

PRESENTED BY HIGHMARK RISK ADJUSTMENT ACCURACY MANAGEMENT

---

# Transplant Status

---



# Disclaimer

This presentation is the property of Highmark Inc., Highmark Health, and/or its subsidiaries (“Highmark”) and is proprietary and confidential and may not be recorded in any manner including, without limitation, audio, video, photograph, screenshot, or by any other means or in any other media. Broadcasting, publication, or sharing of these materials without Highmark’s express permission is strictly prohibited. This presentation is accurate as of the date it is presented but may change pursuant to regulatory requirements or in response to changing business needs. The information provided is intended to assist with support for the documentation accuracy of the diagnosis codes reported to Highmark. Providers should still reference official ICD-10-CM coding guidelines and coding manuals or electronic coding software for accurate reporting of compliant diagnosis codes. This presentation is not intended to situate Highmark as a provider of medical services or dictate the diagnosis, care, or treatment of patients. Your medical judgment remains independent with respect to all medically necessary care to your patients.

The following entities, which serve the noted regions, are independent licensees of the Blue Cross Blue Shield Association: Western and Northeastern PA: Highmark Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Choice Company, Highmark Health Insurance Company, Highmark Coverage Advantage Inc., Highmark Benefits Group Inc., First Priority Health, First Priority Life, Highmark Care Benefits Inc., Highmark Senior Health Company or Gateway Health Plan, Inc. d/b/a Highmark Wholecare. Central and Southeastern PA: Highmark Inc. d/b/a Highmark Blue Shield, Highmark Benefits Group Inc., Highmark Health Insurance Company, Highmark Choice Company, Highmark Senior Health Company or Gateway Health Plan, Inc. d/b/a Highmark Wholecare. Delaware: Highmark BCBSD Inc. d/b/a Highmark Blue Cross Blue Shield. West Virginia: Highmark West Virginia Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Health Insurance Company. Highmark Senior Solutions Company or Highmark Health Options West Virginia Inc. d/b/a Highmark Health Options. Western NY: Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Cross Blue Shield. Northeastern NY: Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Shield. All references to “Highmark” in this document are references to the Highmark company that is providing the member’s health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.

Availity is an independent company that contracts with Highmark to offer provider portal services.

# Agenda

---

1. Overview of the condition
  2. Coding & documentation considerations
  3. Documentation example
  4. Additional resources
-

# Transplant Status

Transplant patients require close monitoring and exceptional care due to ongoing medication needs. Therefore, it is crucial to document their transplant status annually, at minimum, using a specific status code.

## Coding Considerations

### Common Transplant Status Codes

Z94.0	Kidney transplant status	Z94.4	Liver transplant status
Z94.1	Heart transplant status	Z94.81	Bone Marrow transplant status
Z94.2	Lung transplant status	Z94.84	Stem cells transplant status
Z94.3	Heart & lungs transplant status		

### Role of Status Codes

These codes are essential tools for clinicians, enabling accurate diagnoses by identifying significant past medical events, which is foundational for effective long-term treatment and anticipating future care.

### What a Status Code Indicates

A status code indicates an ongoing condition (e.g., disease carrier, residual effects, or prosthetic devices), providing crucial information that can influence treatment and its outcome.

### Status vs History Code

A status code differs from a history code: a history code means the condition is resolved, while a status code signifies an ongoing medical aspect influencing treatment.

### Prerequisite for Assignment

Before any transplant status codes can be assigned, it's necessary to confirm whether a patient has a history of organ or tissue transplantation.

