

HCC Timing: Acute Vs. Chronic

Condition	When is it Acute or Active?	When is it Chronic or Historical?	Notes
Congestive Heart Failure (CHF)	Acute during time of exacerbation: based on symptoms, elevated BNP, and/or imaging findings	“History of” when acute exacerbation resolves IF it was not previously chronic, or Chronic if CHF was previously diagnosed and still exists.	Sometimes acute CHF will occur secondary to infection, AKI, or other cause but not remain chronic.
Respiratory Failure	Acute during initial episode of care, based on ABGs, O2 sat, and symptoms. Could be considered active up to 3 months if remaining newly O2-dependent.	“History of” when ABGs/O2 sat normalized and symptoms resolved or revert to Chronic if ABGs remain abnormal and/or O2 need remains 3 months after acute hospitalization or event, and it does not resolve.	Various criteria for this exist; justify reasoning within documentation. Medicare requires recertification of O2 after 3 months.
Deep Vein Thrombosis (DVT)	Acute x 6 months after initial event	“History of” after 6 months from acute event, or Chronic if Chronic DVT shown on repeat imaging > 6 months from acute event	Chronic anticoagulation status doesn't justify dx of acute nor chronic DVT .
Pulmonary Embolism (PE)	Acute at time of event, episode of care, and when symptomatic	“History of” once acute symptoms have resolved and after treatment of initial episode (i.e. in hospital), or can become Chronic if later confirmed after repeat imaging	Chronic anticoagulation status doesn't justify dx of acute nor chronic PE.
Cancer	Active when there is evidence of malignancy and/or on treatment (including adjuvant)	“History of” once resolved and no longer on treatment, except blood cancers (leukemia, lymphoma, multiple myeloma) will become in remission	Blood cancers: Leukemia, Lymphoma and Multiple Myeloma. Code as active cancer if “in remission” code does not exist (i.e. Merkel cell lymphoma)
Sepsis	Acute when sepsis criteria are actively met, during hospitalization	“History of” when resolved, post-hospitalization	Causative agent of sepsis MAY hold risk (i.e. specified pneumonias)
CVA	Acute during hospitalization and post-hospitalization SNF admission	“History of” after hospitalization/SNF stay (resolved at hospital f/u appt)	Code for hemiparesis as sequelae of CVA if applicable
MI	Acute x 28 days from initial event	“History of” after 28 days from occurrence	Following acute event, code for coronary artery disease (w/ specified angina type as applicable)

For all acute and resolved conditions, remove from PL or change to “history of” or “chronic” as applicable