HCC Coding
ACOI 2018

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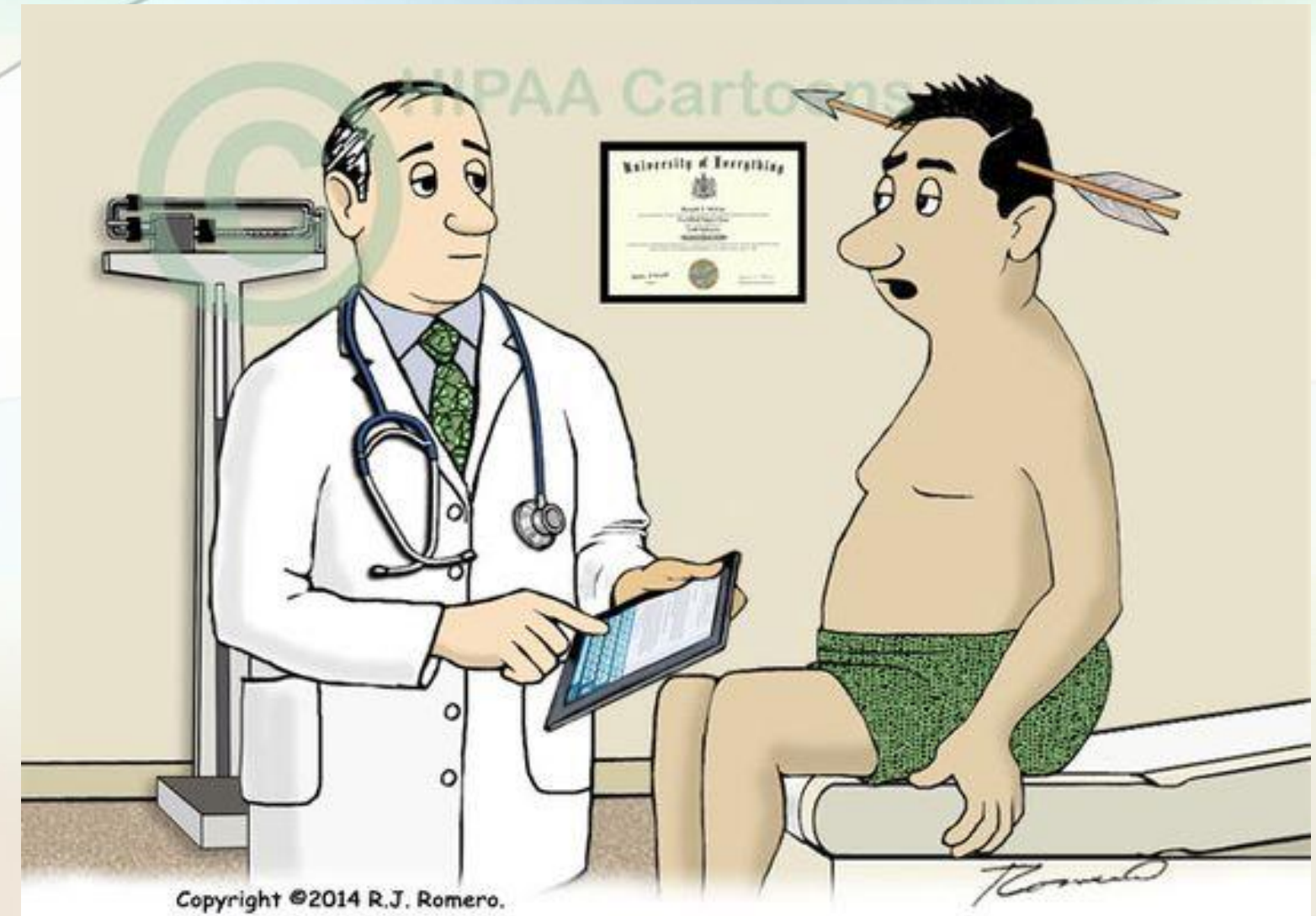
Chief Medical Officer
AllyAlign Health

Upcoming Codes for this month…

Objectives

- Gain a better understanding about risk adjustment coding and it's implications
- Increase your knowledge about techniques to identify gaps in documentation


HIPAA Cartoons
University of Everything
Copyright ©2014 R.J. Romero.
"Skip all that medical mumbo jumbo and just give it to me straight,Doc. What's the ICD-10 code for this?"

Brief review of risk adjustment coding & IMPLICATIONS

Risk Adjustment Coding – THE BASICS

- In 2004, CMS implemented an HCC (Hierarchal Condition Categories) Model (or Risk Adjustment Model) to adjust capitation payments to MA plans for the health expenditures of their Members.
- This model aims to be predictive in nature – information from the current year is used to predict future year expenditures.
- The risk adjustment calculations are based on demographic information as well as health conditions and disease states.

- https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Risk-Adjustors.html
- https://cfm.duke.edu/sites/cfm.duke.edu/files/cfm/family-medicine/documents/HCC%27s%20John%20Yeatts%2005312017%20-%20Monday%203.pdf

Risk Adjustment Coding – THE BASICS (cont.)

- This model measures the disease burden of each Member by grouping the Members' medical diagnoses into 79 HCC categories and then assigning each Member a RAF (Risk Adjustment Factor) score. In theory, the higher the RAF score, the more medically complex the Member will be.
- There are approximately 8,800 ICD-10 codes that map to HCC categories.
- The codes are additive (meaning patients can meet multiple categories) and hierarchal (meaning codes carry different "weights" in each category).

Risk Adjustment Coding – THE BASICS (cont.)

- CMS directly bases the "per-member-per-month" reimbursement to non-traditional reimbursement plans using their Members' RAF scores from the previous year. The higher the score, the higher the reimbursement.
- This is an attempt by CMS to predict the cost of providing care to more medically-complex beneficiaries.

- https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Risk-Adjustors.html
- https://cfm.duke.edu/sites/cfm.duke.edu/files/cfm/family-medicine/documents/HCC%27s%20John%20Yeatts%2005312017%20-%20Monday%203.pdf


A NIGHTMARE
ON ELM STREET
NEVER SLEEP AGAIN
Z72.820
SLEEP DEPRIVATION
NEWPORTMED
SPECIALTY HEALTHCARE MANAGEMENT

Why Is this Important?

- Providers' documentation & coding has a direct impact on reimbursement from CMS. Accurate and thorough documentation to support all diagnoses and codes is essential to providing the most appropriate level of care.
- If providers are not detailed with their coding & documentation, the RAF scores will not adequately reflect the complexity of the population and individual Members.

- https://www.vibrahealthplan.com/storage/app/media/Risk_Adj_Provider_Education.pdf


Maybe these weren't the best choices for Halloween costumes.
OPERATING ROOM
Reynolds

Low level of specificity		Moderate level of specificity		High level of specificity	
76 year old female	0.426	76 year old female	0.426	76 year old female	0.426
Medicaid eligible (aged female 65+)	0.202	Medicaid eligible (aged female 65+)	0.202	Medicaid eligible (aged female 65+)	0.202
No Type 2 diabetes coded	X	Type 2Diabetes w/o complications E11.9 (HCC 19)	0.118	Type 2 Diabetes with diabetic peripheral angiopathy w/o gangrene E11.51 (HCC 18)	0.368
No vascular disease coded	X	Vascular disease w/o complications PVD, unspecifiedI73.9 (HCC 108)	0.299	Vascular disease w/ Atherosclerosis of native arteries of left leg with ulceration of ankle I70.243(HCC 106)	1.143
Chronic diastolic (congestive) heart failure not coded	X	Chronic diastolic (congestive) heart failure not coded	X	Chronic diastolic (congestive) heart failure I50.32 (HCC 85)	0.368
No Disease Interaction	X	No Disease Interaction	X	Disease Interaction (DM + CHF)	0.182
Total RAF	0.628	Total RAF	1.057	Total RAF	2.089
Total RAF, With FFS Normalization[1] & Coding Intensity Adj[2]	0.590	Total RAF, With FFS Normalization[1] & Coding Intensity Adj[2]	0.993	Total RAF, With FFS Normalization[1] & Coding Intensity Adj[2]	1.963
Estimated Average County Rate	$821	Estimated Average County Rate	$821	Estimated Average County Rate	$821
Estimated Dollars PMPM	$484	Estimated Dollars PMPM	$815	Estimated Dollars PM	$1,611
Estimated Dollars PMPY	**$5,812**	**Estimated Dollars PMPY**	**$9,782**	**Estimated Dollars PMPY**	**$19,333**

- https://azhima.org/annualmeeting/wp-content/uploads/2016/08/RAF101_Updated.pdf

ESSENTIAL Concepts

- Always code to the highest specificity. The "unspecified" code is often not the best option.
- Establish causal relationships when possible; Use linking statements in your documentation, such as "**secondary to**" or "**due to**;" For example "CKD stage 3 secondary to DM type 2." (Avoid "with").
- Be as thorough and detailed as possible when reviewing records. Review Members' medical histories, medication lists, consult notes, radiology reports, hospital records, lab work, etc. very carefully to ensure you are capturing all active and underlying conditions.