# Documentation Considerations

## Document that the patient received a transplant and the type of transplant (organ/tissue).

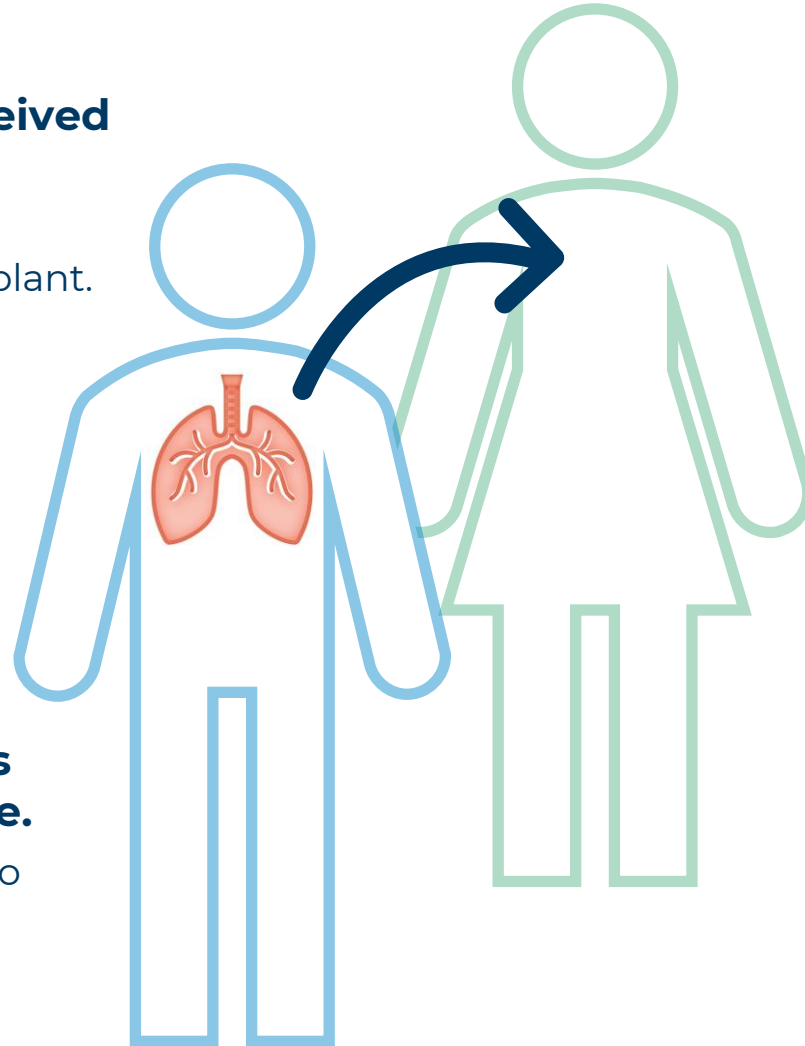
- Patient is 3 month post renal transplant.

## Document any co-existing conditions.

- Patient still has CKD despite having kidney transplant

## Document the functional status of the transplanted organ/tissue.

- Well functioning renal transplant, no evidence of acute rejection or dysfunction



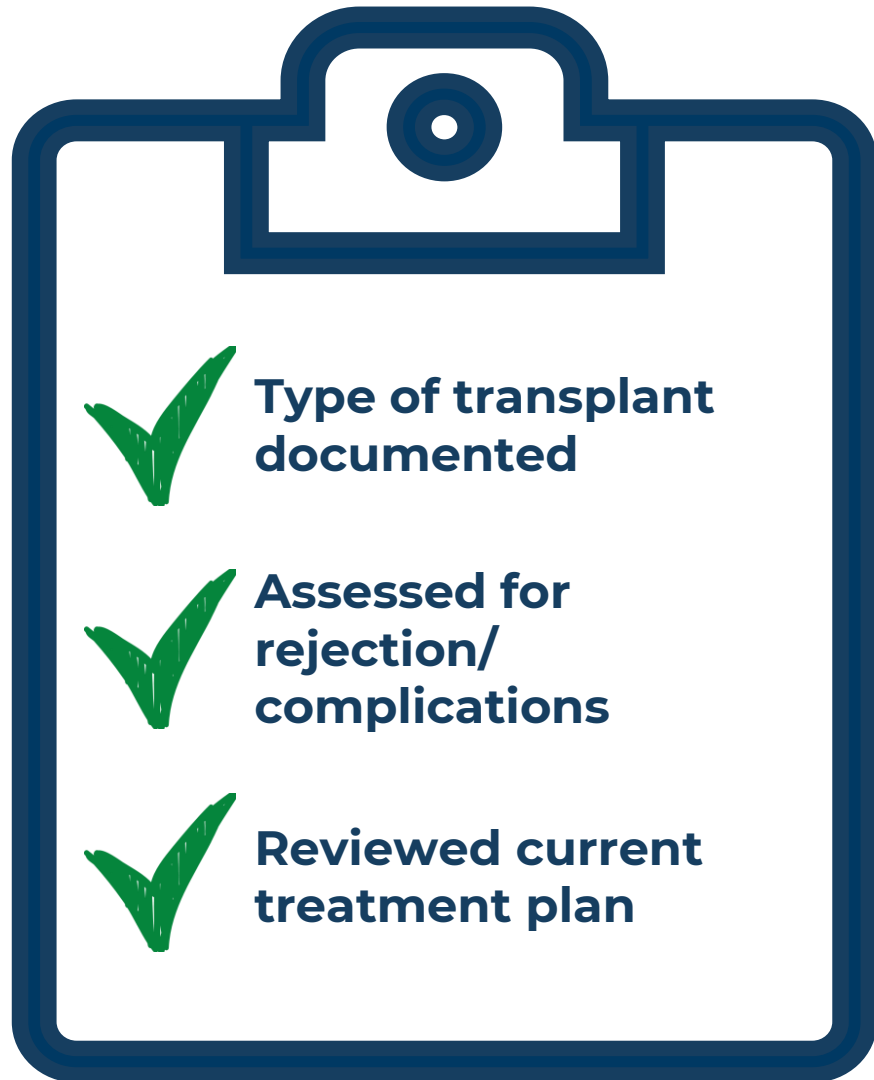
## Link and document complications (No timeframe restrictions).

