



Medicare Advantage Risk Adjustment – Commonly Missed HCC Codes

DHMP has been reviewing medical record documentation internally to determine the most missed Hierarchical Condition Codes (HCCs). HCCs are derived from the ICD-10 codes submitted, and help drive CMS reimbursement for a Medicare member's care. Below are the top 10 missed HCC codes:

HCC #	HCC Description
19	Diabetes with Complications
18	Diabetes with Chronic Complications
85	Congestive Heart Failure
111	Chronic Obstructive Pulmonary Disease
1	HIV/AIDS
189	Amputation Status, Lower Limb/Amputation Complications
96	Specified Heart Arrhythmias
84	Cardio-Respiratory Failure and Shock
22	Morbid Obesity
59	Major Depressive, Bipolar and Paranoid Disorders

As a reminder, it is essential that providers capture all **current and active diagnoses for each member**, as well as re-capture any **diagnoses related to the member's chronic conditions** annually. All medical documentation to support the diagnosis codes must be complete, accurate and robust enough to withstand CMS audit.

Contact your location's Clinical Data Integrity (CDI) team representative, if applicable, or DHMP's Risk Adjustment Analyst to learn more about how to capture these risk-adjusting HCCs.

Providers may also review the general Risk Adjustment Training presentation at the following link:

denverhealthmedicalplan.org/medicare-advantage-risk-adjustment-training-providers

Contact DHMP's Medicare Risk Adjustment Analyst at 303-602-2134 if you have any questions regarding this review or Medicare risk adjustment in general. Thank you!