- https://www.vibrahealthplan.com/storage/app/media/Risk_Adj_Provider_Education.pdf

ESSENTIAL Concepts (CONT.)

- All conditions must be based on a face-to-face encounter and be captured at least once every 12 months.
- Even chronic conditions, such as amputations, are not assumed by CMS to continue after January 1 and must be re-documented every year.
- Ensure that all captured conditions are supported by MEAT (see next slide).

- https://www.vibrahealthplan.com/storage/app/media/Risk_Adj_Provider_Education.pdf

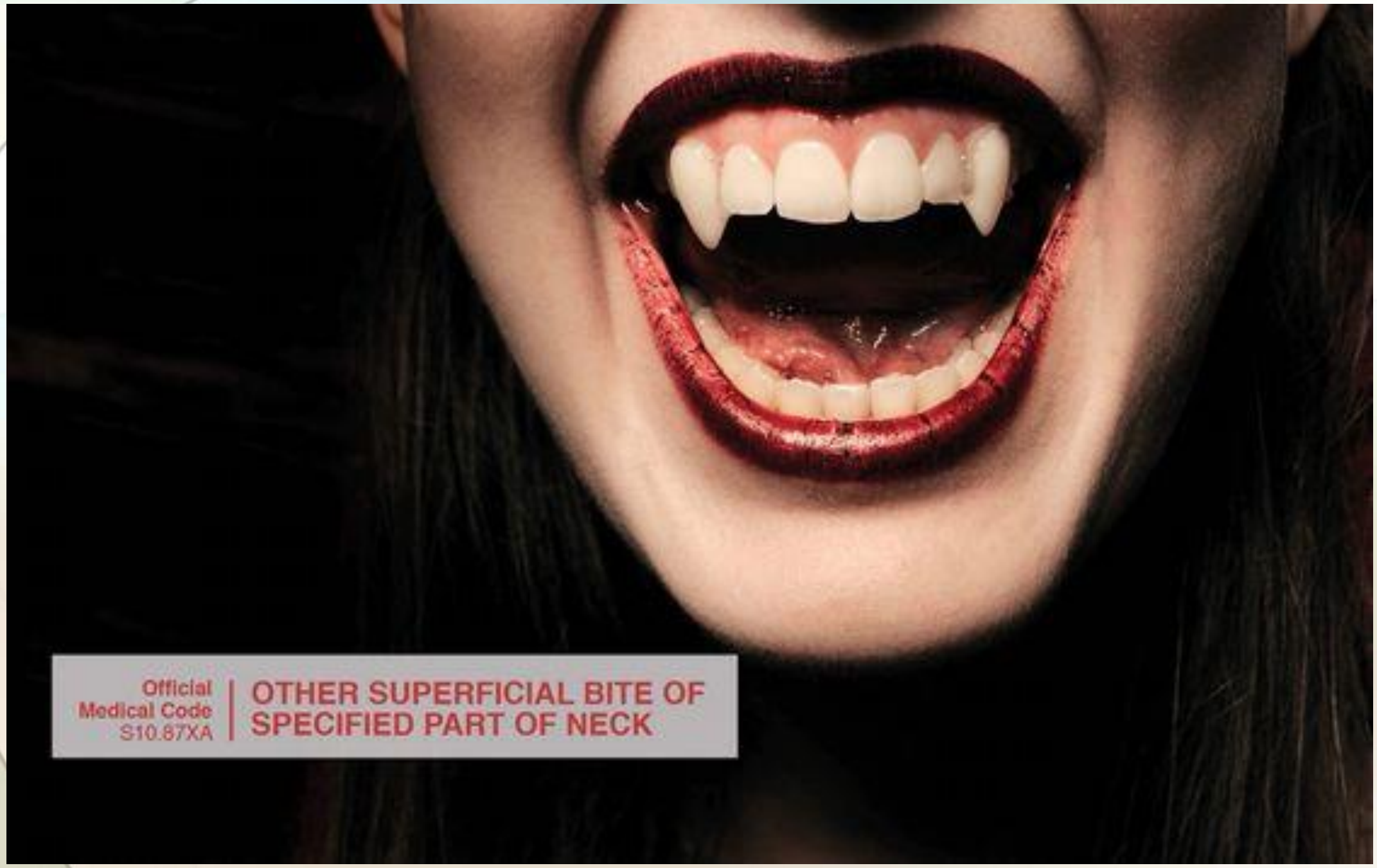
What IS MEAT?

- **M**ONITOR – Signs, symptoms, disease progression/regression; “BP 140/80” “A1C 7.2”
- **E**VALUATE – Test results, medication effectiveness, response to treatment; “stump well healed”
- **A**SSESS/ADDRESS – Ordering tests, reviewing records, discussion, counseling; “stable” “unchanged” “deteriorated” etc.
- **T**REAT – Medication, therapies, education, monitoring, etc.

https://www.vibrahealthplan.com/storage/app/media/Risk_Adj_Provider_Education.pdf

Every diagnosis reported as an active condition must be documented with an assessment and plan of care - This documentation should be met by completing the Annual Wellness Visit as well as regular progress notes.

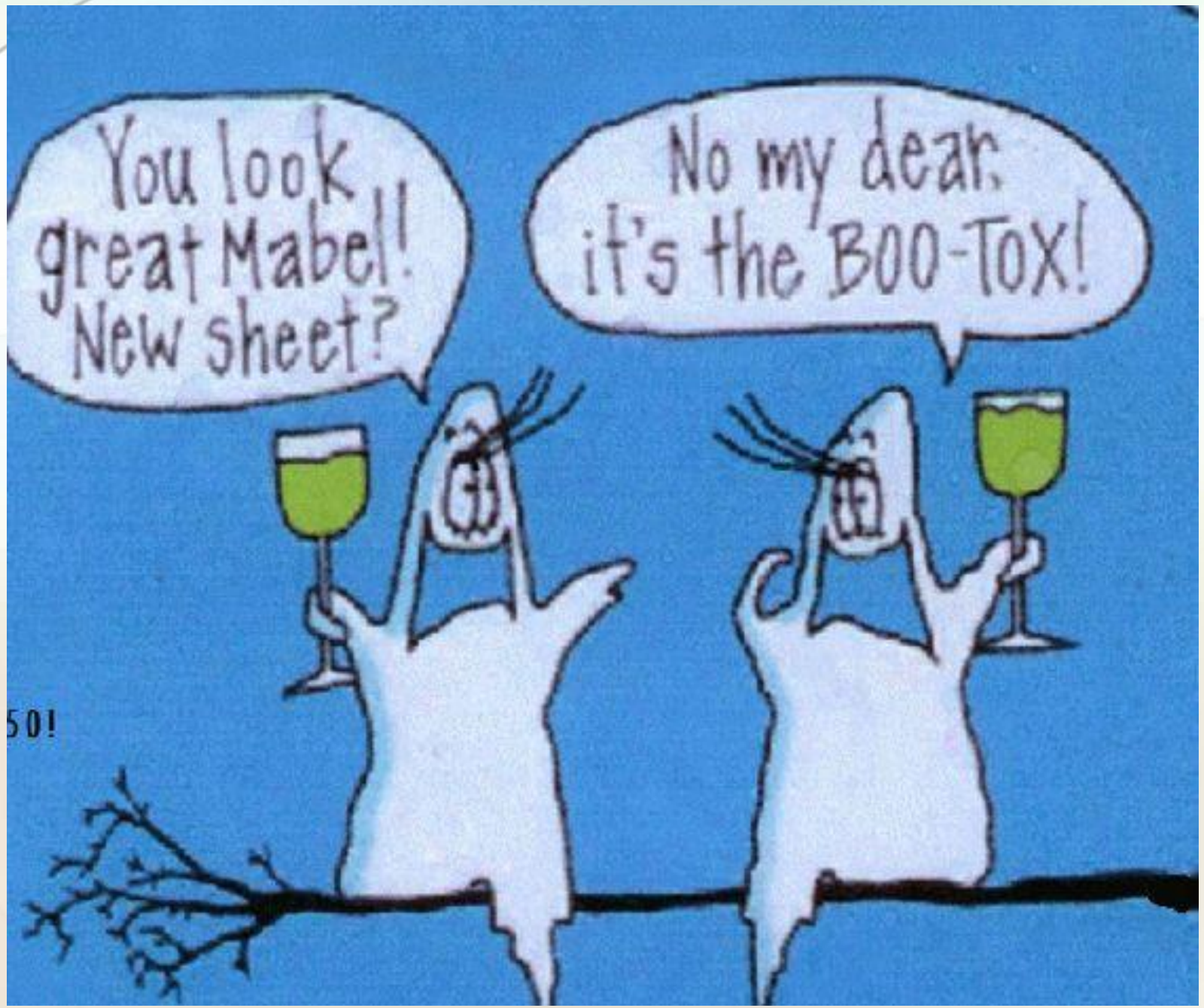
https://www.vibrahealthplan.com/storage/app/media/Risk_Adj_Provider_Education.pdf


