ensure the correct code is assigned.
    - Each supported diagnosis is referenced in the alphabetic index of the ICD -10 CM code set & confirmed in the tabular list for the complete code.

Example #1: I48.0 is resolved, change code to I48.91 Afib unspecified

Afib w RVR-now resolved MTP increased to 100mg bid  
HTN-Lisinopril held IP 2/2 orthostat  
Presence of ICD-unclear ind Medtronic  
-Warfarin, MTP 100mg bid  
-INR, PT

Example #2: Polyneuropathy in diabetes is E11.42 not E08.42

#### Assessment Notes

cerumen was cleared with lavage and instrumentation DM w/neuro complications has been under good control - being managed by endocrinology his neuropathy (due to DM) has been stable so routine foot care advised. reassurance for uncomplicated appearing senile purpura - routine skin care discussed. CKD Stage IIIa has been stable - we will notify him of lab results. abdominal aortic atherosclerosis - seen on CT in 2017 - we will continue risk factor modification. DIAGNOSIS: Polyneuropathy in diabetes [ICD-10: E08.42], [ICD-9: 357.2], [SNOMED: 49455004] Senile purpura [ICD-10: D69.2], [ICD-9: 287.2], [SNOMED: 53751009] Abdominal aortic atherosclerosis [ICD-10: I70.0], [ICD-9: 440.0], [SNOMED: 233955003] Chronic kidney disease, stage 3a [ICD-10: N18.31], [SNOMED: 700378005]

# Contradictory diagnoses

## ▶ Inconsistent & contradictory documentation

- This note has 2 different types of diabetes mellitus documented
- Per ICD -10 guidelines an Excludes1 note indicates that the 2 codes should never be submitted together.

| ✓ E08 Diabetes mellitus due to underlying condition |   |
|---|---|
| Code first the underlying condition, such as:       |   |
|   | congenital rubella (P35.0) (P35.0)                                      |
|   | Cushing's syndrome (E24.-) (E24-E24.9)                                  |
|   | cystic fibrosis (E84.-) (E84-E84.9)                                     |
|   | malignant neoplasm (C00-C96) (C00-C96.Z)                                |
|   | malnutrition (E40-E46) (E40-E46)  |
|   | pancreatitis and other diseases of the pancreas (K85-K86.-) (K85-K86.9) |
|   | Use additional code to identify control using: (Z79.4)                  |
|   | insulin (Z79.4) (Z79.4)   |
|   | oral antidiabetic drugs (Z79.84) (Z79.84)                               |
|   | oral hypoglycemic drugs (Z79.84) (Z79.84)                               |
| <b>EXCLUDES1</b>                                    | drug or chemical induced diabetes mellitus (E09.-) (E09-E09.9)          |
|   | gestational diabetes (O24.4-) (O24.4-O24.439)                           |
|   | neonatal diabetes mellitus (P70.2) (P70.2)                              |
|   | postpancreatectomy diabetes mellitus (E13.-) (E13-E13.9)                |
|   | postprocedural diabetes mellitus (E13.-) (E13-E13.9)                    |
|   | secondary diabetes mellitus NEC (E13.-) (E13-E13.9)                     |
|   | type 1 diabetes mellitus (E10.-) (E10-E10.9)                            |
|   | type 2 diabetes mellitus (E11.-) (E11-E11.9)                            |

- ▶ **Example:** DM due to other underlying conditions E08.22 (DM due to CKD) vs. DM type 2 E11.22 (CKD due to DM)

| Assessments   |
|---|
| Chronic Kidney Disease, Stage 3                                     |
| DM type 2 with diabetic dyslipidemia                                |
| Type 2 diabetes mellitus without retinopathy                        |
| DM type 2 with diabetic peripheral neuropathy                       |
| Neurofibromatosis   |
| DM due to underlying condition with diabetic chronic kidney disease |
| Type 2 diabetes mellitus with diabetic chronic kidney disease       |
| Medicare annual wellness visit, subsequent                          |
| Atherosclerosis of aorta  |
| Type 2 diabetes mellitus with diabetic cataract                     |

**It is important to note contradictory information throughout the record. If this happens, we would steer clear from capturing any conditions that are questionable.**

Reference: Optum 360 (2022), ICD-10-CM Expert for Physicians. The complete official code set.

# NEC “Not Elsewhere Classified”, “Other code”

- ▶ Conditions with the abbreviation “NEC,” (not classified elsewhere)
  - follows some main terms or subterms
    - indicates that there is no specific code for the condition even though the medical documentation may be very specific.
  - \*Tip: The type of NEC complication needs to be documented.

Example #1: Needs specific conditions of “neurologic complication” such as *feet loss of sensation due to DM, myoneural disorder ...*

Example #2: Needs specific conditions of “circulatory complication” such as *Erectile dysfunction...*

## Physical Exam

**Cardiac (Brief):** heart rate and rhythm were normal, normal S1 and S2, no gallops, no murmurs and no pericardial rub.

**Pulmonary (Brief):** no respiratory distress, normal respiratory rhythm and effort, no accessory muscle use, clear bilateral breath sounds, palpation of the chest revealed no abnormalities and the lungs were normal to percussion.

**Extremities (Brief):** no clubbing of the fingernails, no localized cyanosis, no edema and normal pulses.

**Psych (Brief): Observed mood and affect:** not agitated, not anxious and not depressed.

**Judgment:** judgment not impaired and insight not impaired. **Speech:** normal rate and normal rhythm.

**Thought processes:** normal thought processes. **Abnormal Thoughts:** no hallucinations, no suicidal ideation and no homicidal ideation.

## Assessment

### Assessed

#### 1. Diabetes with neurologic complications (E11.49)

- uncontrolled from last labs HA1c 8.8%, Ordered labs. Advised compliance with diet and exercise

## Assessment

### Assessed

1. Angina pectoris (I20.9)
  - STABLE NO SIGN RECENT EPISODES MONITOR
2. Atherosclerosis of aorta (I70.0)
  - STABLE MONITOR
3. Cataract, diabetic (E11.36)
  - STABLE OPHTHAL EVAL
4. Cerebral atrophy (G31.9)
  - MILD STABLE MONITOR
5. Controlled diabetes mellitus with circulatory complication, without long-term current use of insulin (E11.59)
  - STABLE MONITOR
6. Controlled type 2 diabetes mellitus with hyperglycemia, without long-term current use of insulin (E11.65)
  - DISC DIET/EXERCISE CHECK LAB CONT MEDS STABLE
7. Diabetic nephropathy (E11.21)
  - STABLE MONITOR

# Dementia: Unspecified vs Dementia in other disease

## ▶ Dementia unspecified

- F03.XX: Unspecified Dementia (includes dementia classified as senile, presenile, or major neurocognitive disorder that is not otherwise specified.)
  - F03.911 : Unspecified dementia, unspecified severity, with agitation
  - F03.918 : Unspecified dementia, unspecified severity, with Other behavioral disturbance (such as sleep disturbance, social disinhibition, or sexual disinhibition)
  - F03.A\_ : Unspecified dementia, Mild
  - F03.B\_ : Unspecified dementia, Moderate
  - F03.C\_ : Unspecified dementia, Severe

## ▶ Dementia in other disease

- F01.XX: Vascular Dementia (code first underlying physiological condition or sequelae of cerebrovascular disease)
- F02.XX: Dementia in other disease classified elsewhere
  - (code first underlying physiological condition, such as: Alzheimer's, Cerebral Lipidosis, Lewy Bodies, Parkinsonism, Epilepsy and recurrent seizures, HIV, Huntington's disease, Hypothyroidism, multiple Sclerosis, Parkinson's disease, etc....)
  - *Tip: 2 codes are used for this diagnosis*

Dementia related codes exists in both v24(HCC 51, 52) & v28(HCC 125,126,127)

# Dementia

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- ▶ Dementia in other disease: G30.9 + F02.80 v24(HCC 52); v28(HCC 157)

*\*The underlying condition – Alzheimer’s disease is documented*

**Diagnose: Dementia in other diseases classified elsewhere, unspecified severity, without behavioral disturba... (F02.80)**

TODAY’S ASSESSMENT: Stable. Continue with daily supportive care. Monitor behavior, meal intake, and ADL function closely.

