

Chronic conditions need a yearly evaluation

The importance of specific documentation and coding

Specific documentation and coding clearly depict the level of disease severity, comorbidities, underlying disease and other factors that contribute to the level of complexity for the patient encounter.

Diagnosis codes are some of the criteria used for determining severity of illness, risk and resource utilization for Medicare Advantage members. Diagnostic coding influences the “number and complexity of problems addressed” in determining medical decision making (MDM) for E/M code assignment.

All conditions that affect the composite picture of the patient’s health status need to be assessed, documented and coded at least once per year; otherwise, CMS concludes the condition have resolved.

The following is a list of some questions to consider when reviewing all of a patient’s chronic conditions and any clinically relevant issues that may need attention.



Per the *ICD-10-CM Official Guidelines for Coding and Reporting*: “Code all documented conditions that coexist at the time of the encounter/visit, and require or affect patient care, treatment or management.”*

Condition(s) to consider	ICD-10-CM code(s) and descriptors
Does the patient have HIV status?	• Z21 Asymptomatic human immunodeficiency virus [HIV] infection status
Does the patient have chronic hepatitis?	• B18.- Chronic viral hepatitis (includes carrier of viral hepatitis)
Does the patient have Crohn’s disease or ulcerative colitis?	• K50.- Crohn’s disease (regional enteritis) • K51.- Ulcerative colitis
Is the patient experiencing bruising or do they have senile purpura?	• T14.8- Other injury of unspecified body region (contusion NOS) • D69.2 Other nonthrombocytopenic purpura (senile purpura)
Is the patient paraplegic or quadriplegic?	• G82.2- Paraplegia • G82.5- Quadriplegia
Does the patient have tremors or Parkinson’s disease?	• R25.1 Tremor, unspecified • G20.- Parkinson’s disease
Does the patient have convulsions, seizures or epilepsy?	• R56.9 Unspecified convulsions (recurrent convulsions; seizures) • G40.9- Epilepsy unspecified (seizure disorder NOS)
Does the patient have pulmonary hypertension, cor pulmonale or other pulmonary heart disease?	• I27.- Other pulmonary heart diseases (primary pulmonary hypertension, secondary pulmonary hypertension, cor pulmonale, chronic pulmonary embolism, etc.)
Does the patient have cardiomyopathy or ischemic cardiomyopathy?	• I42.9 Cardiomyopathy, unspecified • I25.5 Ischemic cardiomyopathy

* Centers for Disease Control and Prevention. [ICD-10-CM Official Guidelines for Coding and Reporting FY 2024](#). Accessed February 2, 2024.

Condition(s) to consider	ICD-10-CM code(s) and descriptors	
Does the patient have a major organ or tissue transplant (for example, heart, lung, liver, bone marrow, stem cells, pancreas, intestines)?	<ul style="list-style-type: none"> • Z94.1-Z94.4 • Z94.81-Z94.84 	<ul style="list-style-type: none"> Transplant status for the heart, lung, heart and lungs, and liver Transplant status for bone marrow, intestine, pancreas and stem cells
Is the patient immunosuppressed, immunocompromised or immunodeficient?	<ul style="list-style-type: none"> • D84.9 	<ul style="list-style-type: none"> Immunodeficiency, unspecified
Does the patient have an artificial opening (for example, tracheostomy, ileostomy, colostomy, cystostomy)?	<ul style="list-style-type: none"> • Z93.- 	<ul style="list-style-type: none"> Artificial opening status
Is the patient a lower limb amputee?	<ul style="list-style-type: none"> • Z89.4- • Z89.51- • Z89.52- • Z89.61- 	<ul style="list-style-type: none"> Acquired absence of toe(s), foot, ankle Acquired absence of leg below knees Acquired absence of knee Acquired absence of leg above knee
Is the patient experiencing phantom limb syndrome?	<ul style="list-style-type: none"> • G54.6 • G54.7 	<ul style="list-style-type: none"> Phantom limb syndrome with pain Phantom limb syndrome without pain
Does the patient have a prosthesis?	<ul style="list-style-type: none"> • Z97.13 • Z97.14 • Z97.16 	<ul style="list-style-type: none"> Presence of artificial right leg (complete) (partial) Presence of artificial left leg (complete) (partial) Presence of artificial legs, bilateral (complete) (partial)

Per the ICD-10-CM Official Guidelines for Coding and Reporting FY 2024: “A dash (-) at the end of an Alphabetic Index entry indicates that additional characters are required. Even if a dash is not included at the Alphabetic Index entry, it is necessary to refer to the Tabular List to verify that no 7th character is required.” The bolding of the ICD-10-CM codes represents categories, subcategories or codes that map to the [CMS-HCC risk adjustment model](#) for payment year 2024.

The following references were used in the creation of this document at time of publication:

- Optum360. *ICD-10-CM: Professional for Physicians 2024*. Salt Lake City, UT: Optum360; 2023.
- American Medical Association. *Current Procedural Terminology Professional 2024*. Chicago, IL: AMA; 2023.



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