

# NW Momentum Health Partners ACO

## HCC CODING WORKSHOP

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# Risk Adjustment?

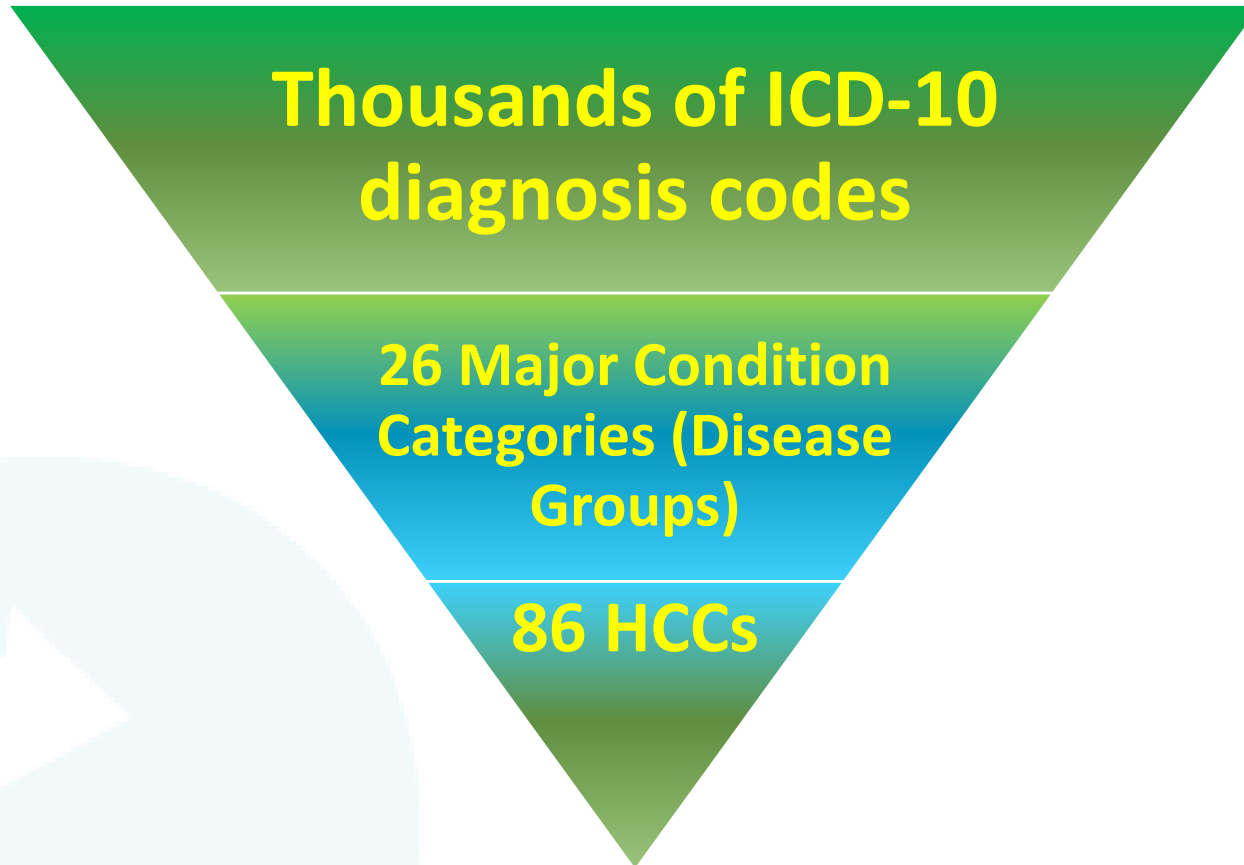
Because not everyone's health care costs the same...



- Predicts or explains the future health care expenditures of individuals based on diagnosis or health status, and demographics.
- Assists in identification of high-risk patients.
- Used in establishing the performance benchmarks
- Not about payment



