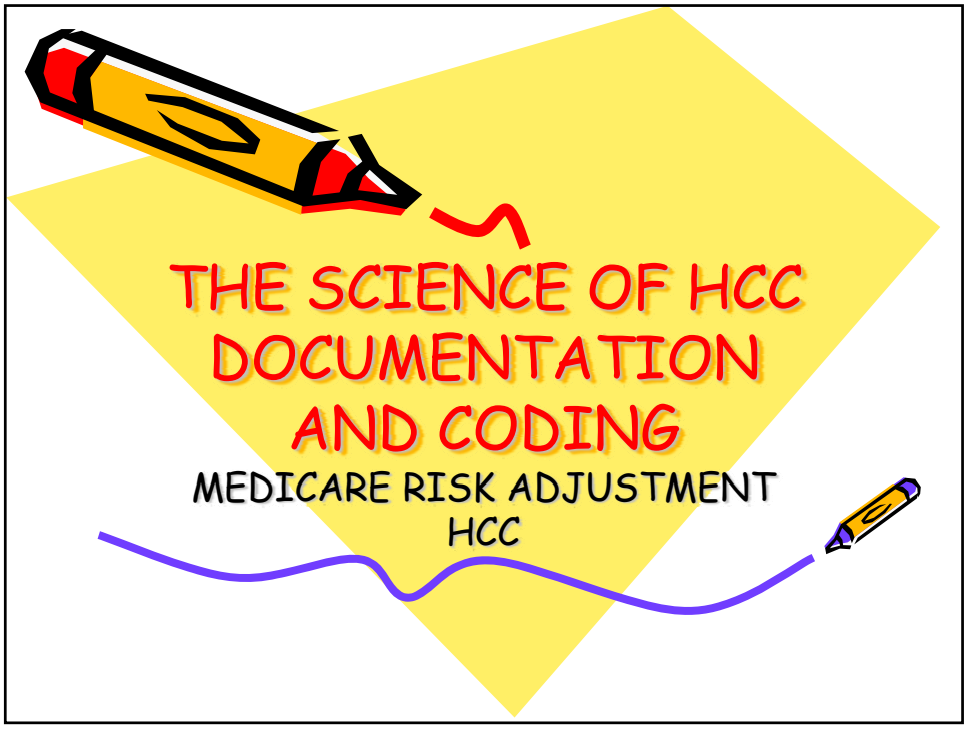
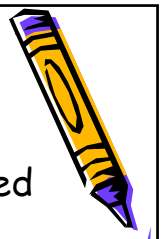


INTRODUCTION

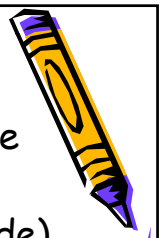
- MEDICARE RISK ADJUSTMENT
- WHAT DIAGNOSES ARE HCC'S AND HOW TO CODE THEM
  - BLUE CODES IN THE PRESENTATION ARE HCC CODES
- DOCUMENTING AND CHOOSING THE CORRECT DIAGNOSIS

MEDICARE RISK ADJUSTMENT



- 2003 MRA payment methodology started
- Prior to 2003 payments made to the health plan was based on demographics
- Between 2003 and 2007 phase in project and since 2007 payment is based 100% based on a set of acute and chronic diagnosis codes (HCC's)

MRA PAYMENTS



- Payment is made to Medicare Advantage Health Plans (not individual providers)
- Per HCC category (not per diagnosis code)
- The payments mentioned in the presentation are based on the patient being enrolled with the health plan for 12 continuous months
- No matter how many times in the year the diagnosis codes is reported it is just one payment

HCC CATEGORIES

- Approx 70 Hierarchical Condition Categories (HCC'S)
- Approx 3600 diagnosis codes
- Mostly chronic but some are acute
- *Provider must see the patient once a year at a minimum with a face-to-face visit and document in the progress note how they are treating, managing or assessing the chronic illness*

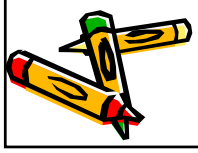
THINK OUT OF THE BOX!