**Diagnose: Alzheimer’s disease, unspecified (G30.9)**

TODAY’S ASSESSMENT: Stable. Continue with daily supportive care. Monitor behavior, meal intake, and ADL function closely.

- ▶ Unspecified Dementia with behavioral disturbance: F03.93 v24(HCC 51); v28(HCC 157)

**Assess Condition: Unspecified dementia, unspecified severity, with mood disturbance (F03.93)**

STATUS: Unchanged

TODAY’S ASSESSMENT: Mentation stable, behaviors stable on current regimen

# Summary

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- ✓ Diagnosis **MUST** be supported by documentation of care in the medical records in order to show that you have addressed each condition on that visit.
- ✓ Remember to use MEAT – Monitor, Evaluate, Assess, Treat.
- ✓ Ensure correct narrative documentation of the diagnosis vs. the numerical diagnosis code.
- ✓ The type of NEC complication needs to be documented.
- ✓ Inconsistent & contradictory diagnoses in the note are not captured.





## SCAN Updates

Christine Ellison – Supervisor, Risk Adjustment Audit Operations

Michelle Nguyen - Manager of Risk Adjustment Programs

# Upcoming Audits

| Status   | Audit                                     | DOS  | Audit Timeline          |
|----------|---|------|-------------------------|
| Ending   | CMS National Sample CY21 Audit            | 2020 | Final deadline: 5/11/23 |
| Ending   | DHCS 2023 Encounter Data Validation Study | 2021 | Final deadline: 5/29/23 |
| Upcoming | Group Level Audit (GLA)                   | TBD  | Summer – Fall 2023      |
| Upcoming | Retrospective Audit                       | 2022 | Summer – Winter 2023    |

# New Member Encounter Reconciliation



- ▶ Request for the historical encounter data of members new to Scan
  - Identified **3216** new HCCs not previously accepted by CMS from 2022 efforts
  
- ▶ **Actions:**
  - Pull RPT\_NEW\_MEMBER\_NETWORK from SCAN Portal
    - Posted every February of each year starting 2022
    - List includes members new to SCAN in 2023
  - Submit ICE files or 837 files of encounter data for **2021 and 2022 DOS** for the members on our list regardless of their previous insurer.
    - Follow ICE Instructions exactly so file does not get denied
  - Final due date **June 30, 2023**

# Encounter Submission Sweep Deadlines

## ► CMS Sweep Upcoming Deadlines:

| Sweep Period                               | DOS                     | Encounter Data Deadlines   |
|--|-------------------------|--|
| Extended January Sweep – 2022 PY Final Run | 01/01/2021 - 12/31/2021 | <b>SCAN</b> – Friday, June 30, 2023<br><b>CMS</b> – Friday, July 31, 2023        |
| September Sweep – 2024 PY Initial          | 07/01/2022 – 06/30/2023 | <b>SCAN</b> – Friday, August 4, 2023<br><b>CMS</b> – Friday, September 1, 2023   |
| January Sweep – 2023 PY Final Run          | 01/01/2022 – 12/31/2022 | <b>SCAN</b> – Friday, December 15, 2023<br><b>CMS</b> – Friday, January 31, 2024 |

[RAF\\_deadlines\\_2020PY\\_2021.04.pdf](#)



# Key Take-Aways

# Takeaways

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- ▶ Ensure Accurate and Appropriate Diagnosis Documentation
  - Please be sure to incorporate Updated Documentation Training for your Coders and Providers
    - Changes to the diagnostic classification system for Part C HCC Model (including v24 and v28 HCC model)
    - Educate on how to avoid the most common documentation errors
- ▶ Submit your Encounter Data Timely and Accurately



# Q&A

Questions covered during webinar

# Q&A

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- ▶ For the New Member Program, can I still send 2021 DOS data via ICE and/or 837 files?
  - Yes, we can still accept 2021 DOS data via ICE and 837 since CMS granted an extension



# Q&A

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- ▶ Will there be an extended deadline for 2022 DOS?
  - There will not be an extended deadline for 2022 DOS. CMS only provided an extended deadline for 2021 DOS.

# Q&A

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- ▶ What date of service does the v28 model apply to?
  - The v28 model is effective starting with 2023 dates of service.

# Q&A

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- ▶ Regarding V24 and V28 models, will SCAN be able to provide a calculation tool for their medical groups for the blending percentages over the next three years?
  - SCAN will not provide a tool, but if you would like training on the blended model RAF calculation, please reach out to [HCIOutreach@scanhealthplan.com](mailto:HCIOutreach@scanhealthplan.com)

# Q&A

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- ▶ Are rest pain, ulceration, and gangrene the only complications that will be counted for PVD?
  - Yes, only those 3 complication codes are included in the V28 model

# Q&A

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- ▶ Telehealth Risk Adjustment - Applicability (Audio/Video) - PHE ending
  - SCAN follows CMS ruling on using audio/video telehealth visit. Although PHE is ending, we have not received any change in Telehealth guidance from CMS. We will notify everyone as soon as we get any changes from CMS.

# Contact Information

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- Risk Adjustment Coding: Marilyn “Lilly” Sarino  
[coding@scanhealthplan.com](mailto:coding@scanhealthplan.com)
- Risk Adjustment and Encounter Reports: Michelle Nguyen  
[Mnguyen3@SCANHealthPlan.com](mailto:Mnguyen3@SCANHealthPlan.com)
- Risk Adjustment Audits: Christine Ellison  
[cellison@scanhealthplan.com](mailto:cellison@scanhealthplan.com)



# Appendix

Coding Guidelines + Examples of Correct and Incorrect Documentation

# Vascular - Diabetes Mellitus

Exists in v24 only

Drug or chemical induced diabetes mellitus with:

|   |  |                                       |   |
|---|--|---------------------------------------|---|
| peripheral angiopathy with gangrene<br>E09.52<br>v24(HCC 106) | peripheral angiopathy without gangrene<br>E09.51<br>v24(HCC 108) | foot ulcer<br>E09.621<br>v24(HCC 161) | other skin ulcer<br>E09.622<br>v24(HCC 161) |
|---|--|---------------------------------------|---|

Exists in both v24 & v28

Diabetes Mellitus:

|   |   |   |  |
|---|---|---|--|
| <u>due to underlying condition</u> with diabetic peripheral angiopathy with or without gangrene<br>E08.52, E08.51<br>v24(HCC 18, 106,108);<br>v28(HCC 37) | <u>type 1</u> with peripheral angiopathy with or without gangrene<br>E10.52, E10.51<br>v24(HCC 18, 106,108);<br>v28(HCC 37) | <u>type 2</u> with peripheral angiopathy with or without gangrene<br>E11.52, E11.51<br>v24(HCC 18, 106,108);<br>v28(HCC 37) | <u>Other specified diabetes mellitus</u> with peripheral angiopathy with or without gangrene<br>E13.52, E13.51<br>v24(HCC 18, 106,108);<br>v28(HCC 37) |
|---|---|---|--|