## Risk Adjustment – Hierarchical Condition Categories

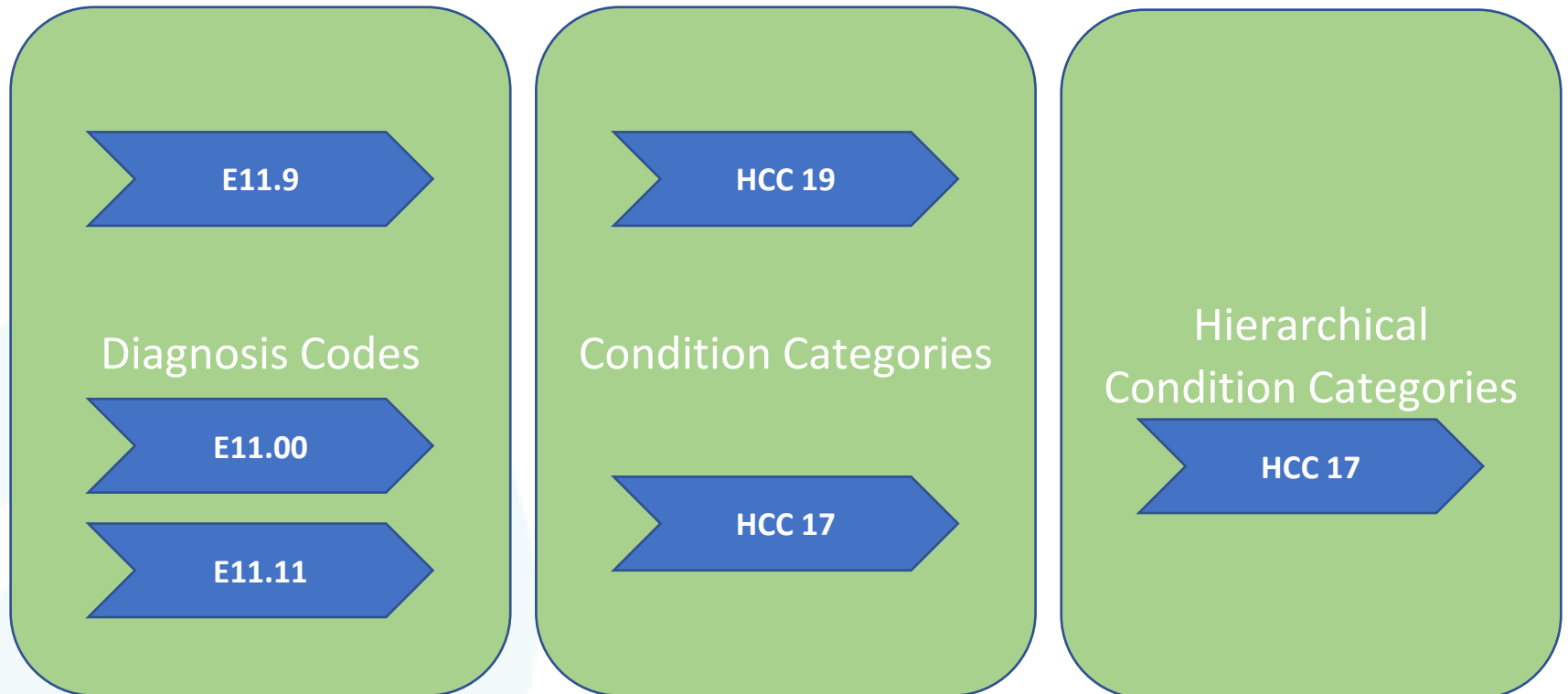


- **HCC - Hierarchical Condition Categories (HCC)** - A risk adjustment methodology, using risk-related ICD-10 diagnoses to calculate scores that are used to assess, adjust and pay for the costs of taking care of the disease burden among beneficiaries.

## Risk Adjustment – Hierarchical Condition Categories

- Categories are broadly organized into major disease categories/groups.
- Each category carries a different weight, with more serious conditions having higher values.
- Some diagnoses may map to multiple HCCs.
- More severe or complicated conditions will trump all others in their respective category.
- HCCs from different disease categories are additive.
- Not all ICD-10 codes have associated HCCs.
- ICD guidelines instruct coders to code for a principal diagnosis, but also all other comorbidities during each encounter.

## Risk Adjustment – Hierarchical Condition Categories



## Risk Adjustment – CMS Annual “Miracle Cure”



Beneficiary on December 31<sup>st</sup>

CMS requires **all HCC diagnoses** to be submitted each and every year the condition is present.

It is of critical importance to ensure that patients with HCC diagnoses be seen by a qualified provider and all current HCC diagnoses be evaluated and reported each year.

