



HCC Codes



HCCs (hierarchical condition codes) are an important part of the “business” side of medicine. Insurance companies use these HCC codes to determine a patient’s risk score, which is how they determine the amount of money that they will allow to care for that patient for the year.

If a patient has an HCC code on their problem list, it is important that it be assessed at least annually, even if it is a condition that does not change (like an amputation).


Patient: William Tennessee - DOB: 1/4/1950


Past Medical History: Diabetes mellitus, neuropathy, major depression, congestive heart failure, traumatic toe amputation in 2011

Vitals: Height 64 in, weight 240 pounds, BMI 42.5

Assessment/Plan:

- Medical screening exam—preventive care discussed
- Diabetes mellitus, stable.
- Neuropathy, stable..
- Major depression, stable.

 Third degree AV block

 Congestive heart failure

If the HCC on the Active Problem list is in red, it has NOT been assessed during the current calendar year.

Code assignments based on conditions documented in case study				Code assignments based on more specific documentation			
Condition	I10	HCC	Factor*	Condition	I10	HCC	Factor*
66 year old, male			0.288	66 year old, male			0.288
DM uncomplicated	E11.9	19	0.118	Diabetic neuropathy	E11.40	18	0.368
Neuropathy	G62.9	n/a		Major depression, mild	F32.0	58	0.33
Major depression	F32.9	n/a		Morbid obesity	E66.01	22	0.365
Obesity	E66.9	n/a		Left great toe amputation	Z89.412	189	0.779
BMI 42.5	Z68.41	22	0.365	Congestive heart failure	I50.9	85	0.368
Great toe amputation	Z89.419	189	0.779			Risk score	2.5
		Risk score	1.55				

Factors based on 2014 CMS-HCC model for community beneficiaries

Just by coding more accurately, the physician has increased this patient’s risk score from 1.55 to 2.86, which increases the annual spend benchmark.