DM with vascular complications – Dx that exists in the v24 vs. v28 model



# Metabolic – common codes continued

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## ► Exists in v24 only

- Other & unspecified metabolic disorders E88.01, E88.40, E88.41, E88.42, E88.49 v24(HCC 23)
- Hereditary hemochromatosis E83.110 v24(HCC 23)
- Other disorders of amino-acid metabolism E72.00 - E72.52 v24(HCC 23)
- Thymus disorders E32.0 - E32.9, E34.4 v24(HCC 23)
- Parathyroid gland disorder E21.4, E21.5 v24(HCC 23)
- Cushing's syndrome E24.1 - E24.9 v24(HCC 23)
- Adrenogenital disorders E25.0 - E25.9, E26.01, E26.02 v24(HCC 23)

## ► Exists in both v24 & v28

- Other specified metabolic disorders E88.89 v24(HCC 23); **v28(HCC 50)**
- Amyloidosis related codes E85.0 - E85.89, E85.9 v24(HCC 23); **v28(HCC 50)**
- Porphyria related codes E80.0 - E80.3 v24(HCC 23); **v28(HCC 50)**
- Carcinoid syndrome E34.0 v24(HCC 12); **v28(HCC 17)**

# Metabolic – common codes continued

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## ► Exists in v24 only

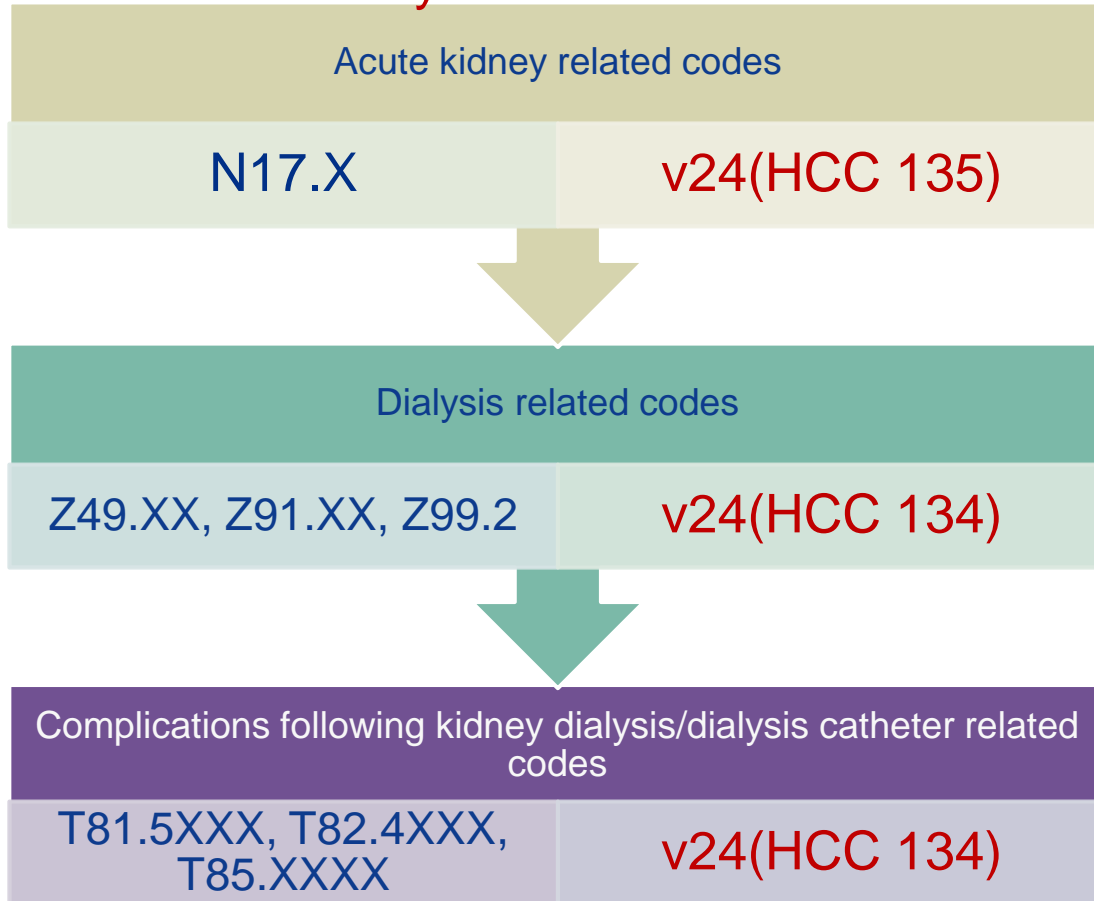
- Other adrenocortical overactivity E27.0 v24(HCC 23)
- Other disorders of glucosaminoglycan metabolism/Glucosaminoglycan metabolism disorder, unspecified E76.8, E76.9 v24(HCC 23)
- Hyperaldosteronism related codes E26.09 - E26.9 v24(HCC 23)
- Other disorders of adrenal gland E27.2 - E27.9 v24(HCC 23)
- Other specified and unspecified nutritional and metabolic disorders E70.0 - E71.548 v24(HCC 23)

## ► Exists in both v24 & v28

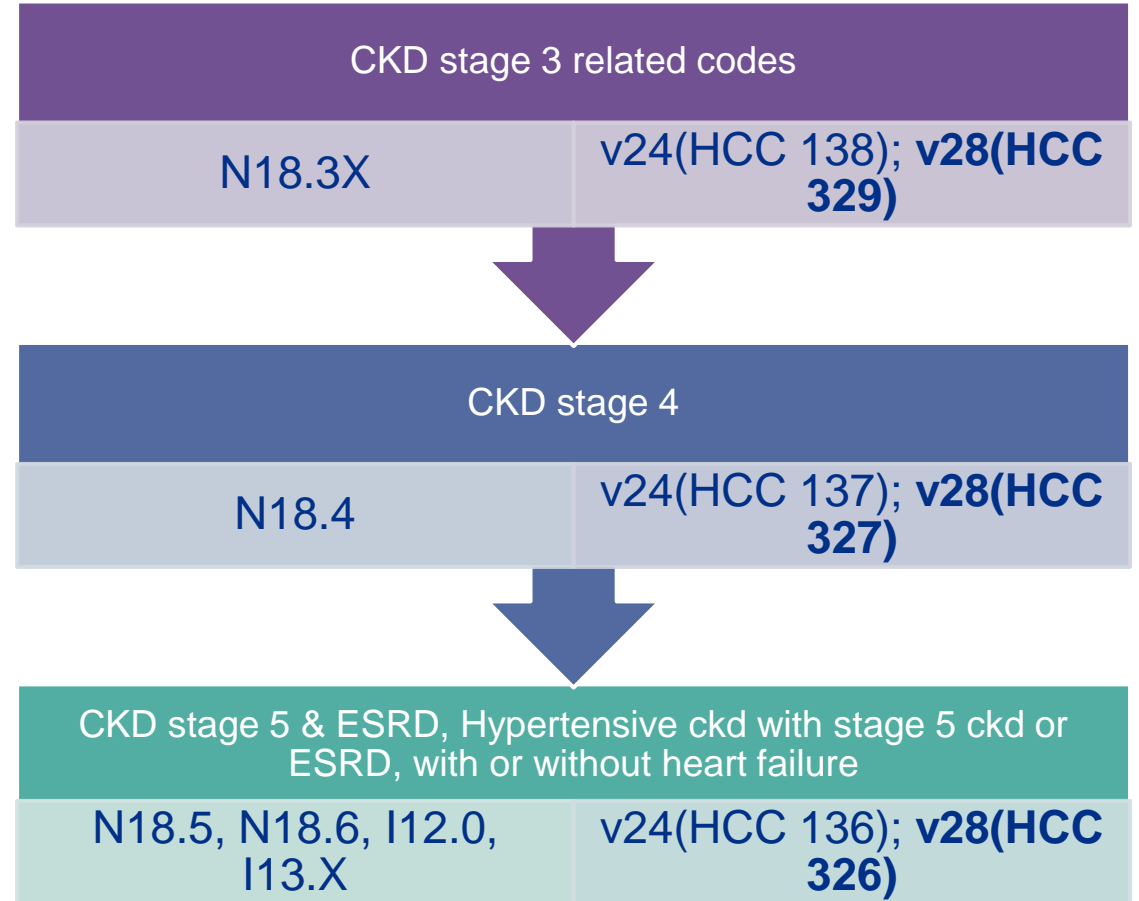
- Primary adrenocortical insufficiency E27.1 v24(HCC 23); **v28(HCC 51)**
- Specified disorders of glycosaminoglycan metabolism E76.01 - E76.03, E76.1 - E76.3 v24(HCC 23); **v28(HCC 49)**

