

Purpose

Hierarchical Condition Category (HCC) Coding is the risk adjustment methodology used by the Centers for Medicare and Medicaid Services (CMS) and other programs to determine the annual capitated payments for Medicare Advantage beneficiaries and expected costs in Medicare Shared Savings Programs (ACOs) and newer Alternative Payment Models (APMs). Capturing HCC scores for your patients accurately reflects the severity of care to ensure appropriate funds are available for complex populations and helps your practice be more successful in APM participation or value-based models. This tool was developed to define what conditions carry a risk adjustment weight and provide common example diagnosis codes for home-based primary care. Understanding which conditions risk adjust will help your practice improve their diagnosis coding accuracy and reflect the severity of the complex patient population in which you provide care. This resource was developed utilizing Centers for Medicare & Medicaid Services (CMS) guidelines and requirements and can be referenced for further details

- The Centers for Medicare & Medicaid Services (CMS) uses a Hierarchical Condition Category (HCC) risk adjustment model to calculate patient risk scores to predict health care costs based on acuity and the patient's health status. Scores are used to adjust capitated payments for Medicare Advantage, determine expected costs in Medicare Shared Savings Programs (ACOs), and determine payment tiers for Alternative Payment Models (APM's).
- Total Risk Adjustment Factor (RAF) Score = Demographics + Diagnoses + Interactions + Multiple HCC's (5-10 HCC's or Chronic Conditions)
- It is critical to code each ICD-10 diagnosis to the highest level of specificity to reflect an accurate risk score. Unspecified diagnosis codes should be avoided, and providers should code each active condition or health factors that impact their medical decision making or clinical judgment during visits. Assigning ICD-10 diagnoses is done at the encounter level. Every condition the patient has does not need to be present on every claim. Only assign HCC diagnosis codes when the condition is meaningfully addressed or considered, as the HCC codes reported must be supported and validated by the provider's documentation during visits.
- As a best practice when considering if the provider's documentation supports the HCC code reported, remember the MEAT acronym (Monitor, Evaluate, Assess/Address, and Treat). The provider's assessment and plan and other details included in the face-to-face progress note should support the evaluation, consideration, and/or treatment plan for the condition coded.
- In 2020, CMS-HCC version 24 (v24) was released and in 2023, it was updated to version 28 (v28). CMS Risk Adjustment model details, announcements, and excel files, including a complete list of all ICD-10 diagnosis codes that carry a risk adjustment weight, can be found on CMS's Risk Adjustment Webpage: <https://www.cms.gov/medicare/payment/medicare-advantage-rates-statistics/risk-adjustment> (Click on the "Current Payment Year, Model Software/ ICD-10 Mappings" file for a complete listing)

Implementation Tips for Providers:

- Meet with your providers and clinical team to ensure they understand the impact proper ICD-10 diagnosis coding has on demonstrating the risk of their patient population.
- If possible, utilize your EHR (Electronic Health Record) to highlight HCC conditions.
- Run a patient population report listing the top 10-20 diagnoses reported. Identify coding and documentation guidelines that apply to these diagnoses and if they belong to any HCCs.
- Implement a process to code every chronic condition and diagnosis that patients have at least once annually. Annual Wellness Visits (AWV) provide a great opportunity to ask your providers to update problem lists and ensure chronic conditions are coded to the highest level of specificity, capturing any complications. (e.g., Hypertensive heart and CKD with heart failure and stage 1-4 CKD; ICD-10: I13.0)
- When selecting ICD-10 codes for each Evaluation and Management (E/M) encounter, report diagnoses that coexist (comorbidities) affecting patient management or treatment at the time of the E/M encounter. The documentation should support each diagnosis that was considered during the visit.
- Do not code a condition if it does not relate to the services rendered during each encounter.
- Ensure Assessments & Plans (A/P) clearly identify/diagnose the specific condition, reflect the status based on the providers' clinical judgment and evaluation, and have a clear treatment plan.
- Conduct ongoing internal auditing and monitoring as part of the practice compliance plan. Ensure providers receive timely feedback and education on identified areas of opportunity for improvement.
- Maintain accurate and up-to-date problem lists by reviewing during time of encounter with patient and/or caregiver.
- Crosstrain other team members who may be available to help prepare charts or assist providers in correct code selection.