Official
Medical Code
S10.87XA
OTHER SUPERFICIAL BITE OF
SPECIFIED PART OF NECK

Useful CODING TIPS

Hypercoagulability

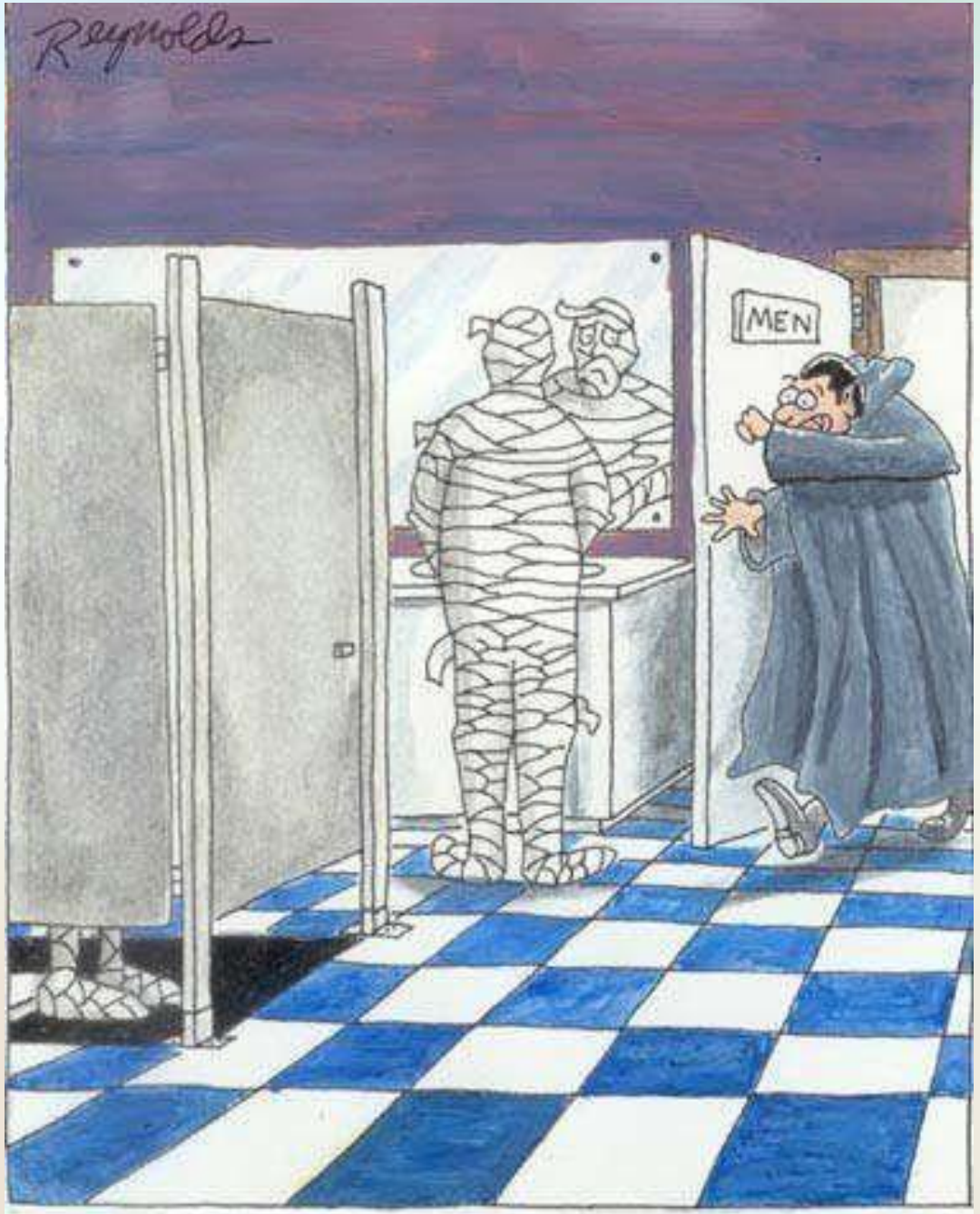
- If the patient has diagnosis of atrial fibrillation, consider adding code for "secondary hypercoagulable state" – D68.69 (HCC) *This is frequently missed! (Be sure to link this diagnosis to the primary condition in your documentation).
- You may also want to consider adding the diagnosis for primary hypercoagulable state, unspecified (D68.59)(HCC) if the Member has had recurrent VTE and/or requires long-term anticoagulation for this condition.
- Also remember to code whether the Member is on long term ASA (Z79.82) and/or anticoagulants/antithrombotics (Z79.01).


You look great Mabel! New sheet?
No my dear, it's the BOO-TOX!

Heart Failure

- If the patient has a diagnosis of CHF and has signs of fluid overload (dependent edema, diuretic use), consider adding the diagnosis of "Secondary Hyperaldosteronism" – E26.1 (HCC). Remember to link this condition with CHF in your documentation.
- Try to be as specific as possible (systolic/diastolic, acute/chronic).
- If patient has "diastolic dysfunction" listed on echo report as well as signs of fluid overload, diastolic heart failure can be diagnosed.

- https://emedicine.medscape.com/article/920713-overview
- https://www.merckmanuals.com/professional/endocrine-and-metabolic-disorders/adrenal-disorders/secondary-aldosteronism



"Whoa! Who died in here?"