SOAP NOTE

- SUBJECTIVE: documents the CC, HPI, ROS and PFSH (History)
- OBJECTIVE: documents the vitals, physical examination and results of diagnostic tests (Exam)
- ASSESSMENT: documents physician's determination of the patient's condition based on information in the S&O (MDM)
- PLAN: documents plan of care (MDM)

Choosing a Diagnosis Code

- A joint effort between the health care provider and the coder is essential to achieve complete and accurate documentation, code assignment, and reporting of diagnoses and procedures.
- Annual code changes are implemented by the government and are effective Oct 1 of every year and valid through Sept 30 of the following year.

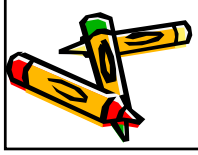


DIABETES MELLITUS

- All important 4th digit
  - 250.00 no complication
  - 250.10 ketoacidosis
  - 250.20 hyperosmolarity
  - 250.30 coma
  - 250.40 renal manifestations
  - 250.50 ophthalmological manifestation
  - 250.60 neurological manifestation
  - 250.70 peripheral circulatory disorders
  - 250.80 other specified manifestations

DIABETES MANIFESTATIONS "BUDDY CODE" SYSTEM

- Use multiple coding techniques 'buddy code" for compound diagnoses
- DM with a manifestation (complication) requires that you document and code the manifestation as well
- Peripheral Neuropathy due to DM
  - 250.60 DM with Neurological manifestations
  - 357.2 Peripheral Neuropathy in DM
- PVD due to DM
  - 250.70 DM with peripheral circulatory disorders
  - 443.81 PVD in diseases classified elsewhere



Diabetes with Manifestation

✓5th **250.6 Diabetes with neurological manifestations** CC 1-3

Use additional code to identify manifestation, as:
diabetic:
amyotrophy (358.1)
▶gastroparalysis (536.3)
gastroparesis (536.3)◀
mononeuropathy (354.0-355.9)
neurogenic arthropathy (713.5)
peripheral autonomic neuropathy (337.1)
polyneuropathy (357.2)

CC Excl: For code 250.61-250.63: See code 250.01

AHA: 2Q, '93, 6; 2Q, '92, 15; 3Q, '91, 9; N-D, '84, 9; **For code 250.60:** 4Q, '03, 105

Diabetes with Manifestation

✓4th **357 Inflammatory and toxic neuropathy**

357.0 Acute infective polyneuritis CC

Guillain-Barré syndrome Postinfectious polyneuritis

CC Excl: 003.21, 013.00-013.16, 036.0, 036.89, 036.9, 041.81-041.89, 041.9, 047.0-047.9, 049.0-049.1, 053.0, 054.72, 072.1, 090.42, 091.81, 094.2, 098.89, 100.81, 112.83, 114.2, 115.01, 115.11, 115.91, 130.0, 139.8, 320.0-320.9, 321.0-321.8, 322.0-322.9, 349.89, 349.9, 357.0

AHA: 2Q, '98, 12

DEF: Guillain-Barré syndrome: acute demyelinatry polyneuropathy preceded by viral illness (i.e., herpes, cytomegalovirus [CMV], Epstein-Barr virus [EBV]) or a bacterial illness; areflexic motor paralysis with mild sensory disturbance and acellular rise in spina fluid protein.

357.1 Polyneuropathy in collagen vasculardisease

Code first underlying disease, as:
disseminated lupus erythematosus (710.0)
polyarteritis nodosa (446.0)
rheumatoid arthritis (714.0)

357.2 Polyneuropathy in diabetes

Code first underlying disease (250.6)

AHA: ▶4Q, '03, 105;◀2Q, '92, 15; 3Q, '91, 9

ESRD-"BUDDY CODE" SYSTEM

- When a patient is on dialysis it requires two codes
  - 585.6 ESRD $2870
  - V45.11 Renal Dialysis Status $10,522

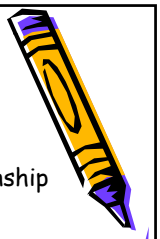
- ESRD on hemodialysis due to Diabetes
  - 250.40 Diabetes w/renal manifestations $3962
  - 585.6 CKD stage VI (ESRD)
  - V45.11 Renal dialysis status $10,522