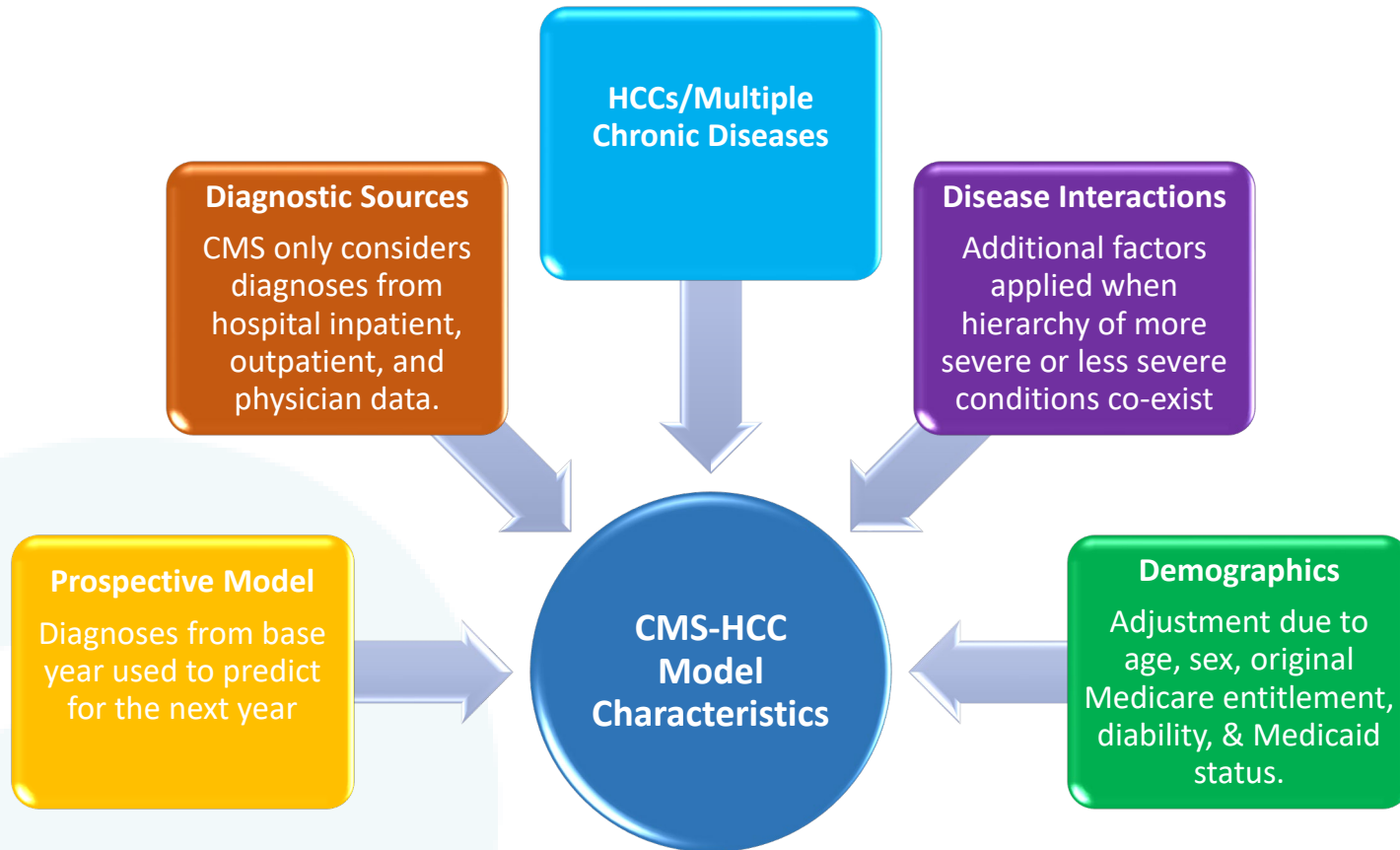


Same beneficiary January 1<sup>st</sup>,  
according to CMS

## Risk Adjustment – 10 Most Common HCCs

No.	Description	HCC	RAF
1	Diabetes without complications	19	0.104
2	Breast, Prostate, and Other Cancers and Tumors	12	0.146
3	Diabetes with Chronic Complications	18	0.138
4	Seizure Disorders and Convulsions	79	0.309
5	Specified Heart Arrhythmias	96	0.268
6	Congestive Heart Failure	85	0.323
7	Other Significant Endocrine and Metabolic Disorders	23	0.228
8	Chronic Obstructive Pulmonary Disease	111	0.328
9	Major Depressive, Bipolar, and Paranoid Disorders	59	0.395
10	Morbid Obesity	22	0.237