# Kidney – common codes

## Exists in v24 only



## Exists in both v24 & v28



# Status codes

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## ▶ Exists in v24 only

- Acquired absence of toe related codes  
Z89.411, Z89.412, Z89.419, Z89.421, Z89.422,  
Z89.429 v24(HCC 189)

## ▶ Exists in both v24 & v28

- Stem cell & bone marrow transplant related codes  
M31.11, T86.5, T86.0X, Z48.29, Z94.8X v24(HCC 186);  
**v28(HCC 454)**
- Heart & heart-lung transplant related codes T86.2X,  
T86.2XX, T86.3X, Z48.21, Z48.280, Z94.1, Z94.3  
v24(HCC 186); **v28(HCC 221)**
- Liver transplant related codes T86.4X, Z48.23, Z94.4  
v24(HCC 186); **v28(HCC 62)**
- Lung transplant related codes T86.81, Z48.24, Z94.2  
v24(HCC 186); **v28(HCC 276)**
- Intestine transplant related codes T86.85X, Z94.82  
v24(HCC 186); **v28(HCC 77)**
- Pancreas transplant related codes Z94.83 v24(HCC  
186); **v28(HCC 35)**
- Presence of heart assist device/Implantable artificial  
heart Z95.81X v24(HCC 186); **v28(HCC 223)**

# Diagnosis Code References:

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- Optum 360 (2022), ICD-10-CM Expert for Physicians. The complete official code set.
- <https://www.cms.gov/files/document/2024-advance-notice-pdf.pdf>
- <https://www.cms.gov/files/document/fy-2023-icd-10-cm-coding-guidelines-updated-01/11/2023.pdf>
- <https://www.cms.gov/medicare/icd-10/2023-icd-10-cm>
- [https://www.uptodate.com/contents/immune-thrombocytopenia-itp-in-adults-clinical-manifestations-and-diagnosis?search=itp&source=search\\_result&selectedTitle=1~150&usage\\_type=default&display\\_rank=1](https://www.uptodate.com/contents/immune-thrombocytopenia-itp-in-adults-clinical-manifestations-and-diagnosis?search=itp&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1)
- For additional coding questions:
  - [coding@scanhealthplan.com](mailto:coding@scanhealthplan.com)

## Table II-4. HCC Differences Between the Current and Proposed CMS-HCC Risk Adjustment Models, by Disease Group

| Table II-4. HCC Differences Between the Current and Proposed CMS-HCC Risk Adjustment Models, by Disease Group   |  |
|---|--|
| 2020 model (V24)  | Proposed model (V28)   |
| <ul style="list-style-type: none"> <li>86 payment HCCs</li> <li>9,797 FY22/FY23 ICD-10 diagnosis codes mapped to an HCC for payment</li> </ul>  | <ul style="list-style-type: none"> <li>115 payment HCCs</li> <li>7,770 FY22/FY23 ICD-10 diagnosis codes mapped to an HCC for payment</li> </ul>  |
| <b>Infectious Disease Group: 3 HCCs</b> <ul style="list-style-type: none"> <li>HCC 1 (<i>HIV/AIDS</i>)</li> <li>HCC 2 (<i>Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock</i>)</li> <li>HCC 6 (<i>Opportunistic Infections</i>)</li> </ul>  | <b>Infectious Disease Group: 3 HCCs</b> <ul style="list-style-type: none"> <li>HCC 1 (<i>HIV/AIDS</i>)</li> <li>HCC 2 (<i>Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock</i>)</li> <li>HCC 6 (<i>Opportunistic Infections</i>)</li> </ul>   |
| <b>Neoplasm Disease Group: 5 HCCs</b> <ul style="list-style-type: none"> <li>HCC 8 (<i>Metastatic Cancer and Acute Leukemia</i>)</li> <li>HCC 9 (<i>Lung and Other Severe Cancers</i>)</li> <li>HCC 10 (<i>Lymphoma and Other Cancers</i>)</li> <li>HCC 11 (<i>Colorectal, Bladder, and Other Cancers</i>)</li> <li>HCC 12 (<i>Breast, Prostate, and Other Cancers and Tumors</i>)</li> </ul> | <b>Neoplasm Disease Group: 7 HCCs</b> <ul style="list-style-type: none"> <li>HCC 17 (<i>Cancer Metastatic to Lung, Liver, Brain, and Other Organs; Acute Myeloid Leukemia Except Promyelocytic</i>)</li> <li>HCC 18 (<i>Cancer Metastatic to Bone, Other and Unspecified Metastatic Cancer; Acute Leukemia Except Myeloid</i>)</li> <li>HCC 19 (<i>Myelodysplastic Syndromes, Multiple Myeloma, and Other Cancers</i>)</li> <li>HCC 20 (<i>Lung and Other Severe Cancers</i>)</li> <li>HCC 21 (<i>Lymphoma and Other Cancers</i>)</li> <li>HCC 22 (<i>Bladder, Colorectal, and Other Cancers</i>)</li> <li>HCC 23 (<i>Prostate, Breast, and Other Cancers and Tumors</i>)</li> </ul> |
| <b>Diabetes Disease Group: 3 HCCs</b> <ul style="list-style-type: none"> <li>HCC 17 (<i>Diabetes with Acute Complications</i>)</li> <li>HCC 18 (<i>Diabetes with Chronic Complications</i>)</li> <li>HCC 19 (<i>Diabetes without Complication</i>)</li> </ul>   | <b>Diabetes Disease Group: 4 HCCs</b> <ul style="list-style-type: none"> <li>HCC 35 (<i>Pancreas Transplant Status</i>)</li> <li>HCC 36 (<i>Diabetes with Severe Acute Complications</i>)</li> <li>HCC 37 (<i>Diabetes with Chronic Complications</i>)</li> <li>HCC 38 (<i>Diabetes with Glycemic, Unspecified, or No Complications</i>)</li> </ul>  |
| <b>Metabolic Disease Group: 3 HCCs</b> <ul style="list-style-type: none"> <li>HCC 21 (<i>Protein-Calorie Malnutrition</i>)</li> <li>HCC 22 (<i>Morbid Obesity</i>)</li> </ul>   | <b>Metabolic Disease Group: 4 HCCs</b> <ul style="list-style-type: none"> <li>HCC 48 (<i>Morbid Obesity</i>)</li> <li>HCC 49 (<i>Specified Lysosomal Storage Disorders</i>)</li> </ul>   |

