DIAGNOSES	Dx Code (ICD-10)	Helpful Information
Type 2 diabetes (T2D)		
T2D without complications	E11.9	
T ₂ D with hyperglycemia	E11.65	Type 2 DM always has HCC weight.
T2D with hypoglycemia, no coma	E11.649	
T ₂ D with mild retinopathy	E11.329	Document as specifically as possible.
T ₂ D with diabetic chronic kidney disease (CKD)	E11.22	*At this time, any "complication" must be also added as
T ₂ D with polyneuropathy	E11.42	separate diagnosis
Long term (current) insulin use	Z79.4	
Hypertension (HTN)	1.	T.
Essential Hypertension	l10.0	
HTN with congestive heart failure (CHF)	l11.0	Unspecified/essential HTN has no HCC weight.
HTN + CKD stage 5/end stage renal disease (ESRD)	112.0	-
HTN + CHF + CKD stage 1-4	113.0	Relationship must be explicitly documented.
HTN + CHF + CKD stage 5/ESRD	113.2	
HTN + heart disease (no CHF) + CKD 5/ESRD Chronic kidney disease (CKD)	113.11	
CKD Stage 1-2 or unspecified	N18.1, N18.2	
CKD stage 1-2 or onspectived	N18.3	-
CKD stage 4, glomerular filtration rate (GFR) 15-29	N18.4	HCC weight begins at stage 3 or worse, or associated wit
CKD stage 4, giornerolar intration rate (GFR) 15-29 CKD stage 5, GFR <15	N18.5	HIV.
ESRD	N18.6	1
Obesity		
Obesity unspecified	E66.90	HCC weight begins at BMI 40 or greater, or BMI > 35wi
Morbid obesity (BMI > 40, or BMI > 35 with	E66.01	comorbidities
Code BMI as well	Z68.41-45	*must code obesity stage AND code BMI*
Psychiatric & Substance Use		
Depression unspecified	F32.9	
Major depression	F33.9	General depression/anxiety has no HCC weight.
Bipolar disorder	F31.9	General depression/anxiety has no HCC weight.
Alcohol use	Z72.89	Must document stage or severity
Alcohol Dependence	F10.20	
Drug dependence	F1X.20	
Major infections	-	
HIV/AIDS	B20	
Cancers	C== =	
Breast cancer Prostate cancer	C50.9 C61	Active cancers with documentation of any metastases
Metastasis to lymph nodes	C77.X	
Hematologic	C//.X	
Aplastic anemia	D61.9	
Acquired coagulopathy	D68.4	
Thrombocytopenia	D69.6	
Chronic lung disease		
Smoker's cough	J41.0	If possible document smoking history, chest computed
Emphysema	J43.X	tomography results, pulmonary function tests, etc. *If on supplemental oxygen, also code Z99.81
COPD, unspecified	J44.9	"If on supplemental oxygen, also code 299.61
Rheumatologic		
Lupus	M32.9	
Rheumatoid arthritis	Mo6.9	
Inflammatory polyarthropathy	Mo6.4	
Neurologic	1-	
Parkinson's disease	G20	-
Multiple sclerosis	G ₃₅	-
Seizure disorder	G40.909	-
Ischemic stroke	Varies	
Cardiac disease Pulmonary hypertension	127.2	
	l27.2 l42.9	1
		4
Cardiomyopathy		
Cardiomyopathy CHF	150.9	
Cardiomyopathy CHF Atrial fibrillation		
Cardiomyopathy CHF Atrial fibrillation Vascular disease	150.9 148.91	-
Cardiomyopathy CHF Atrial fibrillation Vascular disease Peripheral vascular disease	I50.9 I48.91 I73.9	-
Cardiomyopathy CHF Atrial fibrillation Vascular disease Peripheral vascular disease Diabetic peripheral vascular disease	150.9 148.91	
Cardiomyopathy CHF Atrial fibrillation Vascular disease Peripheral vascular disease Diabetic peripheral vascular disease Artificial openings	150.9 148.91 173.9 E11.51	-
Cardiomyopathy CHF Atrial fibrillation Vascular disease Peripheral vascular disease Diabetic peripheral vascular disease Artificial openings Tracheostomy status	150.9 148.91 173.9 E11.51 Z93.0	-
Cardiomyopathy CHF Atrial fibrillation Vascular disease Peripheral vascular disease Diabetic peripheral vascular disease Artificial openings	150.9 148.91 173.9 E11.51	-

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For more information visit: mainehealthaco.org/cdi

rev 4/2020

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 effectivenes

M.E.A.T.

Assessed

table, improving, worsening, etc Exacerbation of condition Discussion/ counseling

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

ialysis 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

kother 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

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