## Risk Adjustment - Predictive Modeling

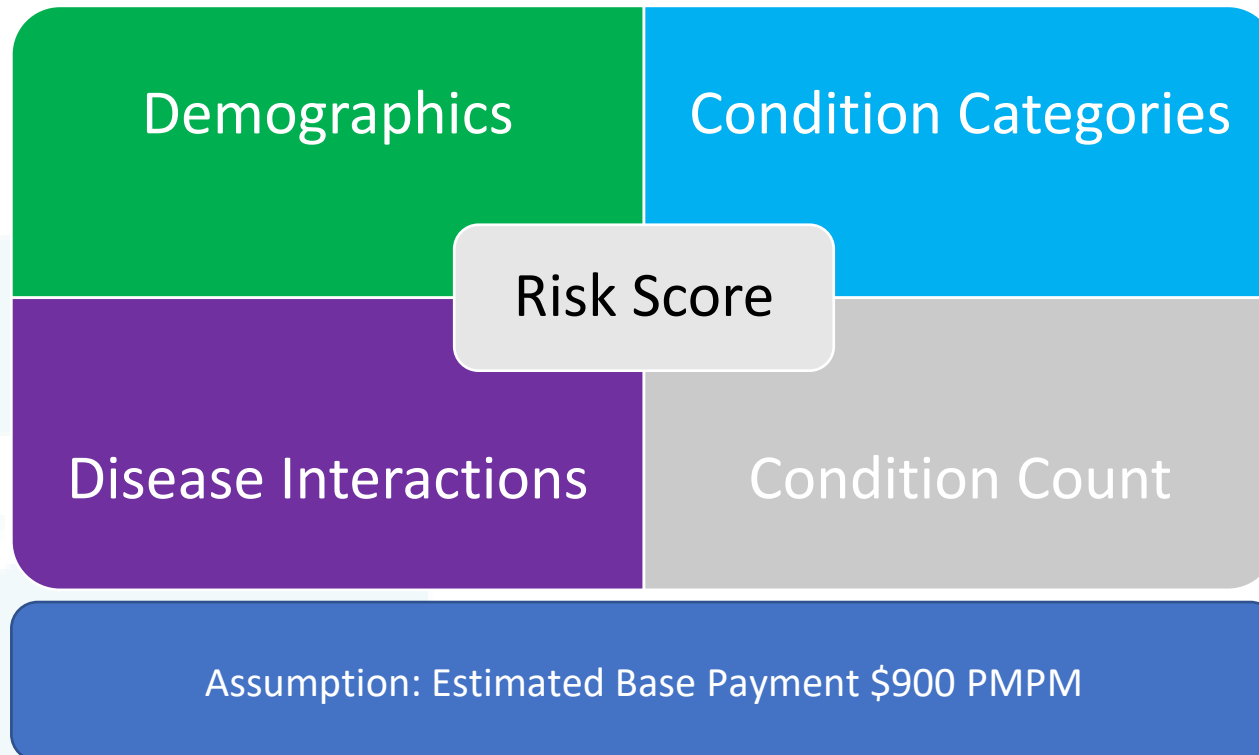


**CMS HCC Risk Adjustment Model** –uses a patient’s health status and demographic information to calculate a risk score in order to establish a baseline for how much it will cost to provide care to that patient.



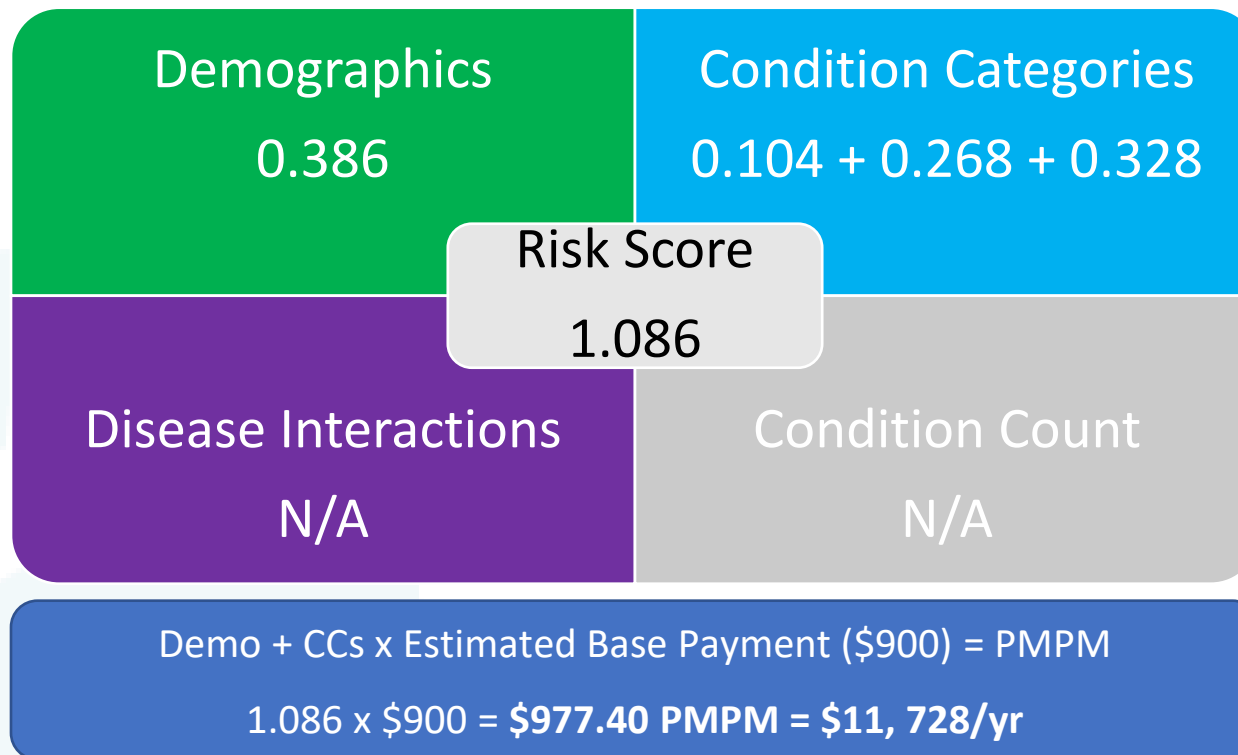
## Risk Adjustment – Risk Adjustment Factor/Risk Score

- **Risk Adjustment Factor (RAF)** scores assigned by CMS to each beneficiary based on demographic and disease-related factors such as location, age, gender, disability, Medicaid, and health status.