| 2020 model (V24)  | Proposed model (V28)  |
|---|---|
| <ul style="list-style-type: none"> <li>HCC 23 (<i>Other Significant Endocrine and Metabolic Disorders</i>)</li> </ul>   | <ul style="list-style-type: none"> <li>HCC 50 (<i>Amyloidosis, Porphyria, and Other Specified Metabolic Disorders</i>)</li> <li>HCC 51 (<i>Addison's and Cushing's Diseases, Acromegaly, and Other Specified Endocrine Disorders</i>)</li> </ul>  |
| <b>Liver Disease Group: 3 HCCs</b> <ul style="list-style-type: none"> <li>HCC 27 (<i>End-Stage Liver Disease</i>)</li> <li>HCC 28 (<i>Cirrhosis of Liver</i>)</li> <li>HCC 29 (<i>Chronic Hepatitis</i>)</li> </ul>   | <b>Liver Disease Group: 5 HCCs</b> <ul style="list-style-type: none"> <li>HCC 62 (<i>Liver Transplant Status/Complications</i>)</li> <li>HCC 63 (<i>Chronic Liver Failure/End-Stage Liver Disorders</i>)</li> <li>HCC 64 (<i>Cirrhosis of Liver</i>)</li> <li>HCC 65 (<i>Chronic Hepatitis</i>)</li> <li>HCC 68 (<i>Cholangitis and Obstruction of Bile Duct Without Gallstones</i>)</li> </ul>   |
| <b>Gastrointestinal Disease Group: 3 HCCs</b> <ul style="list-style-type: none"> <li>HCC 33 (<i>Intestinal Obstruction/Perforation</i>)</li> <li>HCC 34 (<i>Chronic Pancreatitis</i>)</li> <li>HCC 35 (<i>Inflammatory Bowel Disease</i>)</li> </ul>                        | <b>Gastrointestinal Disease Group: 5 HCCs</b> <ul style="list-style-type: none"> <li>HCC 77 (<i>Intestine Transplant Status/Complications</i>)</li> <li>HCC 78 (<i>Intestinal Obstruction/Perforation</i>)</li> <li>HCC 79 (<i>Chronic Pancreatitis</i>)</li> <li>HCC 80 (<i>Crohn's Disease (Regional Enteritis)</i>)</li> <li>HCC 81 (<i>Ulcerative Colitis</i>)</li> </ul>   |
| <b>Musculoskeletal Disease Group: 2 HCCs</b> <ul style="list-style-type: none"> <li>HCC 39 (<i>Bone/Joint/Muscle Infections/Necrosis</i>)</li> <li>HCC 40 (<i>Rheumatoid Arthritis and Inflammatory Connective Tissue Disease</i>)</li> </ul>                               | <b>Musculoskeletal Disease Group: 3 HCCs</b> <ul style="list-style-type: none"> <li>HCC 92 (<i>Bone/Joint/Muscle/Severe Soft Tissue Infections/Necrosis</i>)</li> <li>HCC 93 (<i>Rheumatoid Arthritis and Other Specified Inflammatory Rheumatic Disorders</i>)</li> <li>HCC 94 (<i>Systemic Lupus Erythematosus and Other Specified Systemic Connective Tissue Disorders</i>)</li> </ul>   |
| <b>Blood Disease Group: 3 HCCs</b> <ul style="list-style-type: none"> <li>HCC 46 (<i>Severe Hematological Disorders</i>)</li> <li>HCC 47 (<i>Disorders of Immunity</i>)</li> <li>HCC 48 (<i>Coagulation Defects and Other Specified Hematological Disorders</i>)</li> </ul> | <b>Blood Disease Group: 7 HCCs</b> <ul style="list-style-type: none"> <li>HCC 107 (<i>Sickle Cell Anemia (Hb-SS) and Thalassemia Beta Zero</i>)</li> <li>HCC 108 (<i>Sickle Cell Disorders, Except Sickle Cell Anemia (Hb-SS) and Thalassemia Beta Zero; Beta Thalassemia Major</i>)</li> <li>HCC 109 (<i>Acquired Hemolytic, Aplastic, and Sideroblastic Anemias</i>)</li> <li>HCC 111 (<i>Hemophilia, Male</i>)</li> <li>HCC 112 (<i>Immune Thrombocytopenia and Specified Coagulation Defects and Hemorrhagic Conditions</i>)</li> </ul> |

Reference: Advance Notice of Methodological Changes for Calendar Year (CY) 2024 for Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies ([cms.gov](https://www.cms.gov))

# Table II-4. HCC Differences Between the Current and Proposed CMS-HCC Risk Adjustment Models, by Disease Group continued

| 2020 model (V24)  | Proposed model (V28)  |
|---|---|
|   | <ul style="list-style-type: none"> <li>HCC 114 (<i>Common Variable and Combined Immunodeficiencies</i>)</li> <li>HCC 115 (<i>Specified Immunodeficiencies and White Blood Cell Disorders</i>)</li> </ul>  |
| <b>Cognitive Disease Group: 2 HCCs</b> <ul style="list-style-type: none"> <li>HCC 51 (<i>Dementia With Complications</i>)</li> <li>HCC 52 (<i>Dementia Without Complication</i>)</li> </ul>   | <b>Cognitive Disease Group: 3 HCCs</b> <ul style="list-style-type: none"> <li>HCC 125 (<i>Dementia, Severe</i>)</li> <li>HCC 126 (<i>Dementia, Moderate</i>)</li> <li>HCC 127 (<i>Dementia, Mild or Unspecified</i>)</li> </ul>   |
| <b>Substance Use Disorder Disease Group: 3 HCCs</b> <ul style="list-style-type: none"> <li>HCC 54 (<i>Substance Use with Psychotic Complications</i>)</li> <li>HCC 55 (<i>Substance Use Disorder, Moderate/Severe, or Substance Use with Complications</i>)</li> <li>HCC 56 (<i>Substance Use Disorder, Mild, Except Alcohol and Cannabis</i>)</li> </ul> | <b>Substance Use Disorder Disease Group: 5 HCCs</b> <ul style="list-style-type: none"> <li>HCC 135 (<i>Drug Use with Psychotic Complications</i>)</li> <li>HCC 136 (<i>Alcohol Use with Psychotic Complications</i>)</li> <li>HCC 137 (<i>Drug Use Disorder, Moderate/Severe, or Drug Use with Non-Psychotic Complications</i>)</li> <li>HCC 138 (<i>Drug Use Disorder, Mild, Uncomplicated, Except Cannabis</i>)</li> <li>HCC 139 (<i>Alcohol Use Disorder, Moderate/Severe, or Alcohol Use with Specified Non-Psychotic Complications</i>)</li> </ul> |
| <b>Psychiatric Disease Group: 4 HCCs</b> <ul style="list-style-type: none"> <li>HCC 57 (<i>Schizophrenia</i>)</li> <li>HCC 58 (<i>Reactive and Unspecified Psychosis</i>)</li> <li>HCC 59 (<i>Major Depressive, Bipolar, and Paranoid Disorders</i>)</li> <li>HCC 60 (<i>Personality Disorders</i>)</li> </ul>  | <b>Psychiatric Disease Group: 5 HCCs</b> <ul style="list-style-type: none"> <li>HCC 151 (<i>Schizophrenia</i>)</li> <li>HCC 152 (<i>Psychosis, Except Schizophrenia</i>)</li> <li>HCC 153 (<i>Personality Disorders; Anorexia/Bulimia Nervosa</i>)</li> <li>HCC 154 (<i>Bipolar Disorders without Psychosis</i>)</li> <li>HCC 155 (<i>Major Depression, Moderate or Severe, without Psychosis</i>)</li> </ul>   |
| <b>Spinal Disease Group: 3 HCCs</b> <ul style="list-style-type: none"> <li>HCC 70 (<i>Quadriplegia</i>)</li> <li>HCC 71 (<i>Paraplegia</i>)</li> <li>HCC 72 (<i>Spinal Cord Disorders/Injuries</i>)</li> </ul>  | <b>Spinal Disease Group: 3 HCCs</b> <ul style="list-style-type: none"> <li>HCC 180 (<i>Quadriplegia</i>)</li> <li>HCC 181 (<i>Paraplegia</i>)</li> <li>HCC 182 (<i>Spinal Cord Disorders/Injuries</i>)</li> </ul>   |
| <b>Neurological Disease Group: 8 HCCs</b> <ul style="list-style-type: none"> <li>HCC 73 (<i>Amyotrophic Lateral Sclerosis and Other Motor Neuron Disease</i>)</li> <li>HCC 74 (<i>Cerebral Palsy</i>)</li> </ul>  | <b>Neurological Disease Group: 12 HCCs</b> <ul style="list-style-type: none"> <li>HCC 190 (<i>Amyotrophic Lateral Sclerosis and Other Motor Neuron Disease, Spinal Muscular Atrophy</i>)</li> <li>HCC 191 (<i>Quadriplegic Cerebral Palsy</i>)</li> <li>HCC 192 (<i>Cerebral Palsy, Except Quadriplegic</i>)</li> </ul>   |