  - ** CKD hierarchs Nephropathy

DOCUMENTING THE DIABETIC CONNECTION

- Unclear whether "with" will be acceptable with CMS so preferable way to make connection
  - "Due to"
  - "Secondary"
  - "Diabetic"
- Examples:
  - Peripheral Neuropathy due to DM
  - CKD Stage III secondary to DM
  - Diabetic Ulcer
  - Diabetic Retinopathy

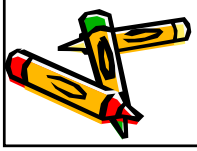
DOCUMENTING THE DIABETIC CONNECTION



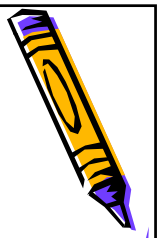
- Coders are not allowed to assume a cause-and-effect relationship
- If you document like this:
  - Assessment
    - 1. Diabetes Type II 250.00 $1263
    - 2. Peripheral Neuropathy 356.9 $2550
    - 3. CKD Stage III 585.3 $2870

- **These will be coded separately and the highest Diabetes HCC code will be missed**

- If you document like this, then the highest HCC in the diabetes will be captured:
  - Assessment
    - 1. Diabetic peripheral neuropathy 250.60 & 357.2 $2550
    - 2. CKD III due to Diabetes 250.40 $3962 & 585.3 $2870

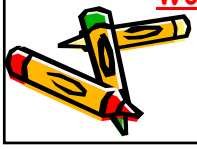


ULCERS- NON PRESSURE VS PRESSURE



- Two types of ulcers
  - Non-pressure or chronic $3502
  - Pressure or Decubitus $8993
- Pressure ulcer is a higher HCC than a non-pressure so important to "think out of the box" and document and code it correctly
  - Stage I pressure ulcer of sacrum
    - 707.03
    - 707.21
  - Diabetic ulcer on the calf
    - 250.80 DM with other specified manifestations
    - 707.12 Ulcer of the calf

- ** **Wounds are not HCC's**

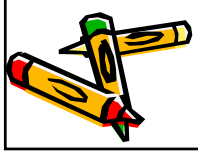


COMMONLY MISCODED EVENTS

- CVA – Acute condition that can only be documented and coded during the initial episode of care – 434.9X
  - Once the patient is discharged from hospital documentation should reflect H/O CVA, S/P CVA or Old CVA V12.54
  - UNLESS THEY HAVE A LATE EFFECT!
- Late effects of CVA should be documented and coded as such
  - CVA with hemiplegia/hemiparesis 438.20
  - CVA with dysphagia 438.82
- Myocardial infarction "MI" – acute condition that can be documented and coded as acute for up to 8 weeks duration – 410.9X
  - If past 8 weeks then "Old MI" 412

COMMONLY MISCODED EVENTS

- Pathologic Fracture of the Vertebrae – fracture due to bone structure weakening by pathological processes (e.g., osteoporosis, neoplasms) 733.13
  - This is not the same as a Compression Fracture of the Vertebrae, unless it is specified as Non-traumatic

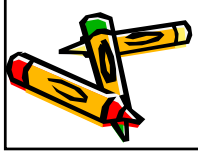


COMMONLY MISCODED EVENTS

- Acute DVT (initial episode of care)
  - 453.40
- Chronic DVT (on an anti-coagulant)
  - 453.50
- H/O DVT (not on an anti-coagulant)
  - V12.51
- Need to document "chronic DVT" if patient is on an anti-coagulant
- Same guidelines for Pulmonary Embolism

COMMONLY MISCODED EVENTS

- Cancer – is an HCC if there is current treatment to the site
  - Treatment to the site is considered
    - Chemotherapy, Radiation or Adjunct therapy
    - Or if patient elects not to have any treatment
  - Breast Ca – on Tamoxifan, Arimidex, Femara etc. would be considered adjunct therapy 174.9
    - Documentation needs to say "Breast Ca on Tamoxifan"
      - If not then H/O Breast cancer V10.3
  - Prostate Ca – on Lupron, Casodex or Zoladex would be considered adjunct therapy 185
    - Documentation needs to say "Prostate Ca on Lupron"
      - If not then H/O Prostate cancer V10.46