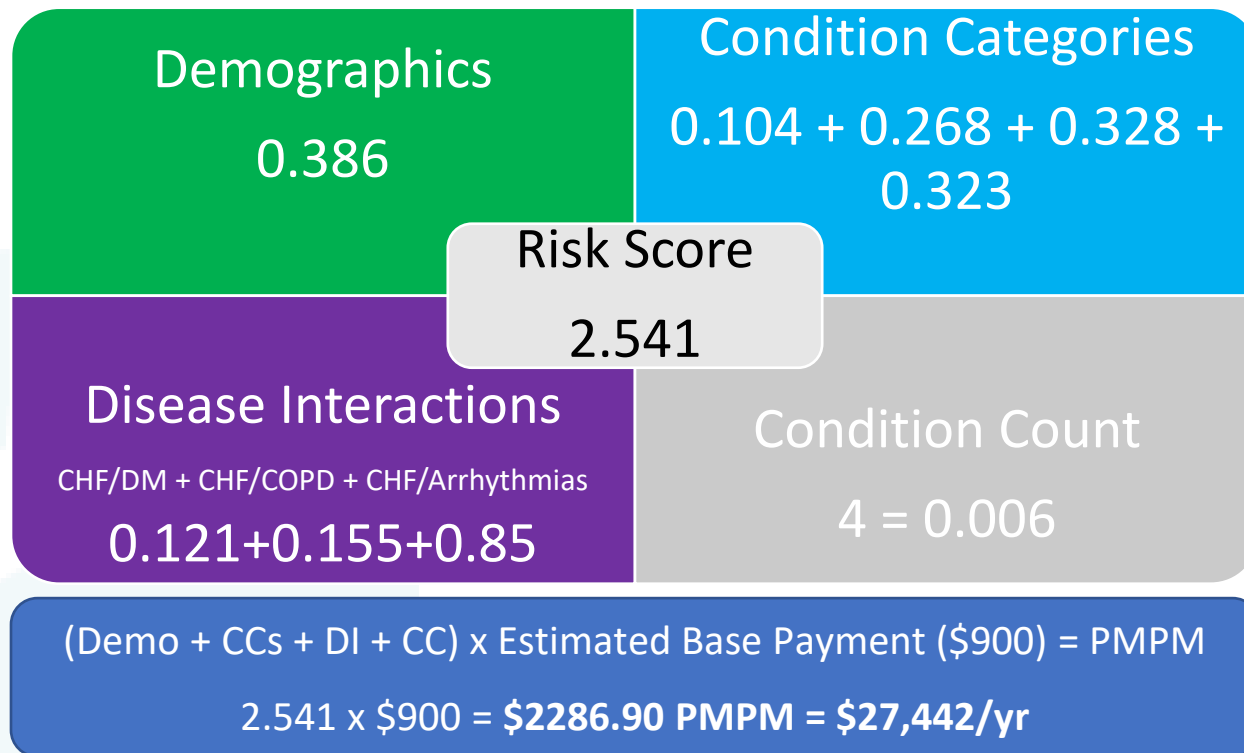
## Risk Adjustment – RAF Scoring

- Scenario #1:** 75yo female (Not: originally disabled, Medicaid, ESRD, or institutionalized), with T2DM w/o complications (E11.9), A-Fib (I48.91), COPD (J44.9), and uncoded CHF (I50.9).



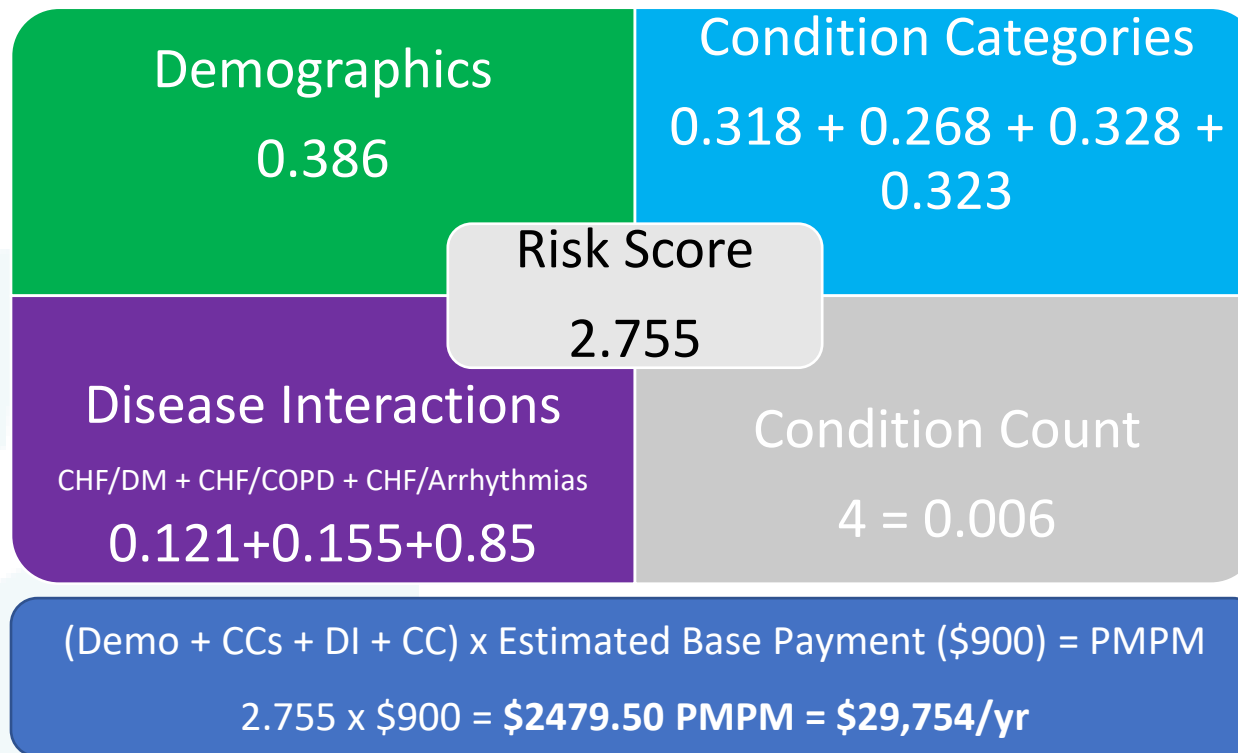
## Risk Adjustment – RAF Scoring

- Scenario #2:** 75yo female (Not: originally disabled, Medicaid, ESRD, or institutionalized), with T2DM w/o complications (E11.9), A-Fib (I48.91), COPD (J44.9), AND CHF (I50.9).



