

Do You Have to Code ALL Complications? V28 update



Per Coding guidelines providers should document and code all conditions that are present at the time of the encounter that may affect patient care.

*For HCC purposes –

- Credit is given once a year for each HCC category captured

❖ HOWEVER –

- some complications of diabetes can pull credit from other HCC categories aside from **HCC 18**
(tip sheet will be provided)

- **E11.51 – DMII with PAD – ~~HCC 18~~ Now only closes the DM category**

- **E11.52 – DMII with PAD with Gangrene – HCC 263**

- **E11.35XX – DMII with PROLIFERATIVE Retinopathy – HCC 298**

- **E11.621 – DMII with Foot Ulcer – HCC 383**

- **E11.22/N18.3 – DMII with Stage 3 CKD – HCC 328 or 329**

- **E11.22/N18.6/Z99.2 – DMII with ESRD on Dialysis – ~~HCC 326~~**

Now also
Non-Proliferative **WITH**
macular edema closes
additional category