| 2020 model (V24)   | Proposed model (V28)  |
|--|---|
| <ul style="list-style-type: none"> <li>HCC 75 (<i>Myasthenia Gravis/Myoneural Disorders and Guillain-Barre Syndrome/Inflammatory and Toxic Neuropathy</i>)</li> <li>HCC 76 (<i>Muscular Dystrophy</i>)</li> <li>HCC 77 (<i>Multiple Sclerosis</i>)</li> <li>HCC 78 (<i>Parkinson's and Huntington's Diseases</i>)</li> <li>HCC 79 (<i>Seizure Disorders and Convulsions</i>)</li> <li>HCC 80 (<i>Coma, Brain Compression/Anoxic Damage</i>)</li> </ul> | <ul style="list-style-type: none"> <li>HCC 193 (<i>Chronic Inflammatory Demyelinating Polyneuropathy and Multifocal Motor Neuropathy</i>)</li> <li>HCC 195 (<i>Myasthenia Gravis with (Acute) Exacerbation</i>)</li> <li>HCC 196 (<i>Myasthenia Gravis without (Acute) Exacerbation and Other Myoneural Disorders</i>)</li> <li>HCC 197 (<i>Muscular Dystrophy</i>)</li> <li>HCC 198 (<i>Multiple Sclerosis</i>)</li> <li>HCC 199 (<i>Parkinson and Other Degenerative Disease of Basal Ganglia</i>)</li> <li>HCC 200 (<i>Friedreich and Other Hereditary Ataxias; Huntington Disease</i>)</li> <li>HCC 201 (<i>Seizure Disorders and Convulsions</i>)</li> <li>HCC 202 (<i>Coma, Brain Compression/Anoxic Damage</i>)</li> </ul> |
| <b>Arrest Disease Group: 3 HCCs</b> <ul style="list-style-type: none"> <li>HCC 82 (<i>Respirator Dependence/Tracheostomy Status</i>)</li> <li>HCC 83 (<i>Respiratory Arrest</i>)</li> <li>HCC 84 (<i>Cardio-Respiratory Failure and Shock</i>)</li> </ul>  | <b>Arrest Disease Group: 3 HCCs</b> <ul style="list-style-type: none"> <li>HCC 211 (<i>Respirator Dependence/Tracheostomy Status/Complications</i>)</li> <li>HCC 212 (<i>Respiratory Arrest</i>)</li> <li>HCC 213 (<i>Cardio-Respiratory Failure and Shock</i>)</li> </ul>  |
| <b>Heart Disease Group: 5 HCCs</b> <ul style="list-style-type: none"> <li>HCC 85 (<i>Congestive Heart Failure</i>)</li> <li>HCC 86 (<i>Acute Myocardial Infarction</i>)</li> <li>HCC 87 (<i>Unstable Angina and Other Acute Ischemic Heart Disease</i>)</li> <li>HCC 88 (<i>Angina Pectoris</i>)</li> <li>HCC 96 (<i>Specified Heart Arrhythmias</i>)</li> </ul>   | <b>Heart Disease Group: 10 HCCs</b> <ul style="list-style-type: none"> <li>HCC 221 (<i>Heart Transplant Status/Complications</i>)</li> <li>HCC 222 (<i>End Stage Heart Failure</i>)</li> <li>HCC 223 (<i>Heart Assist Device/Artificial Heart</i>)<sup>26</sup></li> <li>HCC 224 (<i>Acute on Chronic Heart Failure</i>)</li> <li>HCC 225 (<i>Acute Heart Failure (Excludes Acute on Chronic)</i>)</li> <li>HCC 226 (<i>Heart Failure, Except End Stage and Acute</i>)</li> <li>HCC 227 (<i>Cardiomyopathy/Myocarditis</i>)</li> <li>HCC 228 (<i>Acute Myocardial Infarction</i>)</li> <li>HCC 229 (<i>Unstable Angina and Other Acute Ischemic Heart Disease</i>)</li> </ul>   |

Reference: Advance Notice of Methodological Changes for Calendar Year (CY) 2024 for Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies (cms.gov)



## Table II-4. HCC Differences Between the Current and Proposed CMS-HCC Risk Adjustment Models, by Disease Group continued