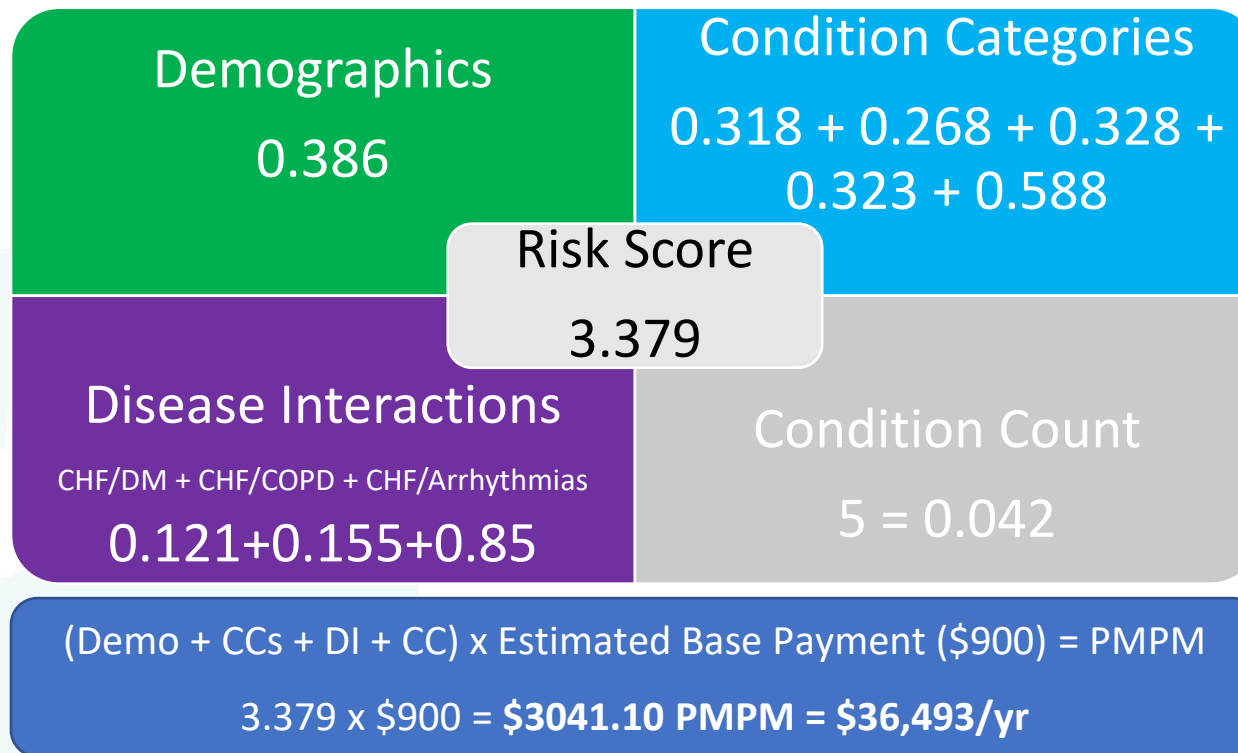
## Risk Adjustment – RAF Scoring

- Scenario #3:** 75yo female (Not: originally disabled, Medicaid, ESRD, or institutionalized), with T2DM w/(complications) diabetic neuropathy (E11.40), A-Fib (I48.91), COPD (J44.9), and CHF (I50.9).



## Risk Adjustment – RAF Scoring

- Scenario #4:** 75yo female (Not: originally disabled, Medicaid, ESRD, or institutionalized), with T2DM w/(complications) diabetic neuropathy (E11.40), A-Fib (I48.91), COPD (J44.9), CHF (I50.9) and BKA (Z89.519).



# Risk Adjustment – RAF Scoring

## Scenario 1

75yo female (Comm,Non-Dual, Aged)	0.386
DM w/o complications (E11.9 = HCC 19)	0.104
DM w/ neuropathy (E11.40 = HCC 18)	Not Coded
A-fib (I48.91 = HCC 96)	0.268
COPD (J44.9 = HCC 111)	0.328
CHF (I50.9 = HCC 85)	Not Coded
BKA (Z89.519 = HCC 189)	Not Coded
Disease Interactions	0
Condition Count ( ≥4 )	0
<b>Total raw RAF Score</b>	<b>1.086</b>
<b>PMPM</b>	<b>\$977.4</b>
<b>Annual</b>	<b>\$11,728</b>

