Pulmonary Codes			
DIAGNOSES	ICD-10 Code Root	Sub Codes	Hierarchical Condition Category (HCC)
COPD	J44.X	J44.0, J44.1, J44.9	Chronic Obstructive Pulmonary Disease
Emphysema	J43.X	J43.0-J43.2, J43.8-J43.9	
Pulmonary Hypertension	I27.X	127.0-127.9	Congestive Heart Failure
Respiratory Failure	J96.X	J96.o-J96.92	Cardio-Respiratory Failure and Shock
Bronchiectasis	J47.X	J47.01 , J47.9	Fibrosis of Lung and Other Chronic Lung Disorders
Pulmonary Fibrosis	J84.1X	J84.10-J84.17	
Sarcoidosis of lung	D86.X	D86.o-D86.9	
Interstitial Pulmonary/Lung Disease (ILD)	J84.X	J84.84-J84.9	
Lung Cancer	C ₃ 4.X	C34.00-C34.02, C24.10-C34.12, C34.2, C34.30- C34.32, C34.80-C34.82, C34.90-C34.92	Lung and Other Severe Cancers
Morbid Obesity	E66.X	E66.2, E66.01 & Z68.4145	Morbid Obesity
Sleep Apnea	G47.X	G47.0-G47.9	Non-Specific Symptom Codes and Non-HCC Codes
Cough	Ro5	-	
Shortness of Breath	Ro6.02	-	
Dyspnea	Ro6.oo	-	
Hypoxemia	R09.02	-	
Obesity, unspecified	E66.9	-	
Snoring	Ro6.83	-	

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).

MaineHealth
Accountable Care
Organization

Special thanks to Specialty Solutions and Chest Medicine Associates for their participation in this project. For more information visit: http://mainehealthaco.org/cdi

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