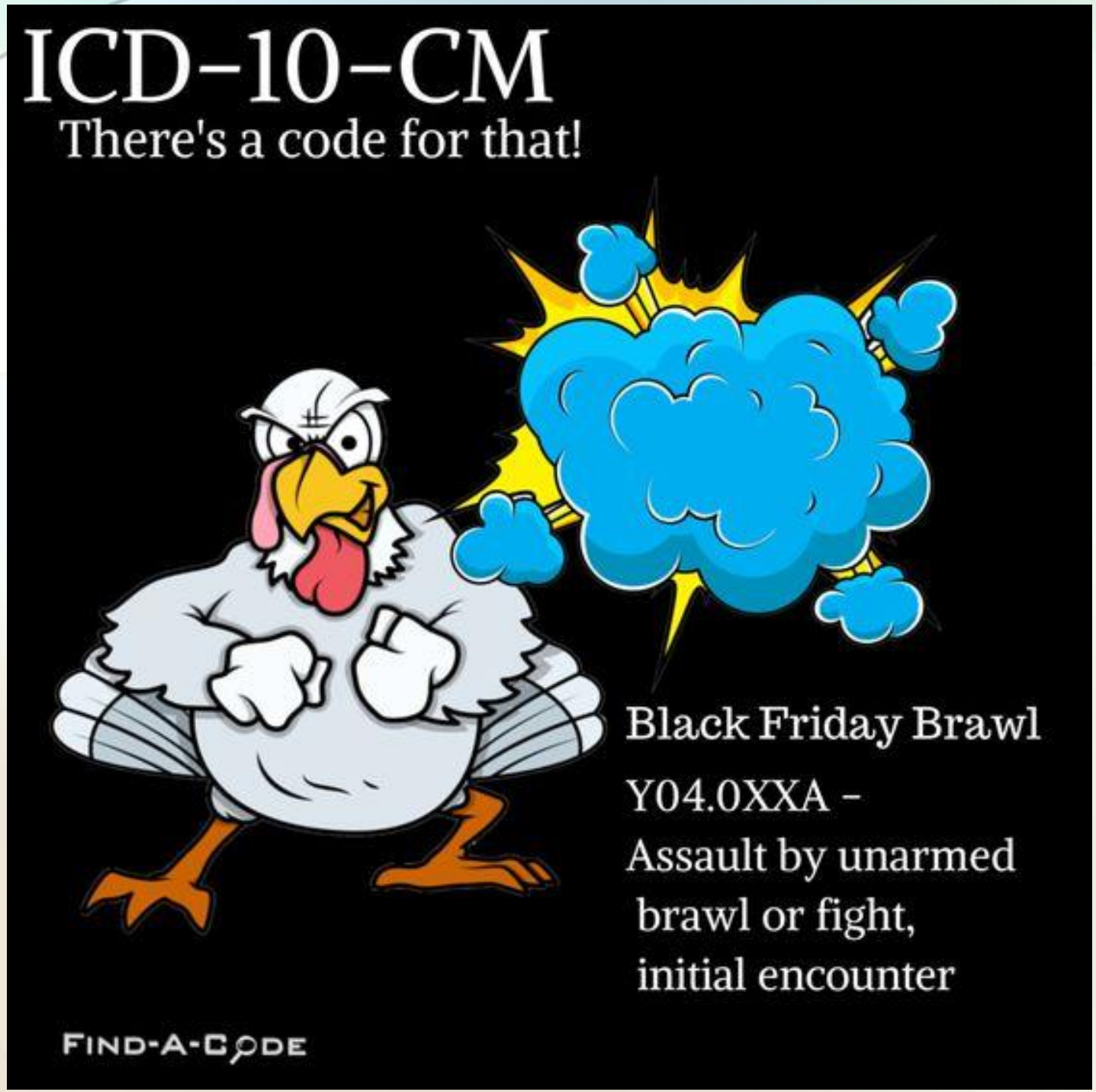
Aortic Atherosclerosis

- Check radiology reports for Aortic Atherosclerosis and consider documenting and coding it if present – I70.0 (HCC).
- The same is true for Renal Artery Atherosclerosis (I70.1)(HCC) or Aortic Ectasia (I77.819)(HCC).


Doctor, a Peeler.
NOSE JOB FOR A SNOWMAN
©MDANGLE

Diabetes

- Be sure to code **all** diabetic complications/manifestations thoroughly. Almost all diabetic codes are HCC codes!
- If A1C is above goal, consider diagnosing and coding "Type 2 DM with hyperglycemia" (E11.65) (HCC). Also be sure to code long term (current) use of insulin if applicable (Z79.4) (HCC)
- If Member has diagnosis of DM2 and hyperlipidemia (especially hypertriglyceridemia), consider a possible causal relationship; if applicable, code "Type 2 DM with other specified complications" (E11.69) (HCC) and be sure to code hyperlipidemia (E78.5) or hypertriglyceridemia (E78.1) separately with all appropriate supporting documentation.
- Don't forget to monitor urine microalbumin levels in diabetic Members and if consistently elevated, consider diagnosis of Type 2 DM with diabetic nephropathy (E11.21) (HCC).
- Be sure to link all other manifestations of DM if applicable; Additional diagnoses to consider include CKD, retinopathy, cataracts, glaucoma, nephropathy, gastroparesis, neuropathy, PVD/angiopathy, Charcot's deformity and other arthropathies, diabetic dermatitis, hypoglycemia, periodontal disease, ketoacidosis, and diabetic ulcers.


ICD-10-CM
There's a code for that!
Black Friday Brawl
Y04.0XXA -
Assault by unarmed
brawl or fight,
initial encounter
FIND-A-CODE

PVD

- Screen your Members for PVD - PVD is a *clinical* diagnosis. Upon exam, if Member is noted to have signs/symptoms of PVD (diminished pedal pulses, thin shiny skin, edema, hair loss to lower extremities, rest pain, ulcerations, chronic venous stasis changes, etc.) then PVD should be considered as a diagnosis (PVD, unspecified - I73.9) (HCC).
- Also utilize podiatry notes to help back up your documentation; they often list pulse quality, edema, skin texture etc. on their notes.

https://emedicine.medscape.com/article/761556-overview

ICD-10 Code: W61.42XD

Struck by turkey, subsequent encounter

Be careful this Thanksgiving

PNEUMONIA

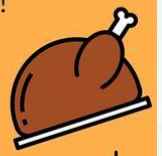
- Unspecified bacterial pneumonia (J15.9) is **NOT** an HCC code. Since it is often difficult to obtain a quality sputum culture in long-term care, consider diagnosing and coding Lobar Pneumonia, unspecified organism (J18.1) (HCC) instead if applicable.
- Definition: "Lobar pneumonia is a radiological pattern associated with homogenous, fibrinosuppurative consolidation of one or more lobes of a lung in response to bacterial pneumonia." On CXR, there is opacification in lobar pattern.
- Be sure to deactivate (but not delete) this condition once it has resolved.

https://radiopaedia.org/articles/lobar-pneumonia

THANKSGIVING ICD-10 CODES

Pecked by a turkey? There's a code for that! Here are a few codes that might come in handy for Thanksgiving weekend!

1. W61.42XA, STRUCK BY TURKEY, INITIAL ENCOUNTER



2. Z63.1, PROBLEMS IN RELATIONSHIP WITH IN-LAWS

3. Y92.011, DINING ROOM OF SINGLE-FAMILY (PRIVATE) HOUSE AS THE PLACE OF OCCURRENCE OF THE EXTERNAL CAUSE

4. Y93.62, ACTIVITY, AMERICAN FLAG OR TOUCH FOOTBALL

5. Z62.891, SIBLING RIVALRY

6. W52.XXXA, CRUSHED, PUSHED OR STEPPED ON BY CROWD OR HUMAN STAMPEDE, INITIAL ENCOUNTER

Have a safe and happy Thanksgiving!