## Scenario 2

75yo female (Comm,Non-Dual, Aged)	0.386
DM w/o complications (E11.9 = HCC 19)	0.104
DM w/ neuropathy (E11.40 = HCC 18)	Not Coded
A-fib (I48.91 = HCC 96)	0.268
COPD (J44.9 = HCC 111)	0.328
<b>CHF (I50.9 = HCC 85)</b>	<b>0.323</b>
BKA (Z89.519 = HCC 189)	Not Coded
Disease Interactions	1.126
Condition Count ( ≥4 )	0.006
<b>Total raw RAF Score</b>	<b>2.541</b>
<b>PMPM</b>	<b>\$2,286.9</b>
<b>Annual</b>	<b>\$27,442</b>

## Scenario 3

75yo female (Comm,Non-Dual, Aged)	0.386
DM w/o complications (E11.9 = HCC 19)	0
<b>DM w/ neuropathy (E11.40 = HCC 18)</b>	<b>0.318</b>
A-fib (I48.91 = HCC 96)	0.268
COPD (J44.9 = HCC 111)	0.328
CHF (I50.9 = HCC 85)	0.323
BKA (Z89.519 = HCC 189)	Not Coded
Disease Interactions	1.126
Condition Count ( ≥4 )	0.006
<b>Total raw RAF Score</b>	<b>2.755</b>
<b>PMPM</b>	<b>\$2,479.5</b>
<b>Annual</b>	<b>29754</b>

## Scenario 4

75yo female (Comm,Non-Dual, Aged)	0.386
DM w/o complications (E11.9 = HCC 19)	0
DM w/ neuropathy (E11.40 = HCC 18)	0.318
A-fib (I48.91 = HCC 96)	0.268
COPD (J44.9 = HCC 111)	0.328
CHF (I50.9 = HCC 85)	0.323
<b>BKA (Z89.519 = HCC 189)</b>	<b>0.588</b>
Disease Interactions	1.126
Condition Count ( ≥4 )	0.042
<b>Total raw RAF Score</b>	<b>3.379</b>
<b>PMPM</b>	<b>\$3,041.1</b>
<b>Annual</b>	<b>\$36,493</b>

## Risk Adjustment – AWV Opportunities

With an HCC recapture goal is  $\geq 80\%$ , what is our best way to get there?

AWV + Recapture =



- Annual Wellness Visits should occur yearly
- Can have a significant effect on HCC recapture rates
- Members with AWVs had almost an 80% recapture rate in PY2020, while members without had 13 points lower.
- The opportunity that the AWV represents for risk adjustment is too great not to capitalize on.

## Risk Adjustment – Documentation

**Documentation is key** for reliable risk scores.

### Monitor

- Signs
- Symptoms
- Disease Progression
- Disease Regression

### Evaluate

- Test Results
- Medication Effectiveness
- Response to Treatment

### Assess

- Ordering Tests
- Discussion
- Records Reviewed
- Counseling

### Treat

- Medications
- Therapies
- Other Modalities

Documentation must support the presence of the condition and indicate the provider's assessment and/or plan for management of the condition.

The provider must show evidence that the individual's conditions were monitored, evaluated, assessed and treated.



## Risk Adjustment – Documentation

### M.E.A.T Documentation Examples

#### Monitor:

- Chronic obstructive pulmonary disease (COPD) – schedule pulmonary function test
- Congestive heart failure (CHF) – repeat echocardiogram shows improved ejection fraction
- Crohn’s disease – patient denies current symptoms

#### Assess:

- Chronic obstructive pulmonary disease with acute bronchitis
- Congestive heart failure – stable on Coreg
- End-stage renal disease (ESRD) requiring dialysis

#### Evaluate:

- COPD exacerbation – lungs with bilateral wheezes
- No findings of congestive heart failure exacerbation
  - Lungs clear to auscultation and no peripheral edema noted on new diuretic
- Crohn’s disease
  - Despite treatment, patient has weight loss of eight pounds in three months and new anemia

#### Treat:

- COPD with acute bronchitis – given prescription for Levaquin
- Compensated congestive heart failure – continue Coreg and keep routine cardiology follow-up appointment next week
- Crohn’s disease – will increase infliximab dosing

## Risk Adjustment – Documentation Specificity

Hepatitis	Bronchitis	Obesity
Acute hepatitis or hepatitis unspecified <b>(NO HCC)</b>	Bronchitis not specified as acute or chronic <b>(NO HCC)</b>	Obesity <b>(NO HCC)</b>
Acute hepatitis with hepatic failure (HCC 27)	Chronic Bronchitis (HCC 111)	Morbid Obesity (HCC 22)
Alcoholic hepatic failure without coma (HCC 28)	CKD	Arrhythmia
Alcoholic hepatic failure with come (HCC 27)	Unspecified, stage 1 or 2 <b>(NO HCC)</b>	Arrhythmia <b>(NO HCC)</b>
Chronic Hepatitis C (HCC 29)	Stage 3 (HCC 138)	V-fib, V-flutter (HCC 84)
	Stage 4 (HCC 137)	

## Risk Adjustment – Documentation

### Medical record documentation should include

- Patient’s name, date of birth, and date of service on each page.
- ALL health conditions including those that coexist at the time of the visit, such as chronic and status conditions.
- Details to code each condition to the highest degree of specificity.
- Patient care treatment and/or management for each condition.
- Provider’s signature, credentials, and date signed.
- Information that is clear, concise, consistent, complete, and legible.