| 2020 model (V24)   | Proposed model (V28)   |
|--|--|
|  | <ul style="list-style-type: none"> <li>• HCC 238 (<i>Specified Heart Arrhythmias</i>)</li> </ul>   |
| <b>Cerebrovascular Disease Group: 4 HCCs</b> <ul style="list-style-type: none"> <li>• HCC 99 (<i>Intracranial Hemorrhage</i>)</li> <li>• HCC 100 (<i>Ischemic or Unspecified Stroke</i>)</li> <li>• HCC 103 (<i>Hemiplegia/Hemiparesis</i>)</li> <li>• HCC 104 (<i>Monoplegia, Other Paralytic Syndromes</i>)</li> </ul>   | <b>Cerebrovascular Disease Group: 4 HCCs</b> <ul style="list-style-type: none"> <li>• HCC 248 (<i>Intracranial Hemorrhage</i>)</li> <li>• HCC 249 (<i>Ischemic or Unspecified Stroke</i>)</li> <li>• HCC 253 (<i>Hemiplegia/Hemiparesis</i>)</li> <li>• HCC 254 (<i>Monoplegia, Other Paralytic Syndromes</i>)</li> </ul>  |
| <b>Vascular Disease Group: 3 HCCs</b> <ul style="list-style-type: none"> <li>• HCC 106 (<i>Atherosclerosis of the Extremities with Ulceration or Gangrene</i>)</li> <li>• HCC 107 (<i>Vascular Disease with Complications</i>)</li> <li>• HCC 108 (<i>Vascular Disease</i>)</li> </ul>   | <b>Vascular Disease Group: 3 HCCs</b> <ul style="list-style-type: none"> <li>• HCC 263 (<i>Atherosclerosis of Arteries of the Extremities with Ulceration or Gangrene</i>)</li> <li>• HCC 264 (<i>Vascular Disease with Complications</i>)</li> <li>• HCC 267 (<i>Deep Vein Thrombosis and Pulmonary Embolism</i>)</li> </ul>  |
| <b>Lung Disease Group: 5 HCCs</b> <ul style="list-style-type: none"> <li>• HCC 110 (<i>Cystic Fibrosis</i>)</li> <li>• HCC 111 (<i>Chronic Obstructive Pulmonary Disease</i>)</li> <li>• HCC 112 (<i>Fibrosis of Lung and Other Chronic Lung Disorders</i>)</li> <li>• HCC 114 (<i>Aspiration and Specified Bacterial Pneumonias</i>)</li> <li>• HCC 115 (<i>Pneumococcal Pneumonia, Empyema, Lung Abscess</i>)</li> </ul> | <b>Lung Disease Group: 7 HCCs</b> <ul style="list-style-type: none"> <li>• HCC 276 (<i>Lung Transplant Status/Complications</i>)</li> <li>• HCC 277 (<i>Cystic Fibrosis</i>)</li> <li>• HCC 278 (<i>Idiopathic Pulmonary Fibrosis and Lung Involvement in Systemic Sclerosis</i>)</li> <li>• HCC 279 (<i>Severe Persistent Asthma</i>)</li> <li>• HCC 280 (<i>Chronic Obstructive Pulmonary Disease, Interstitial Lung Disorders, and Other Chronic Lung Disorders</i>)</li> <li>• HCC 282 (<i>Aspiration and Specified Bacterial Pneumonias</i>)</li> <li>• HCC 283 (<i>Empyema, Lung Abscess</i>)</li> </ul> |
| <b>Eye Disease Group: 2 HCCs</b> <ul style="list-style-type: none"> <li>• HCC 122 (<i>Proliferative Diabetic Retinopathy and Vitreous Hemorrhage</i>)</li> <li>• HCC 124 (<i>Exudative Macular Degeneration</i>)</li> </ul>  | <b>Eye Disease Group: 2 HCCs</b> <ul style="list-style-type: none"> <li>• HCC 298 (<i>Severe Diabetic Eye Disease, Retinal Vein Occlusion, and Vitreous Hemorrhage</i>)</li> <li>• HCC 300 (<i>Exudative Macular Degeneration</i>)</li> </ul>  |
| <b>Kidney Disease Group: 5 HCCs</b> <ul style="list-style-type: none"> <li>• HCC 134 (<i>Dialysis Status</i>)</li> <li>• HCC 135 (<i>Acute Renal Failure</i>)</li> <li>• HCC 136 (<i>Chronic Kidney Disease, Stage 5</i>)</li> <li>• HCC 137 (<i>Chronic Kidney Disease, Severe (Stage 4)</i>)</li> </ul>  | <b>Kidney Disease Group: 4 HCCs</b> <ul style="list-style-type: none"> <li>• HCC 326 (<i>Chronic Kidney Disease, Stage 5</i>)</li> <li>• HCC 327 (<i>Chronic Kidney Disease, Severe (Stage 4)</i>)</li> <li>• HCC 328 (<i>Chronic Kidney Disease, Moderate (Stage 3B)</i>)</li> </ul>  |

| 2020 model (V24)   | Proposed model (V28)   |
|--|--|
| <ul style="list-style-type: none"> <li>• HCC 138 (<i>Chronic Kidney Disease, Moderate (Stage 3)</i>)</li> </ul>  | <ul style="list-style-type: none"> <li>• HCC 329 (<i>Chronic Kidney Disease, Moderate (Stage 3, Except 3B)</i>)</li> </ul>   |
| <b>Skin Disease Group: 5 HCCs</b> <ul style="list-style-type: none"> <li>• HCC 157 (<i>Pressure Ulcer of Skin with Necrosis Through to Muscle, Tendon, or Bone</i>)</li> <li>• HCC 158 (<i>Pressure Ulcer of Skin with Full Thickness Skin Loss</i>)</li> <li>• HCC 159 (<i>Pressure Ulcer of Skin with Partial Thickness Skin Loss</i>)</li> <li>• HCC 161 (<i>Chronic Ulcer of Skin, Except Pressure</i>)</li> <li>• HCC 162 (<i>Severe Skin Burn or Condition</i>)</li> </ul> | <b>Skin Disease Group: 7 HCCs</b> <ul style="list-style-type: none"> <li>• HCC 379 (<i>Pressure Ulcer of Skin with Necrosis Through to Muscle, Tendon, or Bone</i>)</li> <li>• HCC 380 (<i>Chronic Ulcer of Skin, Except Pressure, Through to Bone or Muscle</i>)</li> <li>• HCC 381 (<i>Pressure Ulcer of Skin with Full Thickness Skin Loss</i>)</li> <li>• HCC 382 (<i>Pressure Ulcer of Skin with Partial Thickness Skin Loss</i>)</li> <li>• HCC 383 (<i>Chronic Ulcer of Skin, Except Pressure, Not Specified as Through to Bone or Muscle</i>)</li> <li>• HCC 385 (<i>Severe Skin Burn</i>)</li> <li>• HCC 387 (<i>Pemphigus, Pemphigoid, and Other Specified Autoimmune Skin Disorders</i>)</li> </ul> |
| <b>Injury Disease Group: 5 HCCs</b> <ul style="list-style-type: none"> <li>• HCC 166 (<i>Severe Head Injury</i>)</li> <li>• HCC 167 (<i>Major Head Injury</i>)</li> <li>• HCC 169 (<i>Vertebral Fractures without Spinal Cord Injury</i>)</li> <li>• HCC 170 (<i>Hip Fracture/Dislocation</i>)</li> <li>• HCC 173 (<i>Traumatic Amputations and Complications</i>)</li> </ul>  | <b>Injury Disease Group: 6 HCCs</b> <ul style="list-style-type: none"> <li>• HCC 397 (<i>Major Head Injury with Loss of Consciousness &gt; 1 Hour</i>)</li> <li>• HCC 398 (<i>Major Head Injury with Loss of Consciousness &lt; 1 Hour or Unspecified</i>)</li> <li>• HCC 399 (<i>Major Head Injury without Loss of Consciousness</i>)</li> <li>• HCC 401 (<i>Vertebral Fractures without Spinal Cord Injury</i>)</li> <li>• HCC 402 (<i>Hip Fracture/Dislocation</i>)</li> <li>• HCC 405 (<i>Traumatic Amputations and Complications</i>)</li> </ul>  |
| <b>Complications Disease Group: 1 HCC</b> <ul style="list-style-type: none"> <li>• HCC 176 (<i>Complications of Specified Implanted Device or Graft</i>)</li> </ul>  | <b>Complications Disease Group: 0 HCCs</b>   |
| <b>Amputation Disease Group: 1 HCC</b> <ul style="list-style-type: none"> <li>• HCC 189 (<i>Amputation Status, Lower Limb/Amputation Complications</i>)</li> </ul>   | <b>Amputation Disease Group: 1 HCC</b> <ul style="list-style-type: none"> <li>• HCC 409 (<i>Amputation Status, Lower Limb/Amputation Complications</i>)</li> </ul>   |

Reference: [Advance Notice of Methodological Changes for Calendar Year \(CY\) 2024 for Medicare Advantage \(MA\) Capitation Rates and Part C and Part D Payment Policies \(cms.gov\)](https://www.cms.gov/medicare/medicare-eligibility/advance-notice-of-methodological-changes-for-calendar-year-cy-2024-for-medicare-advantage-ma-capitation-rates-and-part-c-and-part-d-payment-policies)