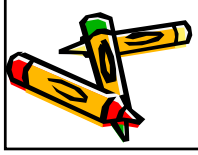


METASTATIC CANCER

- Mets is the highest HCC $17,753 – only if the site it has metastasized to is documented
  - H/O Breast Ca with Mets to lung V10.3 & 197.0
  - Prostate Ca on Lupron with bone Mets 185 & 198.82
  - H/O Colon Ca with Mets to the liver V10.05 & 197.7
- If you document like this the highest HCC opportunity will be missed
  - Metastatic Breast Ca $1622 (if Breast ca is under treatment) 174.9 & 199.1
  - Metastatic Colon Ca $1622 (if Colon ca is under treatment) 154.0 & 199.1
  - Lung Ca with Mets $8213 (if Lung ca is under treatment) 162.9 & 199.1
  - H/O Lung Ca with Mets $1622 V10.11 & 199.1

ALCOHOL AND DRUG DEPENDENCE

- Alcohol dependence, Chronic alcoholism or Alcoholism in remission 303.90 & 303.93
- Drug dependence or Drug dependence in remission
- (opiate, anxiolytic, sedative, hypnotic, hallucinogen or amphetamine) 304.90 & 304.93
- Patient has arrived at a stage of physical dependency and would experience physical signs of withdrawal with sudden cessation
- ****Alcohol abuse and drug abuse are not HCC's! 305.XX**



MAJOR DEPRESSION / MALNUTRITION

- Major depression 296.XX
  - PHQ9 score >10
  - 5 of 9 DSMIV criteria
  - Medication
  - Following with a mental health provider
  - **if only "Depression" 311 is documented…it is not an HCC code!
- Protein Calorie Malnutrition 263.X
  - Commonly used indicators
    - Albumin <3.4
    - 10% unintentional weight loss in 6-12 mos
    - 5% unintentional weight loss in 3-6 mos
    - BMI <18.5, especially with a co-morbidity
    - Poor nutrition or loss of appetite
    - Wasting appearance or muscle wasting

COMMON OMISSIONS YEAR OVER YEAR

- Artificial openings
  - Gastrostomy V44.1
  - Colostomy V44.3
  - Tracheostomy V44.0
  - Ileostomy V44.2
- Amputations
  - BKA V49.75
  - AKA V49.76
  - Foot V49.73
  - Toe V49.71 or V49.72
- AAA – Abdominal aortic aneurysm 441.4 (w/o repair)
- Aortic Atherosclerosis 440.0

MALFUNCTIONS/ COMPLICATIONS

- Mechanical complication of device, implant or graft 996.XX
  - Vascular, Nervous, Genitourinary, Internal orthopedic
- Infection/Inflammatory reaction due to internal device, implant or graft 996.XX
  - Cardiac
  - Vascular
  - Nervous system
  - Indwelling catheter
  - Internal joint prosthesis, ortho or prosthetic device
- Other complications of device, implant or graft – occlusion, embolism, fibrosis, hemorrhage, pain, stenosis, thrombus 996.XX
  - Vascular device, implant or graft
  - Nervous system device, implant or graft
  - Genitourinary device, implant or graft
  - Internal joint prosthesis

DOCUMENTATION TIPS

- Don't document "H/O" of any disease that currently exists.
  - The statement "history of" in ICD-9 terms means that the patient no longer has this condition. However, "H/O" is ok when documenting some status conditions such as an Amputation, Old MI or Cancer
- Rule of thumb in coding is
  - If a patient is on a medication for a condition and if the medication were to be stopped, would the condition resume, and the answer is mostly likely or yes, then you still code the condition.
    - Examples
      - H/O CHF – pt is on lasix 428.0
      - H/O Angina – pt has nitroquick 413.9
      - H/O COPD – pt is on Advair 496
- This also applies to a pacemaker for SSS or Complete or 3rd degree heart block…if the SSS or Heart Block is documented you can still code it 427.81 or 426.0