### State the Diagnosis

- The diagnosis must be stated in text and cannot be inferred from lab values, medications, radiology reports, or patient statements.

### Causal relationship & manifestations

- When documenting conditions that have a causal relationship, use linking verbiage to connect the two conditions, such as “with”, “secondary to”, “due to”, or “associated with.”

## Risk Adjustment – Documentation

### Problem Lists

- Each condition in a problem list should be evaluated separately by the provider.
- The documentation should reflect the evaluation, monitoring, and treatment for each condition.

### Avoid terms the imply uncertainty

- "Suspected"
- "Possible"
- "Probable"
- "Apparently"
- "Rule out"
- "Likely"
- "Consistent with"

### Document Status Conditions

- Ostomy status
- Dialysis status
- Amputation status
- Major organ transplant
- Presence of heart assist device
- AIDS or HIV+ status

### Overlooked

- Z99.2 - Dependence on renal dialysis
- This status code for dialysis carries a weight of 0.435 and is commonly often overlooked.

## Risk Adjustment – Diabetes



**Complications of diabetes are the most frequently omitted conditions in physician medical records.**

- Specify the type (Type 1, Type 2, or secondary to – state the causal condition)
- Include the status of diabetes control, as in “well controlled” or “uncontrolled due to hyperglycemia”
- Document with or without complications (fully describe each complication).
  - Complications should be clearly and directly linked to diabetes through use of linking terms such as “with,” “due to,” “secondary to,” “associated with”, “related to”.
  - Document each complication of diabetes with the descriptor “diabetic”, as in “Type 2 diabetes mellitus with diabetic neuropathy and diabetic retinopathy”.

### Diabetes Complications/Manifestations

Ketoacidosis - Ophthalmic manifestations - Neurological manifestations  
 Hyperosmolarity – Coma - Renal complications – Other Specific manifestations (ulcer & location, chronic ulcer) - Peripheral Circulatory Disorders – Unspecified Complications

## Risk Adjustment – COPD

### • COPD

- COPD with acute lower respiratory infection
- COPD with acute exacerbation
- Chronic asthmatic (obstructive)
- Chronic bronchitis with airway obstruction
- Chronic bronchitis with emphysema
- Chronic emphysematous bronchitis
- Chronic obstructive tracheobronchitis
- Chronic obstructive asthma

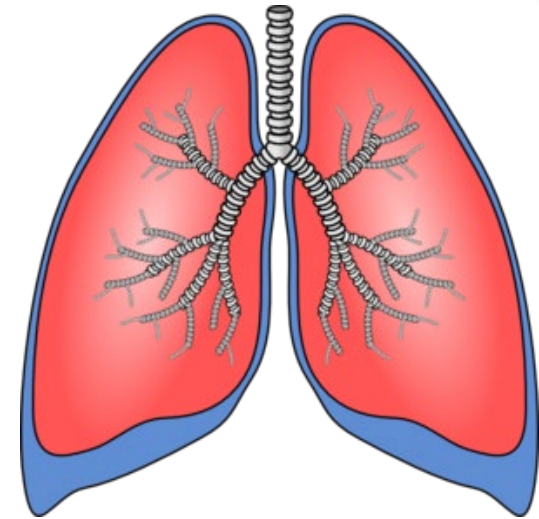


### • Chronic Bronchitis

- Simple Chronic Bronchitis
- Mucopurulent chronic bronchitis
- Mixed simple and mucopurulent bronchitis
- Chronic tracheitis
- Chronic tracheobronchitis

## Risk Adjustment – Conditions - COPD ICD-10

- **Emphysema**
  - Emphysematous bleb
  - Unilateral pulmonary emphysema
  - Pan lobular emphysema
  - Centrilobular emphysema
  - Bullous emphysema
  - Vesicular emphysema
- **Chronic obstructive asthma**



- **Bronchiectasis**
  - With acute exacerbation
  - With acute lower respiratory infection
  - Uncomplicated

## Risk Adjustment – COPD/Pulmonary Documentation

- Do not forget to diagnose and code the following when present
  - Hypoxemia
  - Hypercapnia
  - Acute respiratory failure
  - Chronic respiratory failure
  - Tracheostomy status
  - Oxygen dependence (document the reason for the oxygen)
  - Ventilator Dependence
  - Pneumonia – document and diagnose the type of pneumonia and causative organism, when known.



## Risk Adjustment – Documentation



Accuracy & Specificity of documentation is completely controllable and at your fingertips, literally!

# Thank you for your consideration

R  
E  
M  
E  
M  
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- HCC dx codes **must** be recaptured every year.
- HCC's allow us to create a complete clinical picture of the patient's health/issues so that anyone who reviews their chart understands the patient's overall burden of illness to better care for the patient.
- The more **comprehensive** and **specific** the **diagnoses**, the higher the risk score.
- **Accurately documenting** the patient's conditions ensures that we are correctly measured against our financial benchmark for shared savings.
- **Get those AWVs scheduled** as soon as you can for **optimal HCC recapture!**
- **Documentation** is the biggest variable you can control!



# Thank You

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