Hierarchical Condition Category (HCC) Coding Chart 2025

HCC Category	HCC Category Descriptor / Example Diagnoses	Relative Factor	ICD-10
1	HIV/AIDS	0.312	
	Human immunodeficiency virus [HIV] disease		B20
2	Septicemia, Sepsis, Systemic, Inflammatory Response Syndrome/Shock	0.455	
	Gram-negative sepsis, unspecified		A41.50
	Sepsis, unspecified organism		A41.9
6	Opportunistic Infections	0.435	
	Pneumocystis		B59
8	Metastatic Cancer and Acute Leukemia	2.625	
	Secondary malignant neoplasm of unspecified site		C79.9
9	Lung and Other Severe Cancers	0.97	
	Malignant neoplasm of lower lobe, unspecified bronchus or lung		C34.30
	Multiple myeloma in remission		C90.01
	Other Severe (e.g., Mesothelioma, Pancreas, Gallbladder, Liver, Stomach, Esophagus, Small intestine)		
10	Lymphoma and Other Cancers	.677	
	Secondary and unspecified malignant neoplasm of lymph node, unspecified		C77.9
	Hodgkin lymphoma, unspecified, unspecified site		C81.90
	non-Hodgkin lymphoma, unspecified, unspecified site		C85.90
	Other (e.g., brain, Endocrine, Ovary, Connective & Soft tissue, Peripheral nerves)		
	Other (e.g., brain, Endocrine, Ovary, Connective & Soft tissue, Peripheral nerves)		
11	Colorectal, bladder, and Other Cancers	.301	
	Malignant neoplasm of colon, unspecified		C18.9
	Malignant neoplasm of bladder, unspecified		C67.9
	Malignant neoplasm of unspecified kidney, except renal pelvis		C64.9
	Other (e.g., Mouth, Tongue, Salivary Glands, nasopharynx, Sinuses, Ear, Labia, Cervix)		
12	Breast, Prostate, and Other Cancers and Tumors	0.146	
	Malignant neoplasm of unspecified site of unspecified female breast		C50.919
	Malignant neoplasm of prostate		C61
	Other (e.g., Penis, Eye, Musculoskeletal, Melanoma, Brain benign, Merkel cell, Carcinoid)		
17	Diabetes with Acute Complications	0.318	
	Type 1 diabetes mellitus with ketoacidosis without coma		E10.10
	Type 2 diabetes mellitus with ketoacidosis without coma		E11.10
18	Diabetes with Chronic Complications	0.318	
	Type 2 diabetes mellitus with diabetic chronic kidney disease		E11.22
	Type 2 diabetes mellitus with other circulatory complications		E11.59
19	Diabetes without Complication	0.104	
	Type 1 diabetes mellitus without complications		E11.9
21	Protein-Calorie Malnutrition	0.545	
	Mild protein-calorie malnutrition		E44.1
22	Morbid Obesity	0.273	
	Body mass index (BMI) ≥ 30, adult		Z68.41
	Morbid (severe) obesity due to excess calories (Class III obesity)		E66.01
23	Other Significant Endocrine and Metabolic disorders	0.228	
	Hyperparathyroidism, unspecified		E21.3.
	Secondary hyperparathyroidism of renal origin		N25.81
	Chronic hepatic failure without coma		K72.10