- Congestive heart failure status post heart transplant
- Hepatitis status post liver transplant
- Pneumonia status post lung transplant
- Malignancies in transplanted organs
- Rejection/Infection

## Record patient's current immunosuppression therapy.

- The patient is currently on a triple immunosuppression regimen of Tacrolimus 3mg BID, Mycophenolate Mofetil 1000mg BID, and Prednisone 5mg daily

# Transplant Status Example



## **Subjective:**

Patient presents for routine check-up. Denies new complaints/concerns since last visit. States she is adherent to medication regimen tacrolimus and mycophenolate mofetil. Denies side effects. Still avoiding grapefruit at breakfast. Reports no recent hospitalizations or ED visits.

## **Labs:**

All recent labs reviewed and WNL, this includes CBC, CMP, LFTs and tacrolimus trough levels

## **Assessment & Plan:**

Status post orthotopic liver transplant (OLT) - 1 year ago, doing well post-transplant, no current s/s of rejection/complications. Maintenance tacrolimus & mycophenolate mofetil for immunosuppression. Labs in 3 months

**The clinician has documented the specific type of transplant, assessed for signs and symptoms of rejection or complications along with lab review and included a detailed treatment plan.**

---

# **Additional Resources**

---

# Documentation Best Practice Checklist



**Annually assess** all chronic conditions and document a plan for each one



**Link medications** to help establish ongoing treatment especially if the medication is used to treat multiple conditions.



**Use the term “History of”** before a condition if it no longer exists or has resolved



**Validate** patient reported findings



**Code and document all coexisting conditions** that require or affect patient care, treatment or management



**Avoid using uncertain terms** when a diagnosis has been confirmed for a patient



**Choose the highest level of specificity** when selecting an ICD-10 code



**Keep problem list up to date** by removing acute and one-time conditions

# Highmark Provider Resource Center

## KNOWLEDGE COLLEGE

15-minute on-demand courses on risk adjustment coding and documentation to help clinicians comply with CMS standards and ICD-10-CM guidelines

1. Log into Availity.
2. Navigate to the Provider Resource Center.
3. Locate “Resources and Education” in the menu bar and navigate to “Clinical Quality & Education”.
4. Select “Coding Education/HCC University”.

### RISK ADJUSTMENT OVERVIEW

Review the foundations of what risk adjustment is, hierarchical condition categories, common errors, best practices and impacts to patient care



### CODING & DOCUMENTATION CARDS

Reference cards to assist with documentation and coding according to CMS documentation standards and ICD-10-CM coding requirements



**Have questions about risk adjustment?**

**Want to share feedback or suggest topics  
for future presentations?**

**Email:**

**[RiskAdjustmentCoding@Highmark.com](mailto:RiskAdjustmentCoding@Highmark.com)**