## Table II-4. HCC Differences Between the Current and Proposed CMS-HCC Risk Adjustment Models, by Disease Group continued

| 2020 model (V24)  | Proposed model (V28)  |
|---|---|
| <b>Transplant Disease Group: 1 HCC</b>  | <b>Transplant Disease Group: 1 HCC</b>  |
| • HCC 186 ( <i>Major Organ Transplant or Replacement Status</i> )   | • HCC 454 ( <i>Stem Cell, Including Bone Marrow, Transplant Status/Complications</i> )                      |
| <b>Openings Disease Group: 1 HCC</b><br>• HCC 188 ( <i>Artificial Openings for Feeding or Elimination</i> ) | <b>Openings Disease Group: 1 HCC</b><br>• HCC 463 ( <i>Artificial Openings for Feeding or Elimination</i> ) |

Reference: Advance Notice of Methodological Changes for Calendar Year (CY) 2024 for Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies ([cms.gov](https://www.cms.gov))

# Table VI-4. 2024 CMS-HCC Model with Disease Hierarchies

Table VI-4. 2024 CMS-HCC Model with Disease Hierarchies

| CMS-HCC | If the Disease Group is listed in this column...   | ...Then drop the CMS-HCC listed in this column |
|---------|--|--|
|         | <b>CMS-HCC Hierarchical Condition Category Label</b>   |  |
| 17      | Cancer Metastatic to Lung, Liver, Brain, and Other Organs; Acute Myeloid Leukemia Except Promyelocytic | 18, 19, 20, 21, 22, 23                         |
| 18      | Cancer Metastatic to Bone, Other and Unspecified Metastatic Cancer; Acute Leukemia Except Myeloid      | 19, 20, 21, 22, 23                             |
| 19      | Myelodysplastic Syndromes, Multiple Myeloma, and Other Cancers   | 20, 21, 22, 23                                 |
| 20      | Lung and Other Severe Cancers  | 21, 22, 23                                     |
| 21      | Lymphoma and Other Cancers   | 22, 23   |
| 22      | Bladder, Colorectal, and Other Cancers   | 23   |
| 35      | Pancreas Transplant Status   | 36, 37, 38                                     |
| 36      | Diabetes with Severe Acute Complications   | 37, 38   |
| 37      | Diabetes with Chronic Complications  | 38   |
| 62      | Liver Transplant Status/Complications  | 63, 64, 65, 68                                 |
| 63      | Chronic Liver Failure/End-Stage Liver Disorders  | 64, 65, 68, 202                                |
| 64      | Cirrhosis of Liver   | 65, 68   |
| 77      | Intestine Transplant Status/Complications  | 78, 80, 81                                     |
| 80      | Crohn's Disease (Regional Enteritis)   | 81   |
| 93      | Rheumatoid Arthritis and Other Specified Inflammatory Rheumatic Disorders                              | 94   |
| 107     | Sickle Cell Anemia (Hb-SS) and Thalassemia Beta Zero   | 108  |
| 111     | Hemophilia, Male   | 112  |
| 114     | Common Variable and Combined Immunodeficiencies  | 115  |
| 125     | Dementia, Severe   | 126, 127                                       |
| 126     | Dementia, Moderate   | 127  |
| 135     | Drug Use with Psychotic Complications  | 136, 137, 138, 139                             |
| 136     | Alcohol Use with Psychotic Complications   | 137, 138, 139                                  |
| 137     | Drug Use Disorder, Moderate/Severe, or Drug Use with Non-Psychotic Complications                       | 138, 139                                       |
| 138     | Drug Use Disorder, Mild, Uncomplicated, Except Cannabis  | 139  |
| 151     | Schizophrenia  | 152, 153, 154, 155                             |

|     |  |                              |
|-----|--|------------------------------|
| 152 | Psychosis, Except Schizophrenia  | 153, 154, 155                |
| 153 | Personality Disorders; Anorexia/Bulimia Nervosa                            | 154, 155                     |
| 154 | Bipolar Disorders without Psychosis  | 155                          |
| 180 | Quadriplegia   | 181, 182, 253, 254           |
| 181 | Paraplegia   | 182, 254                     |
| 191 | Quadriplegic Cerebral Palsy  | 180, 181, 182, 192, 253, 254 |
| 192 | Cerebral Palsy, Except Quadriplegic  | 180, 181, 182, 253, 254      |
| 195 | Myasthenia Gravis with (Acute) Exacerbation                                | 196                          |
| 211 | Respirator Dependence/Tracheostomy Status/Complications                    | 212, 213                     |
| 212 | Respiratory Arrest   | 213                          |
| 221 | Heart Transplant Status/Complications                                      | 222, 223, 224, 225, 226, 227 |
| 222 | End-Stage Heart Failure  | 223, 224, 225, 226, 227      |
| 223 | Heart Failure with Heart Assist Device/Artificial Heart                    | 224, 225, 226, 227           |
| 224 | Acute on Chronic Heart Failure   | 225, 226, 227                |
| 225 | Acute Heart Failure (Excludes Acute on Chronic)                            | 226, 227                     |
| 226 | Heart Failure, Except End-Stage and Acute                                  | 227                          |
| 228 | Acute Myocardial Infarction  | 229                          |
| 248 | Intracranial Hemorrhage  | 249                          |
| 253 | Hemiplegia/Hemiparesis   | 254                          |
| 263 | Atherosclerosis of Arteries of the Extremities with Ulceration or Gangrene | 264, 383, 409                |
| 276 | Lung Transplant Status/Complications                                       | 277, 278, 279, 280           |
| 277 | Cystic Fibrosis  | 278, 279, 280                |
| 278 | Idiopathic Pulmonary Fibrosis and Lung Involvement in Systemic Sclerosis   | 279, 280                     |
| 279 | Severe Persistent Asthma   | 280                          |

Reference: Advance Notice of Methodological Changes for Calendar Year (CY) 2024 for Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies ([cms.gov](https://www.cms.gov))

# Table VI-4. 2024 CMS-HCC Model with Disease Hierarchies continued

**Table VI-4. 2024 CMS-HCC Model with Disease Hierarchies**

| <b>CMS-HCC</b> | <b>If the Disease Group is listed in this column...</b>                 | <b>...Then drop the CMS-HCC listed in this column</b> |
|----------------|---|---|
| 282            | Aspiration and Specified Bacterial Pneumonias                           | 283   |
| 326            | Chronic Kidney Disease, Stage 5   | 327, 328, 329   |
| 327            | Chronic Kidney Disease, Severe (Stage 4)                                | 328, 329  |
| 328            | Chronic Kidney Disease, Moderate (Stage 3B)                             | 329   |
| 379            | Pressure Ulcer of Skin with Necrosis Through to Muscle, Tendon, or Bone | 380, 381, 382, 383                                    |
| 380            | Chronic Ulcer of Skin, Except Pressure, Through to Bone or Muscle       | 381, 382, 383   |
| 381            | Pressure Ulcer of Skin with Full Thickness Skin Loss                    | 382, 383  |
| 382            | Pressure Ulcer of Skin with Partial Thickness Skin Loss                 | 383   |
| 397            | Major Head Injury with Loss of Consciousness > 1 Hour                   | 202, 398, 399   |
| 398            | Major Head Injury with Loss of Consciousness < 1 Hour or Unspecified    | 202, 399  |
| 405            | Traumatic Amputations and Complications                                 | 409   |

[Reference: Advance Notice of Methodological Changes for Calendar Year \(CY\) 2024 for Medicare Advantage \(MA\) Capitation Rates and Part C and Part D Payment Policies \(cms.gov\)](#)