HCC Category	HCC Category Descriptor / Example Diagnoses	Relative Factor	ICD-10		
27	End-Stage Liver Disease	0.962			
	Chronic hepatic failure without coma		K72.10		
28	Cirrhosis of Liver	0.39			
	Alcoholic cirrhosis of liver without ascites		K70.30		
	Other cirrhosis of liver		K74.69		
	Unspecified cirrhosis of liver		K74.60		
29	Chronic Hepatitis	0.165			
	Chronic viral hepatitis, unspecified		B18.9		
33	Intestinal Obstruction/Perforation	0.246			
	Fecal impaction		K56.41		
34	Chronic Pancreatitis	0.276			
	Other chronic pancreatitis		K86.1		
35	Inflammatory Bowel Disease	0.294			
	Crohn's disease, unspecified, without complications		K50.90		
	Other ulcerative colitis without complications		K51.80		
39	Bone/Joint/Muscle Infections/Necrosis	0.425			
	Arthritis due to other bacteria, unspecified joint		M00.80		
	Reactive arthropathy, unspecified		M02.9		
	Osteomyelitis, unspecified		M86.9		
40	Rheumatoid Arthritis and Inflammatory Connective Tissue Disease	0.423			
	Rheumatoid arthritis with rheumatoid factor, unspecified		M05.9		
	Rheumatoid arthritis without rheumatoid factor, unspecified site		M06.00		
	Rheumatoid arthritis of unspecified site with involvement of other organs and systems (Specify joint/site)		M05.60		
46	Severe Hematological Disorders	1.388			
	Refractory anemia, unspecified		D46.4		
	Sickle-cell disease without crisis		D57.1		
47	Disorders of Immunity	0.625			
	Antineoplastic chemotherapy induced pancytopenia		D61.810		
	Leukopenia, unspecified		D70.9		
	Immunodeficiency due to conditions classified elsewhere (cancer, malnutrition, SLE, RA)		D84.81		
	Immunodeficiency due to drugs (chemo, immunosuppressants)		D84.821		
	Immunodeficiency due to external causes (radiation)		D84.822		
48	Coagulation Defects and Other Specified Hematologic Disorders	0.221			
	Sickle-cell trait		D57.3		
	Senile Purpura		D69.2		
	Thrombocytopenia, unspecified		D69.6		
	Secondary hypercoagulable state (Aplastic with 'C' A-D S - ASc score)		D68.69		
	Dementia in other diseases classified elsewhere with behavioral disturbance		F02.81		
	Dementia in other diseases classified elsewhere with behavioral disturbance		F02.80		
	Degenerative disease of nervous system, unspecified (Acquired cerebral atrophy)		G31.9		
	Alzheimer's disease, unspecified (Code first Alzheimer's G30-, the "code also" dementia)		G30.9		
	54		Drug/Alcohol with psychotic complications	0.383	
			Alcohol dependence with withdrawal delirium		F10.231
			Cannabis abuse with psychotic disorder, unspecified		F12.159
			Alcohol dependence, in remission		F10.21
Opioid dependence, uncomplicated (chronic opioid use)		F11.20			
Opioid dependence, in remission		F11.21			

HCC Category	HCC Category Descriptor / Example Diagnoses	Relative Factor	ICD-10
55	Substance Use Disorder, Moderate/Severe, or Substance Use with Complications	0.383	
	Alcohol dependence, uncomplicated		F10.20
	Alcohol dependence, in remission		F10.21
	Opioid dependence, uncomplicated (chronic opioid use)		F11.20
	Opioid dependence, in remission		F11.21
	Other psychoactive substance abuse, uncomplicated (can specify amphetamines, barbiturates, cocaine, hallucinogens, opioids, etc.)		F19.10
57	Schizophrenia	0.608	
	Schizophrenia, unspecified		F20.9
58	Reactive and Unspecified Psychosis	0.395	
	Atypical psychosis		F29
59	Major Depressive, Bipolar, and Paranoid Disorders	0.309	
	Major depressive disorder, recurrent, mild		F33.0
	Major depressive disorder, single episode, in full remission		F32.5
60	Personality Disorders	0.309	
	Personality disorder, Unspec. (others: Antisocial, Borderline, Manipulative, Narcissistic, etc.)		F60.9
70	Quadriplegia	1.314	
	Quadriplegia, unspecified		G82.50
	Functional quadriplegia (e.g., advanced MS, ALS, dementia, muscular dystrophy)		R53.2
71	Paraplegia	1.007	
	Paraplegia, unspecified		G82.20
72	Spinal cord Disorders/ Injuries	0.528	
	Unspecified in injury at unspecified level of thoracic spinal cord, sequela		S24.109S
	Complete lesion of unspecified level of lumbar spinal cord, sequela		S34.119S
	Incomplete lesion of unspecified level of lumbar spinal cord, subsequent encounter		S34.129D
73	Amyotrophic Lateral Sclerosis and Other Motor Neuron Disease	0.97	
	Amyotrophic lateral sclerosis		G12.21
74	Cerebral Palsy	0.28	G80.9
75	Myasthenia Gravis/Myoneural Disorders and Guillain-Barre Syndrome, Inflammatory and Toxic	0.457	
	Neuropathy		
	Myasthenia gravis without (acute) exacerbation		G70.00
	Myoneural disorder, unspecified		G70.9
76	Muscular Dystrophy	0.505	G71.0
77	Multiple Sclerosis	0.441	G35
78	Parkinson s and Huntington s Diseases	0.674	
	Parkinson s disease		G20
	Huntington s disease		G10
79	Seizure Disorders and Convulsions	0.309	
	Other seizures		G40.89
	Epilepsy, unspecified, not intractable, without status epilepticus		G40.909
80	Coma, Brain Compression/Anoxic Damage	0.584	
	Persistent vegetative state		R40.3
	Anoxic brain damage, not elsewhere classified		G93.1
82	Respirator Dependence/Tracheostomy Status	1.055	Z93.0
	Encounter for attention to tracheostomy		Z43.0
	Dependence on respirator [ventilator] status		Z99.11
83	Respiratory Arrest	0.658	R09.2

