

CMS-HCC V28 Cheat Sheet

Risk Adjustment Coder Quick Reference • 2026 Edition

HCC Buddy

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By HCC Buddy Coding Team. Reviewed by CPC certified coding contributors. Educational reference only. Verify exact code, date of service, payer/program, and current CMS files before making coding or payment decisions. CMS calls this the 2024 CMS-HCC model; coders often call it V28.

Does This Code Belong in V28 Risk Adjustment Workflow?

1. Is the diagnosis active for the encounter, not only historical, resolved, or ruled out?
2. Is the ICD-10-CM code valid and billable for the date of service?
3. Does documentation support monitor, evaluate, assess, or treat detail for the condition?
4. Does the exact ICD-10-CM code map to CMS-HCC V28 for the payment year?
5. Could a hierarchy, interaction, or payer-specific rule change how the score is explained?

V24 to V28 Phase-In Note

Year	Blend for non-PACE MA risk scores	Coder note
PY/CY 2024	67% V24, 33% V28	First phase-in year for the updated CMS-HCC model.
PY/CY 2025	33% V24, 67% V28	Second phase-in year. Not 50/50.
PY/CY 2026	100% V28	Current non-PACE MA workflow. PACE has a separate phase-in.

Retrospective RADV or prior-year work should use the model and blend for the payment year under review.

Representative V28 Examples from the 2026 CMS Mapping Files

Code	V28 HCC	Category	Coder reminder
E11.22	HCC 37	Diabetes with chronic complications	Check the linked CKD code and stage.
E11.9	HCC 38	Diabetes with no, glycemic, or unspecified complications	V28 maps uncomplicated type 2 diabetes to HCC 38.
I50.23	HCC 224	Acute on chronic heart failure	Acuity changes the V28 category.
I50.22	HCC 226	Heart failure, except end stage and acute	Keep systolic, diastolic, chronic, and acute wording separate.
J44.1	HCC 280	Chronic lung disorders	COPD status and exacerbation wording still matter.
I48.91	HCC 238	Specified heart arrhythmias	Use the documented AFib type when supported.
N18.32	HCC 328	CKD stage 3B	Stage 3A, 3B, stage 4, and stage 5 do not land the same way.
N18.4	HCC 327	CKD stage 4	Confirm the stage is documented, not inferred only from one lab.
F33.1	HCC 155	Major depression, moderate or severe, without psychosis	Mild and history-only wording do not carry the same V28 meaning.
E66.01	HCC 48	Morbid obesity	Capture BMI only when coding rules and documentation support it.

Common No-HCC Traps in V28

These are common desk-check examples, not a complete non-HCC list. Always verify the exact code and payment year.

I10 Essential hypertension, uncomplicated. No V28 CMS-HCC by itself.

E78.5 Hyperlipidemia, unspecified. Clinically important, but not V28 CMS-HCC.

I25.10 CAD, native vessel without angina. Do not assume CAD always risk-adjusts.

I73.9 PVD, unspecified. Mapped in older CMS-HCC models, not V28 for 2026 payment.

J45.909 Unspecified asthma, uncomplicated. Severe persistent asthma is different.

Z87.- Personal history codes, such as Z87.891. History wording is not an active diagnosis.

MEAT Documentation Reminder

M — **Monitor:** signs, symptoms, disease course, labs, imaging, or follow-up.

E — **Evaluate:** reviewing results, ordering tests, referrals, or diagnostic workup.

A — **Assess:** provider assessment, status, severity, stability, or impression.

T — **Treat:** medication, procedure, therapy, counseling, care plan, or management change.

MEAT is a useful coder shorthand. It does not replace official ICD-10-CM guidelines, payer requirements, provider query rules, or record-specific auditor judgment.

Provider query may be appropriate when

- Clinical indicators are present but no diagnosis is stated.
- Documentation conflicts or leaves disease status unclear.
- Specificity is missing, such as acuity, stage, type, laterality, or severity.
- Linkage is unclear, such as diabetes and CKD.
- The chronic condition appears active, but the note does not clearly say how it was addressed.

Provider query is not appropriate when

- The goal is only to increase RAF without clinical support.
- The question leads the provider to a diagnosis not supported by the record.
- The code path is already clear from documentation.
- The query asks for a history condition to be treated as active without support.
- Your organization or payer query policy would not allow it.

Five Fast V28 Workflow Checks

1. **Model year:** PY/CY 2026 non-PACE MA uses 100% V28. Older audits may not.
2. **Exact code:** Do not rely on the family. J45.909 and severe persistent asthma do not behave the same.
3. **Specificity:** Heart failure acuity and CKD stage can change the V28 category.
4. **History wording:** History-only, resolved, or ruled-out conditions need different handling than active diagnoses.
5. **Hierarchy:** A more severe related HCC may replace a lower one instead of adding to it.

Source Basis

- CMS 2026 Rate Announcement PDF: cms.gov/files/document/2026-announcement.pdf
- CMS 2026 Model Software and ICD-10 Mappings: cms.gov/.../2026-model-software-icd-10-mappings
- CMS ICD-10-CM code files and official guidelines: cms.gov/medicare/coding-billing/icd-10-codes
- CMS Medicare Advantage RADV program hub: cms.gov/data-research/monitoring-programs/medicare-risk-adjustment-data-validation-program

Check Any ICD-10-CM Code in HCC Buddy

See exact V24/V28 HCC mapping, billable status, RAF context, and documentation reminders.

[Open the Encoder → hccbuddy.com/encoder](https://hccbuddy.com/encoder)

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