TREATING, MANAGING OR ASSESSING THE CHRONIC CONDITIONS

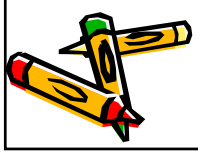
- In order for CMS to make the payment to the health plan the diagnoses submitted must be from a face-to-face visit and the visit must indicate how the chronic conditions are being treated, managed or assessed
  - Sample language

Assessment	Plan
Stable	Monitor
Improved	D/C meds
Tolerating meds	Continue meds
Deteriorating	Refer

  - Example: Hypertensive CKD III, stable well controlled, continue meds
  - Example: COPD, stable on Advair

Critical Success Factors – Coding Guidelines

- "Probable", "suspected", "questionable", "R/O", "versus", "working diagnosis", "?", "likely" etc. cannot be coded!
- Code the condition to the highest degree of certainty for that encounter/visit, such as symptoms, signs, abnormal test results, or other reason for the visit.



CRITICAL SUCCESS FACTORS – CODING GUIDELINES

- A medical record entry must
  - Be legible
  - Support all diagnoses coded
  - Be complete and accurate
  - Have a provider signature and credentials
  - Identify the patient and date of service
  - Document the patient's progress and results of treatment
  - Justify the treatment and level of care
  - Use only standard abbreviations and keep them to a minimum
  - Promote continuity of care among the healthcare providers

PROGRESS NOTES SCOTCH TAPE VS DUCT TAPE

SPECIFICITY

Don't report this (Does not risk adjust)	If the pt really has (Does risk adjust)
311 Depression	296.XX Major Depression
493.90 Asthma	493.20 Chronic Obst Asthma
	496 COPD/492.8 Emphysema
490 Bronchitis	491.9 Chronic Bronchitis
414.01 CAD	413.9 Angina 411.1 Unst Angina
427.89 Cardiac Dysth	427.31 Atrial Fib
577.0 Pancreatitis	577.1 Chronic Pancreatitis
070.70 Hepatitis C	070.54 Chronic Hepatitis C
805.8 Fx of Vertebrae	733.13 Path FX of Vertebrae
436 CVA	438.20 Lt Eff CVA Hemiplegia

THINK OUT OF THE BOX!

TOP TEN HCC GROUPS

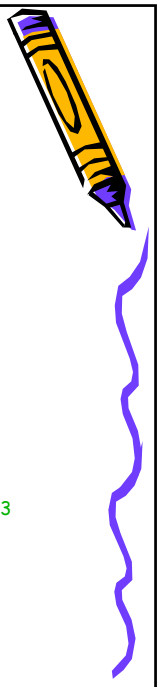
COPD $3112
- 496 COPD
- 493.20 Asthma w/chronic COPD (Chronic Obstructive Asthma)
- 491.9 Chronic Bronchitis
- 492.8 Emphysema

CHF $3198
- 428.0 CHF
- 425.4 Primary Cardiomyopathy (Ischemic is not an HCC)
- 402.91 Hypertensive Heart Disease w/heart failure

Vascular Disease $2465
- 443.9 Peripheral Vascular Disease
- 443.81 PVD in other diseases (diabetes)
- 453.40 Acute DVT
- 440.0 Atherosclerosis of Aorta
- 441.4 Abdominal Aortic Aneurysm

Cancer $1622-$8213
- All malignant neoplasm's including Melanoma but not skin cancer
- All secondary malignant neoplasm's - Highest HCC if site is documented $17,753

Ischemic Heart Disease $2215
- 411.1 Unstable Angina



TOP TEN HCC GROUPS

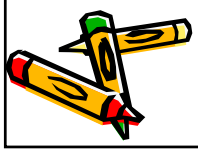
Specified Heart Arrhythmia $2285
- 426.0 Complete AV block
- 427.31 Atrial Fibrillation
- 427.81 Sick Sinus Syndrome

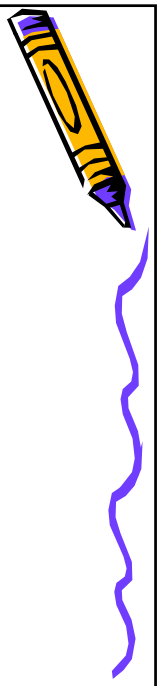
Diabetes $1264 - $3962
- all diabetes (250.XX) and most of the manifestations