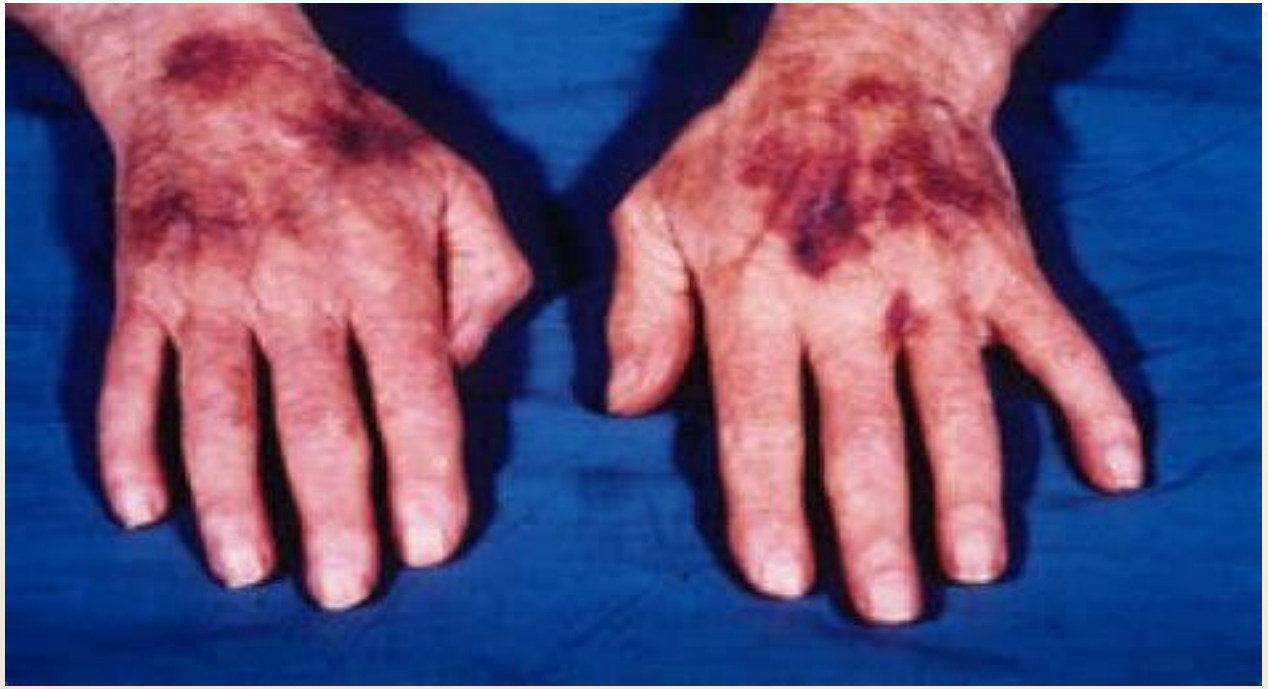
DRUG/ETOH DEPENDENCE

- If the Member is on routine opioid or benzodiazepine medications for >3 months (or they are taking prn medications "around the clock"), consider adding diagnosis for "opioid dependence, uncomplicated" (F11.20) (HCC) or "benzodiazepine dependence, uncomplicated" (F13.20) (HCC). These diagnoses do not indicate abuse or misuse.
- For opioid dependence, "chronic pain" should also be coded.
- Take a careful social history when completing annual HRA. If Members indicate a history of ETOH or illicit drug abuse, be sure to include that in your coding documentation (For example, "ETOH dependence, in remission" – F10.21 (HCC)).

  - https://pdfs.semanticscholar.org/e5bf/02b530a39049e4ae0d798d7f9eeb5ef81b71.pdf


Z63.1
Problems in relationship
with in-laws.

SENILE PURPURA

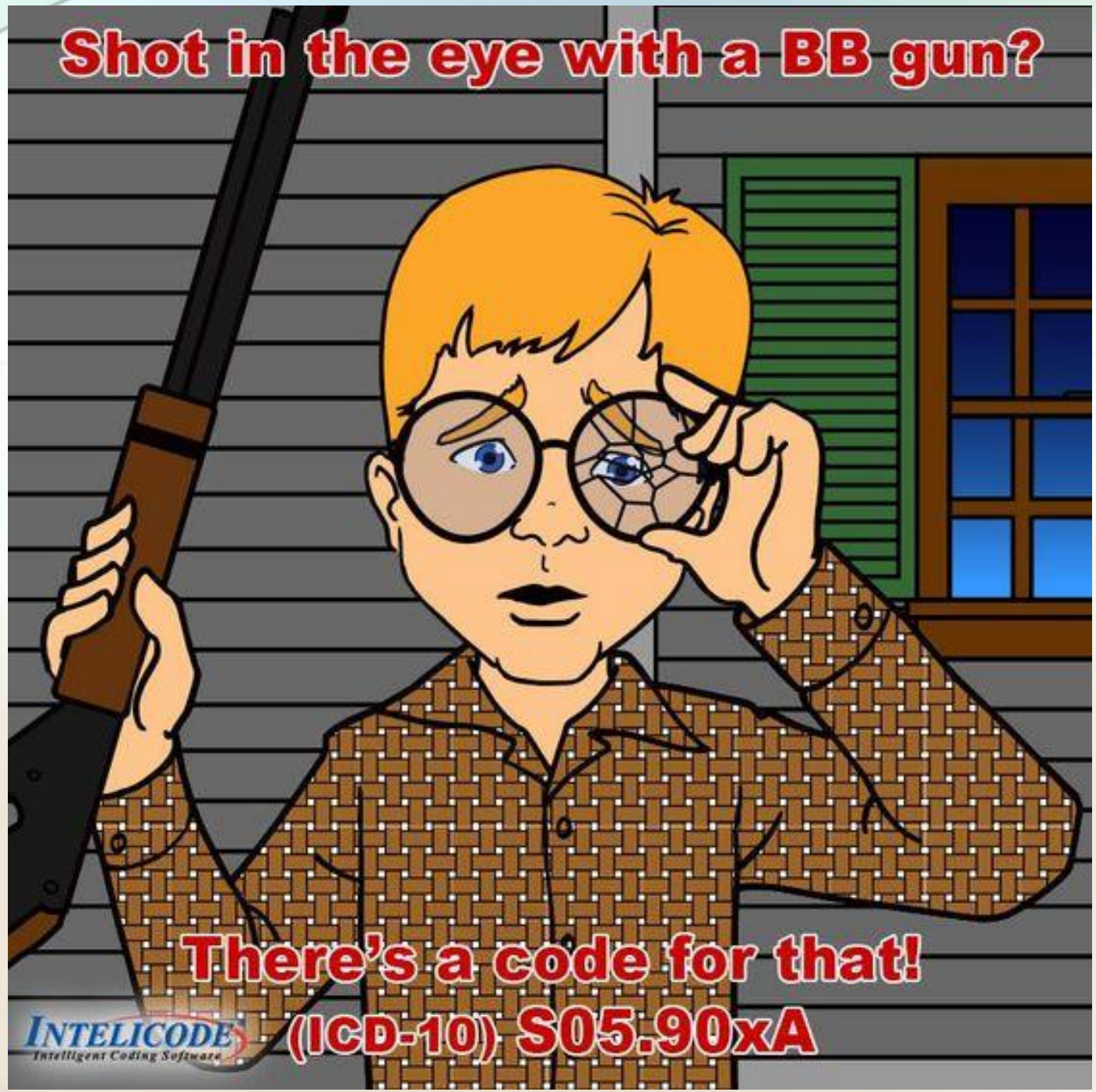


https://www.dermnetnz.org/topics/senile-purpura/

SENILE PURPURA

- This is an underappreciated condition that occurs in patients >65. They are non-palpable, purple bruises with small red patches that fade to brown over the span of a few weeks. They often occur on extremities due to loss of subcutaneous tissue with aging. It is a clinical diagnosis, and if present, consider diagnosing and coding Senile Purpura (D69.2) (HCC).

https://www.dermnetnz.org/topics/senile-purpura/
https://www.merckmanuals.com/professional/hematology-and-oncology/bleeding-due-to-abnormal-blood-vessels/senile-purpura


Shot in the eye with a BB gun?
There's a code for that!
(ICD-10) S05.90xA
INTELICODE
Intelligent Coding Software

HYPERTENSION

- Do not use "Essential (Primary) Hypertension" (I10- NOT HCC) without considering whether the Member has the additional diagnoses of CKD, ASHD or CHF. If these additional diagnoses are present, consider changing code to:
  - Hypertensive heart disease with/without CKD and with/without heart failure (see codes I11.0-I13.2) (HCC).
  - You must code stage of CKD, type of heart failure, and ASHD w/ or w/o angina as separate codes!
  - Remember, findings must be present for at least 3 months before diagnosis of CKD can be made.


