Allergy & Asthma Codes			
DIAGNOSES	ICD-10 Code Root	Sub Codes	Hierarchical Condition Category (HCC)
Combined Immunodeficiencies	D81.X	D81.1-D81.7, D81.89, D81.9	
Common variable Immunodeficiency	D83.X	D83.0-2, D83.8, D83.9	Disorders of Immunity
Other Immunodeficiencies	D84.X	D84.0,D84.8, D84.9	
Disorder Involving Immune Mechanism	D89.X	D89.89-D89.9	
Diabetes with Complications (Type 1 or 2)	Type 1: E10.X	E10.21-E10.638, E10.649-E10.8	Diabetes with Chronic Complications
	Type 2: E11.X	E11.21-E11.638, E11.649-E11.8	
Diabetes without complications	Type 1: E10.9	-	Diabetes without Complication
(Type 1 or 2)	Type 2: E11.9	-	
COPD	J44.X	J44.0, J44.1, J44.9	Chronic Obstructive Pulmonary Disease
Candidal Esophagitis	B37.81	-	Opportunistic Infections
Bronchiectasis	J47.X	J47.0-J47.1, J47.9	Fibrosis of Lung and Other Chronic Lung Disorders
Allergic bronchopulmonary aspergillosis	B44.81	-	
Asthma	J45.2	J45.2-J45.998	Non-Specific Symptom Codes and Non-HCC Codes
Vasomotor and allergic rhinitis	J30.X	J30.0-J30.9	
Chronic Rhinitis	J31.0	-	
Chronic Sinusitis	J32.X	J32.0-J32.9	
Urticaria	L50.X	L50.0-L50.6, L50.8-L50.9	
Eosinophilic Gastritis or Gastroenteritis	K52.81	-	
Dermatitis and eczema	L ₂ X	L20-L29	
Other and Unspecified Dermatitis	L30.X	L30.0-L30.9	
Cough	Ro5	-	
Rash	R21	-	

Please remember, the diagnoses chosen must meet MEAT criteria, one of the following has to be supported:

M-Monitored, E-Evaluated, A-Assessed, T-Treated. Documentation must be complete and accurate before selecting the specific diagnosis code, and always choose the most specific/or combination ICD-10 CM code(s) to fully describe the patient condition(s).



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Monitored

Disease progression/ regression, ordering labs/rads/diagnostic tests

Review of logs (blood sugar, BP)

Evaluated

Reviewing labs/ test results
Relevant physical examination
Medication/ treatment effectiveness

M.E.A.T.

Assessed

Stable, improving, worsening, etc
Exacerbation of condition
Discussion/ counseling
Relevant record review

Treated

Referral to specialist
Adjusting, refilling, prescribing
medication

- •1 element required per DX code; more is better
- •These factors help providers to establish the presence of a diagnosis during an encounter ("if it wasn't documented, it doesn't exist")
- •Review problem list, document as 'current' or 'active'
- •Do not use 'history of' for chronic conditions unless is fully resolved. Instead use 'stable

Limbs

Hemiplegia, Amputation, Paralysis status

Organs

Dialysis status, Transplant status, respiratory failure

L.O.S.T.

Secondary Dx

diabetic nephropathy+chronic kidney disease stage IV, tie conditions togeter (because of/ related to/ secondary to)

Tubes/Tummy

any "ostomy", morbid obesity

*other commonly lost conditions: substance abuse. HIV. mental health severity

- Document anything that impacts your medical decision making to reflect the complexity and level of care provided.
- Documentation improves care, coverage, costs and compliance.
- •other commonly lost conditions: substance/alcohol abuse, AIDS or HIV, mental health severity and status

MaineHealth

Accountable Care Organization