HCC Category	HCC Category Descriptor / Example Diagnoses	Relative Factor	ICD-10
84	Cardio-Respiratory Failure and Shock	0.302	
	Chronic respiratory failure with hypoxia (home O2 for pulse ox 88)		J96.11
	Chronic respiratory failure with hypercapnia		J96.12
85	Congestive Heart Failure	0.323	
	Hypertensive heart disease with heart failure		I11.0
	Cardiomyopathy, unspecified		I42.9
	Chronic Systolic (congestive) heart failure		I50.22
	Unspecified diastolic (congestive) heart failure		I50.30
	Heart failure, unspecified		I50.9
	Acute on chronic diastolic (congestive) heart failure (Code any type of congestive heart failure)		I50.33
	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease - Code also specified type of CKD and heart failure		I13.0
86	Acute Myocardial Infarction (Only coded as inpatient when receiving active treatment)	0.233	
	Other myocardial infarction type		I21.A9
87	Unstable Angina and Other Acute Ischemic Heart Disease	0.218	
	Unstable angina		I20.0
88	Angina Pectoris	0.14	
	Angina pectoris, unspecified (eg, patient on NTG)		I20.9
	Stable angina (patient on NTG)		I20.8
96	Specified Heart Arrhythmias	0.268	
	Chronic atrial fibrillation, unspecified (Specify type if known)		I48.20
	Sick sinus syndrome		I49.1
	Supraventricular Tachycardia		I47.1
99	Intracranial Hemorrhage (Only coded as inpatient when receiving active treatment, refer to sequela or late effect diagnosis)	0.263	
100	Ischemic or Unspecified Stroke (Only coded as inpatient when receiving active treatment, refer to sequela or late effect diagnosis)	0.263	
103	Hemiplegia/Hemiparesis	0.538	
	Hemiplegia and hemiparesis following unspec. cerebrovascular disease affecting unspec. side		169.359
104	Monoplegia, Other Paralytic Syndromes	0.395	
	Monoplegia of lower limb following cerebral infarction affecting unspecified side		169.349
106	Atherosclerosis of the extremities with Ulceration or Gangrene	1.461	
	Gas gangrene		A48.0
	Gangrene, not elsewhere classified		196
	Atherosclerosis of native arteries of other extremities with ulceration (specify leg/site)		170.25
107	Vascular Disease with Complications	0.4	
	Chronic pulmonary embolism		127.82
	Embolism and thrombosis of arteries of extremities, unspecified		174.4
	Varicose veins of unspecified lower extremity with ulcer of unspecified site		183.009
108	Vascular Disease	0.298	
	Atherosclerosis of aorta		170
	Aortic aneurysm of unspecified site, without rupture		171.9
	Peripheral vascular disease, unspecified		173.9
	Phlebitis & thrombophlebitis of unspecified deep vessels of unspecified lower extremity		180.209
	Acute embolism & thrombosis of unspecified deep veins of unspecified lower extremity		182.409
	Chronic embolism & thrombosis of unspecified deep veins of unspecified lower		182.509
110	Cystic Fibrosis (unspecified)	0.51	E84.9

*Disclaimer: Please note all the HCC values displayed are approximate as the actual HCC weight and risk score varies based on patient demographics and health status. The HCC values displayed in this resource are for Community, NonDual, Aged Beneficiaries.



The HCCIntelligence™ Community provides exclusive access to a wealth of resources tailored for home-based medical care professionals. Benefit from free access to our entire library of online courses and HCCIntelligence™ Premier Resources. Engage in 1-on-1 Office Hour sessions with a subject matter expert in home-based medical care, including a nationally Certified Professional Coder (CPC®). Participate in a Discussion Forum to connect with peers, including our House Call Advisor Network, and stay on the leading edge of home-based medical care. Utilize our propriety AI-driven chatbot, built on the expertise of seasoned house call professionals, to access expert-curated home-based medical care insights, best practices, and real-time solutions.

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