Holiday exhaustion?
zzzz
There's a code for that!
INTELICODE
Intelligent Coding Software
(ICD-10) T73.3xxS

STROKE

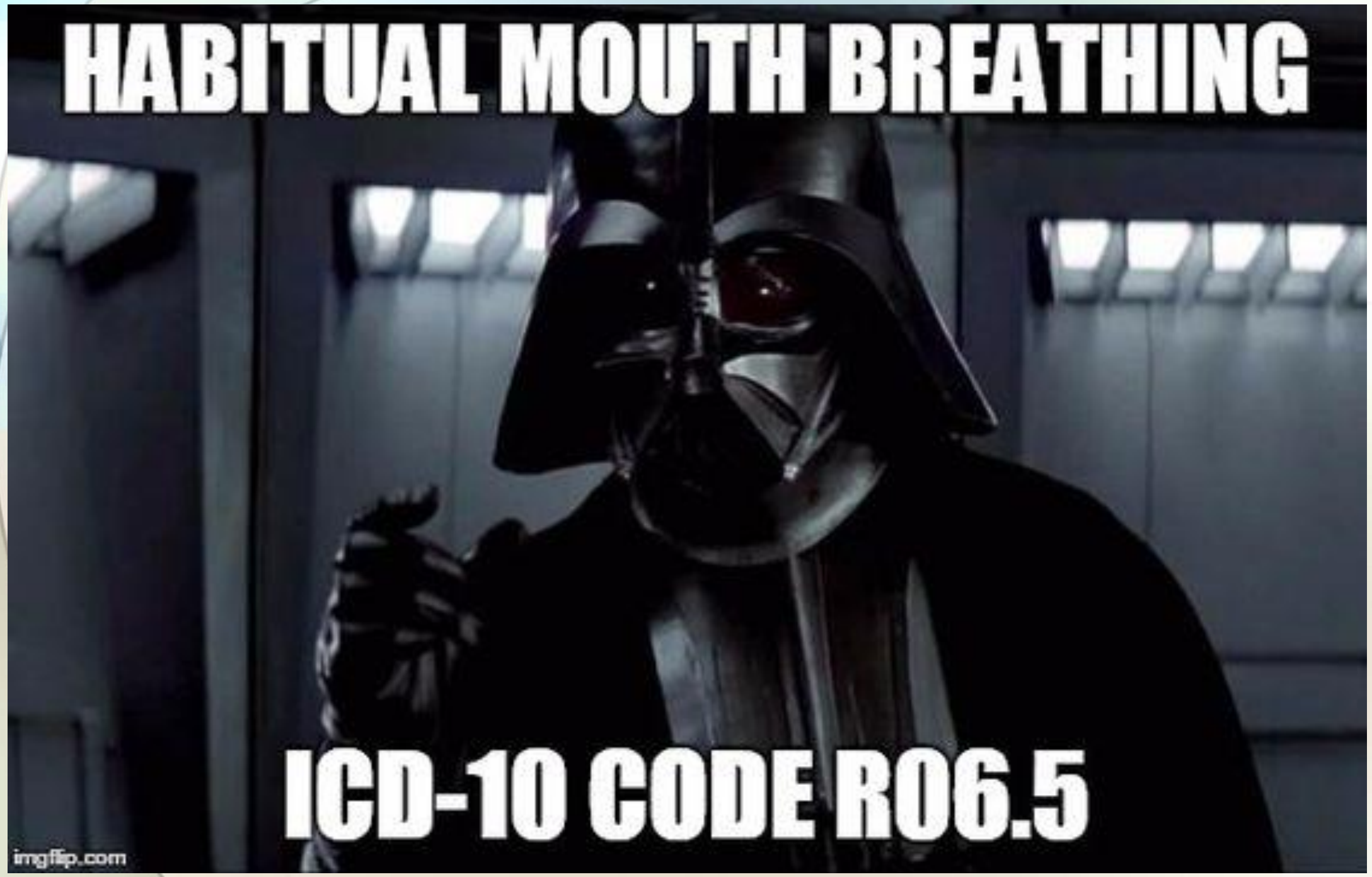
- Be sure to document monoplegia or hemiplegia/hemiparesis due to CVA if present (I69 codes) (HCC). Affected side must also be specified.
- "Cerebral infarction due to unspecified occlusion or stenosis of cerebral artery" (I63.50) - NOT HCC and more appropriately used in the acute care setting
- "Personal history of TIA/CVA without residual effects" (Z86.73) - NOT HCC
- There are also specific codes for monoplegia or hemiplegia/hemiparesis due to hemorrhagic stroke (intracerebral hemorrhage or subarachnoid hemorrhage). These are also I69 codes (HCC).
- To document these codes, the symptoms must be present upon discharge.


T43.612
Poisoning by Caffeine,
Intentional self-harm

Functional quadriplegia

- Definition – "Lack of ability to use one's limbs or ambulate due to extreme debility; Not associated with a spinal cord injury"
- Inability to move is due to another medical condition, such as Multiple Sclerosis, Parkinson's Disease, ALS, or Advanced Dementia.
- Consider this diagnosis if Member requires total care with all ADLs, including feeding, is bedridden, or has severe contractures of extremities. Some associated treatments include pressure-relief mattresses, feeding tubes, & chronic indwelling Foley catheter.
- ICD-10 code is R53.2 (HCC).

https://acphospitalist.org/archives/2012/05/coding.htm


HABITUAL MOUTH BREATHING
ICD-10 CODE R06.5
imgflip.com

Protein-calorie malnutrition

- In 2009 the International Consensus Guideline Committee defined malnutrition as:

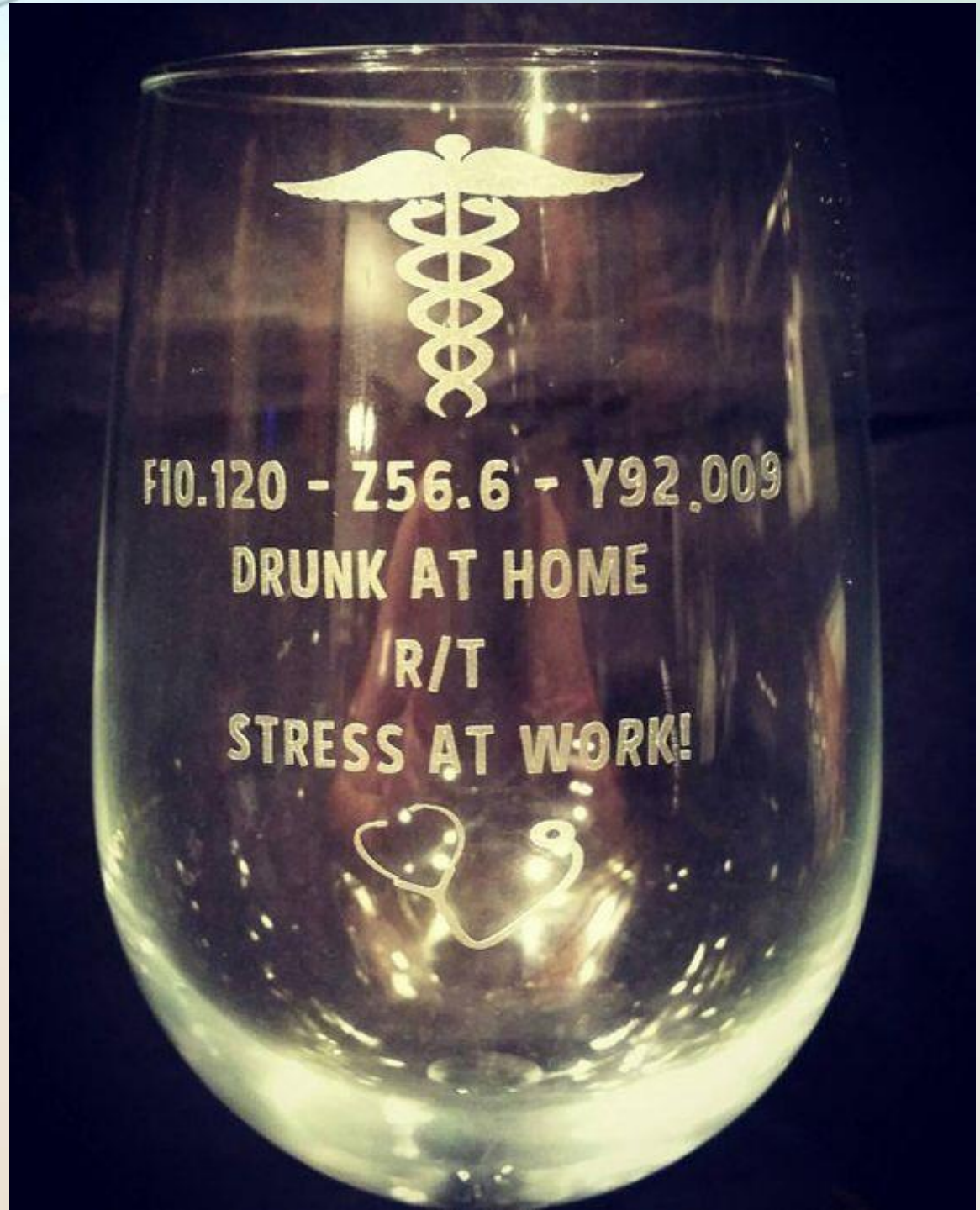
Severe Protein Calorie Malnutrition (>2 of the following characteristics) • Obvious significant muscle wasting, loss of subcutaneous fat. • Nutritional intake of < 50% of recommended intake for 2 weeks or more (as assessed by dietitian). • Bedridden or otherwise significantly reduced functional capacity. • Weight loss of > 2% in 1 week, 5% in 1 month, or 7.5% in 3 months.
Malnutrition of a Moderate Degree (>2 of the following characteristics) • Some muscle wasting, loss of subcutaneous fat. • Nutritional intake of < 50% of recommended intake for 1 week (as assessed by a dietitian). • Reduced functional capacity. • Weight loss of >1-2% in 1 week, 5% in 1 month, 7.5% in 3 months.
Mild Malnutrition • Food intake < 50-75% of normal in the preceding week. • Weight loss less than that listed for Malnutrition of a Moderate Degree.
*In addition to using these criteria, the registered dietitian/nutritionist uses his/her professional clinical judgment in determining degree of malnutrition.

https://med.virginia.edu/ginutrition/wp-content/uploads/sites/199/2014/06/Parrish-Sept-14.pdf

Protein-calorie malnutrition (cont.)