Ischemic or Unspecified Stroke $2067
- 436 CVA
- 434.91 Unspecified cerebral artery occlusion, w/infarction

Angina/Old MI $1903
- 413.9 Angina
- 412 Old MI

Rheumatoid Arthritis & Inflammatory Connective Tissue Disease $2699
- 714.0 Rheumatoid Arthritis
- 710.0 SLE
- 725 Polymyalgia Rheumatica
- 720.2 Sacroiliitis





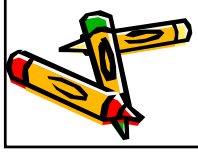
OTHER COMMON HCC CODES

340 Multiple Sclerosis
332.0 Parkinson's
345.90 Seizure Disorder
362.02 Proliferative Diabetic Retinopathy
042 HIV
571.5 Liver Cirrhosis
556.9 Ulcerative Colitis
344.1 Paraplegia
344.00 Quadriplegia

CASE SCENARIO

- Mrs. Taylor is a 75 yr old diabetic female who presents to the office. She was discharged from the hospital 3 days ago. CC: coughing for several weeks, SOB, feels tired easily. Social HX: Lives at home with husband, smokes 2 pack a day for 40 yrs. PMH: Pt was diagnosed with CHF by cardiologist. EF -45% O2 sats on RA is 78%. VS: 135/85 R-26, P-90. Pt has O2 at home. ROS: Resp-smoker's cough and tachypnea. Reviewed labs from D/C summary. ABG 02 sats-82% PA02-55mmhg. Diabetes is controlled.
- Assessment: Cough, CHF
- Plan: Meds refilled: Coreg, Lasix and Vasotec and Glucophage. Home 02. Refer to Pulmonologist and Cardiologist. Restrict salt and fluid intake. Weigh daily. Smoking cessation counseling given. Rtn: 2 months.

- Coded and billed for this visit 786.2 and 428.0



RAF (RISK ADJUSTED FACTOR) DIFFERENCE

• Cough	786.2	0	
• CHF	428.0	0.41	
• Demographic		.454	
• Total RAF		0.864	$6739

• Smoker's Cough	491.0	0.399	
• CHF	428.0	0.41	
• Diabetes	250.00	0.162	
• Demographic		.454	
• Total RAF		1.425	$11,115

CASE SCENARIO

Mrs. Smith, an 85 year old white female who lives at home alone. Patient presents with symptoms consistent w/UTI. She feels more tire and has less energy, poor appetite. She had a heart attack (MI) a year ago. Patient has mild degree of malnutrition, frail and has lost 30 lbs in 6 mos. A urinalysis shows white cells and leukocyte esterase and micro albuminuria. Serum creatinine 1.4 patient is complaining of urinary discomfort, weakness, has dry and itchy skin last 6 mos. PMH: Diabetic Nephropathy, R-BKA status stable and UTI. Lab findings revealed CKD III.

Assessment and Plan: DM-Glucophage 500mg BID, UTI – Cipro, Malnutrition – Ensure supplements Rtn in 3 mos. Refer to Nephrologist for CKD

Coded and billed for this visit was DM 250.00 & UTI 599.0

RAF DIFFERENCE

- DM 250.00 .162
- UTI 599.0 0
- Demographic .454
- Total RAF .616 $4805

- What the documentation supports and could have been added to the assessment
  - Assessment: CKD III due to DM, Protein Calorie Malnutrition, R BKA status due to DM and Old MI

• DM w/renal manifestations	250.40	.508	
• CKD III	585.3	.368	
• Malnutrition	263.9	.856	
• DM w/peripheral circulatory manif	250.70		
• BKA	V49.75	.678	
• OLD MI	412	.244	
• Demographic		.454	
• Total RAF		3.108	$24,242

CONTACT INFORMATION

- Susan Wyatt, CPC, CPC-I, CPMA, CMM
- HCC Risk and Education Manager
- CareMore Health Plan
- 12900 Park Plaza Dr.
- Cerritos, California 90703
- Susan.wyatt@caremore.com