- Monitor Members for malnutrition and weight loss, and add the following diagnoses and codes when appropriate:
  - Malnutrition of mild degree (E44.1) (HCC)
  - Malnutrition of moderate degree (E44) (HCC)
  - Other severe protein-calorie malnutrition (E43) (HCC)
- Use abnormal labs, such as Albumin & Prealbumin, to support your diagnosis of P-C Malnutrition.
- Be sure to document the Member's BMI with the associated ICD-10 code (Z68 codes).

https://med.virginia.edu/ginutrition/wp-content/uploads/sites/199/2014/06/Parrish-Sept-14.pdf


F10.120 - Z56.6 - Y92.009
DRUNK AT HOME
R/T
STRESS AT WORK!

Morbid obesity

- Morbid Obesity Definition:
  - In 1991, the National Institutes of Health defined morbid obesity as a BMI of ≥ 35 with severe, obesity-related comorbidity or BMI of ≥ 40
  - Comorbid conditions include Type 2 DM, OSA, HTN, HLD, CAD
  - If BMI ≥ 35 with a comorbid condition, Morbid Obesity must be diagnosed and coded in order to capture this HCC category.
- Morbid (severe) obesity with alveolar hypoventilation – E66.2 (HCC)
- Morbid (severe) obesity due to excess calories – E66.01 (HCC)
- Must also code BMI as additional code –
  - BMI 40-44.9 - Z68.41 (HCC)
  - BMI 45-49.9 - Z68.42 (HCC)
  - BMI 50-59.9 - Z68.43 (HCC)
  - BMI 60-69.9 - Z68.44 (HCC)
  - BMI 70 and over - Z68.45 (HCC)

https://asmbs.org/app/uploads/2014/05/2004_ASBS_Consensus_Conference_Statement.pdf

Superheroes too go through them!!!
ICD-10 Codes

Depression/Mental Health

- Must be as specific as possible when diagnosing and coding Major Depressive Disorder
- MDD, single episode, unspecified – NOT HCC
- MDD, single episode, mild/moderate/severe/partial remission/full remission – F32 codes (all HCC)
- MDD, recurrent, mild/moderate/severe/partial remission/full remission – F33 codes (all HCC)
- Bipolar disorder, unspecified - F31.9 (HCC)
- Schizoaffective disorder, unspec. – F25.9 (HCC)
- Schizophrenia, unspecified – F20.9 (HCC)
- Delusional disorder – F22 (HCC)


Fall From a Broom?
There's a code for that!
(ICD-10) E843
INTELICODE
Intelligent Coding Software

Amputations/Ostomies/Status CODES

- Remember these must be recaptured **annually**!
  - Many amputation codes are HCC codes, including BKA or AKA, ankle, foot, toes, etc. – Z89.XX (HCC)
  - Most artificial opening status codes are HCC codes also – tracheostomy (Z93.0), gastrostomy (Z93.1), ileostomy (Z93.2), colostomy (Z93.3), cystostomy (Z93.50), urinary tract, other (Z93.6), other (Z93.8) (All HCC)
  - Heart, liver, and lung transplant status (Z94.X) (HCC)
  - Dependence on renal dialysis (Z99.2) (HCC)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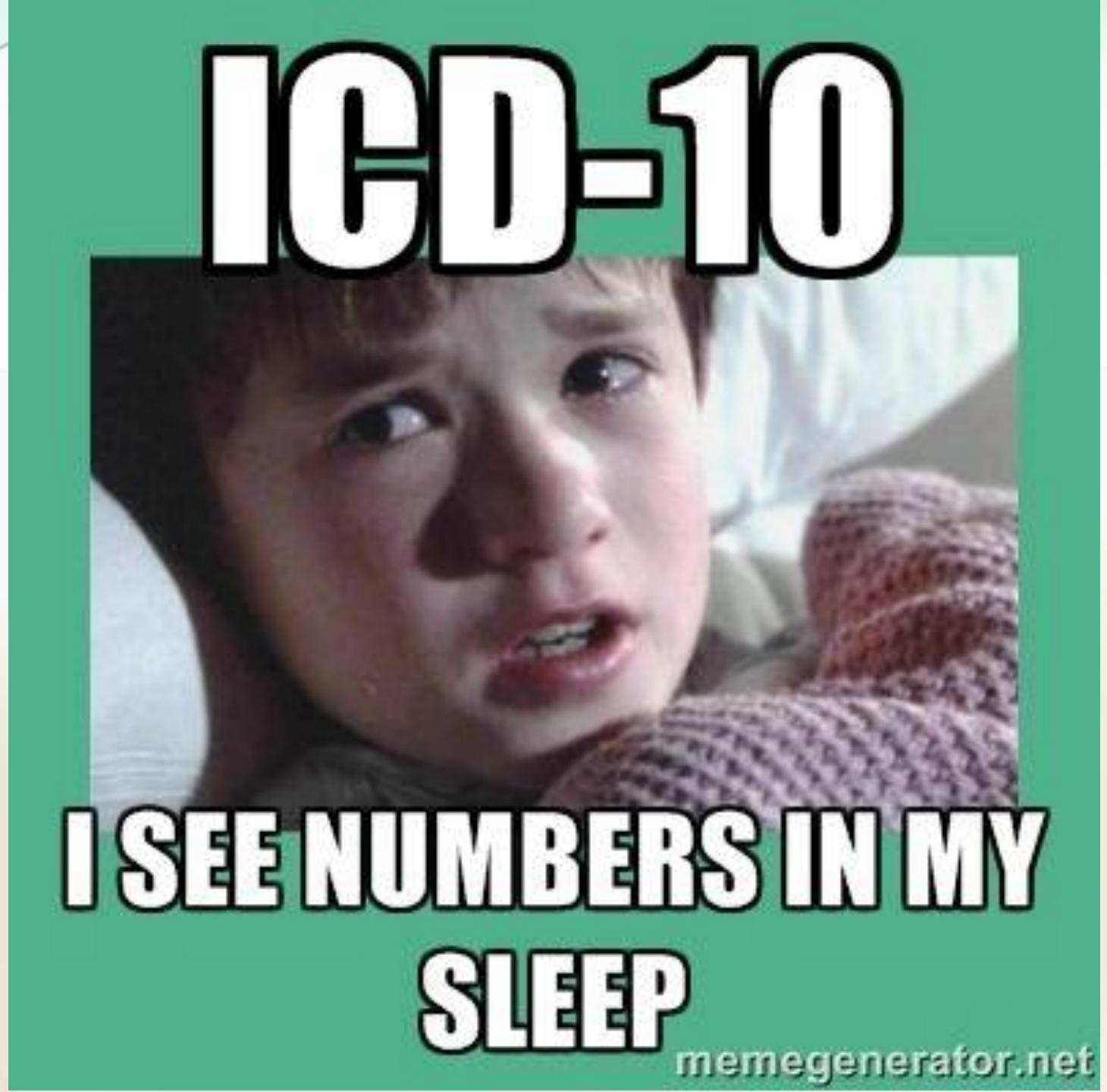
"Yes, you did make it to heaven, but a higher authority still requires that you demonstrate 'Meaningful Use' to qualify for your reward."

Chronic Hepatitis C

- B18.2 – Chronic viral hepatitis C is the correct ICD-10 code (HCC)
- B19.20 – Unspecified hepatitis C (w/o hepatic coma) (no HCC risk value)


ICD-10
I SEE NUMBERS IN MY SLEEP
memegenerator.net

Examples in the clinical setting

Example 1:

84 y/o female with DM II seen for routine F/U. A1C 8.7. Also has stable COPD, oxygen dependent.

https://www.aafp.org/dam/AAFP/documents/practice_management/webcasts/hcc-crash-course.pdf

WHICH WOULD YOU CHOOSE?

ICD-10	Description	RAF
J44.9	COPD	.328
E11.9	DM Unspec	.118
Total risk=		**.446**

ICD-10	Description	RAF
J44.9	COPD	.328
Z99.81	Oxygen Dep	
J96.11	Chronic Resp Failure w/ hypoxia	.318
E11.65	DM w/ hyper-glycemia	.318
Total optimized risk=		**.964**

https://www.aafp.org/dam/AAFP/documents/practice_management/webcasts/hcc-crash-course.pdf

Example 2:

79 y/o male with hypertension and hyperlipidemia and obstructive sleep apnea. BMI 37.9.

https://www.aafp.org/dam/AAFP/documents/practice_management/webcasts/hcc-crash-course.pdf

WHICH WOULD YOU CHOOSE?

ICD-10	Description	RAF
I10	Hypertension	
E78.5	Hyperlipidemia	
G47.33	Sleep Apnea	
Total risk=		.000

ICD-10	Description	RAF
I10	Hypertension	
E78.5	Hyperlipidemia	
G47.33	Sleep apnea	
Z68.37	BMI 37.0-37.9	
E66.01	Morbid Obesity	.273
Total optimized risk=		**.273**

https://www.aafp.org/dam/AAFP/documents/practice_management/webcasts/hcc-crash-course.pdf

Example 3:

68 y/o with Type 2 Diabetes and polyneuropathy. Right great toe amputated several years ago. Continues to smoke ½ ppd.

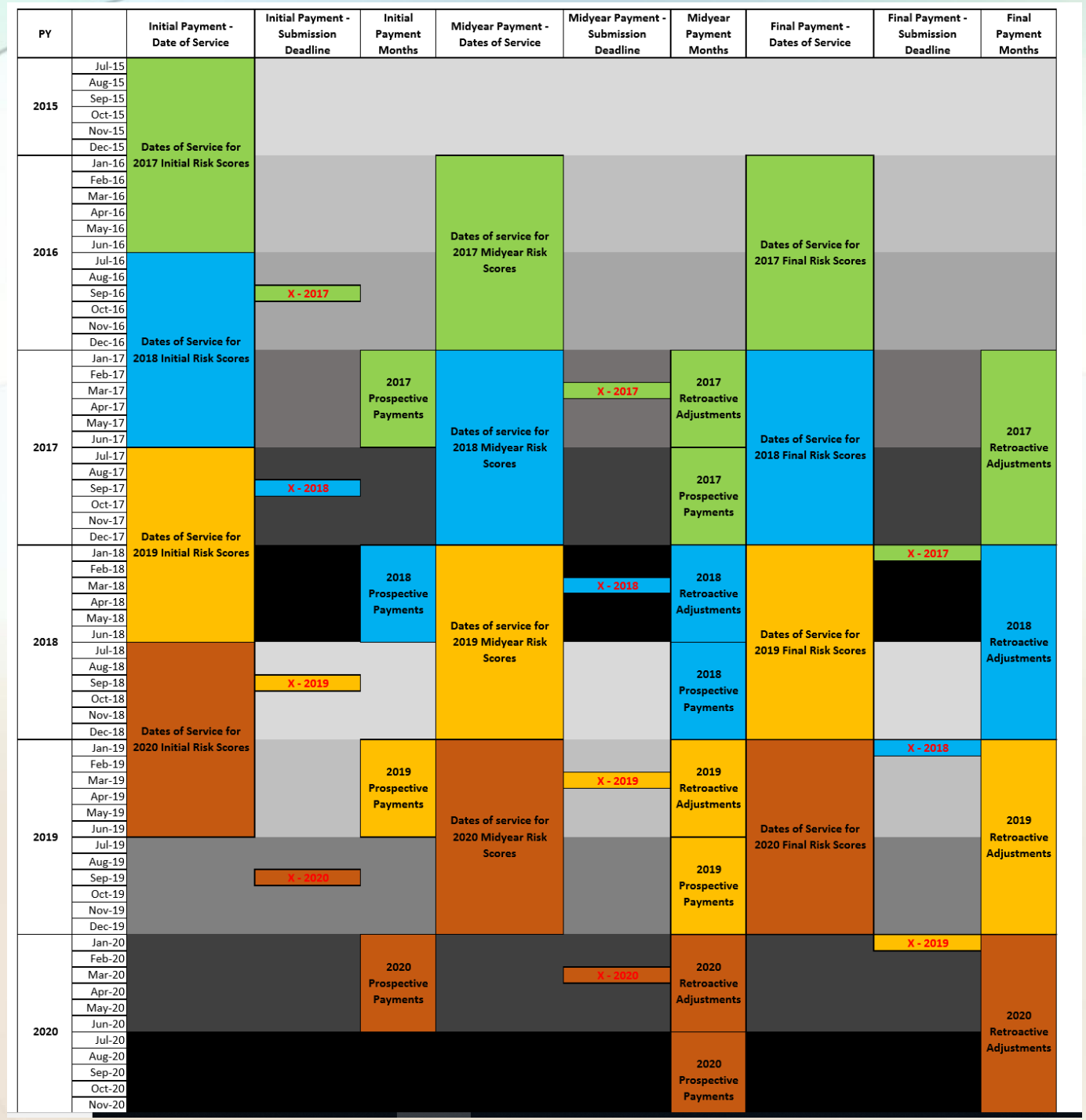
https://www.aafp.org/dam/AAFP/documents/practice_management/webcasts/hcc-crash-course.pdf

Which would you choose?

ICD-10	Description	RAF
E11.9	DM Unspec	.118
F17.219	Nicotine dep/cig	
Total risk=		**.118**

ICD-10	Description	RAF
E11.41	DM w/ polyneuropathy	.318
F17.419	Nicotine dep/cig	
Z89.412	Acquired loss L great toe	.588
Total optimized risk=		**.906**

https://www.aafp.org/dam/AAFP/documents/practice_management/webcasts/hcc-crash-course.pdf


PY
Initial Payment - Date of Service
Initial Payment - Submission Deadline
Initial Payment Months
Midyear Payment - Dates of Service
Midyear Payment - Submission Deadline
Midyear Payment Months
Final Payment - Dates of Service
Final Payment - Submission Deadline
Final Payment Months
2015
2016
2017
2018
2019
2020
Jul-15
Aug-15
Sep-15
Oct-15
Nov-15
Dec-15
Jan-16
Feb-16
Mar-16
Apr-16
May-16
Jun-16
Jul-16
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Dates of Service for 2017 Initial Risk Scores
Dates of Service for 2018 Initial Risk Scores
Dates of Service for 2019 Initial Risk Scores
Dates of Service for 2020 Initial Risk Scores
X - 2017
X - 2018
X - 2019
X - 2020
2017 Prospective Payments
2018 Prospective Payments
2019 Prospective Payments
2020 Prospective Payments
Dates of service for 2017 Midyear Risk Scores
Dates of service for 2018 Midyear Risk Scores
Dates of service for 2019 Midyear Risk Scores
Dates of service for 2020 Midyear Risk Scores
X - 2017
X - 2018
X - 2019
X - 2020
2017 Retroactive Adjustments
2017 Prospective Payments
2018 Retroactive Adjustments
2018 Prospective Payments
2019 Retroactive Adjustments
2019 Prospective Payments
2020 Retroactive Adjustments
2020 Prospective Payments
Dates of Service for 2017 Final Risk Scores
Dates of Service for 2018 Final Risk Scores
Dates of Service for 2019 Final Risk Scores
Dates of Service for 2020 Final Risk Scores
X - 2017
X - 2018
X - 2019
2017 Retroactive Adjustments
2018 Retroactive Adjustments
2019 Retroactive Adjustments
2020 Retroactive Adjustments


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