

TheCodingConsultant.com

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MIPS, MACRA, RAF, HCC, CPC, CPT, ICD-10, EM Auditing, CPC Boot Camps, Compliance and Certification

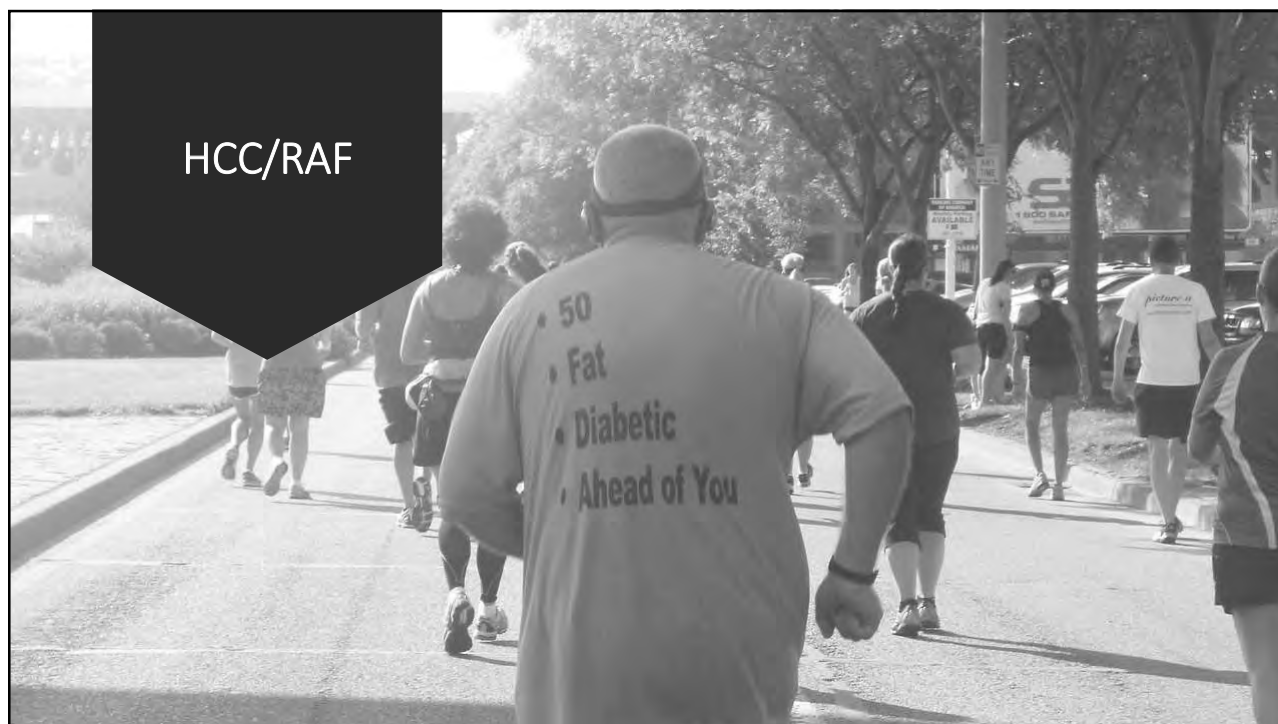
Understanding ICD-10 & HCCs

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Discussion Points

Risk Adjustment Factor
Financial Impact
ICD-10cm and Risk
Common HCCs

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<div data-bbox="259 1432 646 1575" data-label="Text"><p>HCC/Risk Adjustment Model</p></div>	<p><u>Purpose:</u></p> <p>The Risk Adjustment Model allows insurance companies an opportunity to forecast future expenditures on each patient within the risk model based on your ICD-10 coding. It also helps ensure proper reimbursement for outpatient and inpatient services you provide every day.</p>
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Various (HCC) Hierarchical Condition Category Models

CMS-HCC	HHS-HCC (Commercial HCC)
Developed by CMS for risk adjustment of the Medicare Advantage Program (Medicare Part C)	Developed by the Department of Health and Human Services (HHS)
CMS also developed a CMS RxHCC model for risk adjustment of Medicare Part D population	Designed for the commercial payer population
Based on aged population (over 65)	HHS-HCCs predict the sum of medical and drug spending
Current year data predictive of future year risk	Includes all ages

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How Does It Work?



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How It Works

- Per CMS, the diagnosis codes are recorded **per year**, meaning each condition must be documented and coded each year.
- Diagnoses that demonstrate similar resource usage are categorized together.
- CMS designed the equation so that the average Medicare FFS patient has the score of 1.00.

E11.9 ICD-10
↓
19 HCC
↓
RAF (bucket) Score = .106

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72,748 CODES
IN ICD-10CM
FOR 2022

9,600 OF THOSE CODES
WILL BE ASSIGNED AN HCC
NUMBER

THOSE 9,600 HCCS ARE
THEN PUT INTO JUST OVER
86 UNIQUE RISK
ADJUSTMENT “BUCKETS”

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The “Big Seven” HCC Codes To Remember

E66.01 <u>Morbid Obesity</u>					
I10-I13 <u>HTN</u>	I50.9 <u>Heart Failure</u>	E11.22 / 65 <u>Diabetes</u>	N18.1-6 <u>CKD</u>	F32.0-5 <u>Depression</u>	J44.9 <u>COPD</u>
HTN Heart Disease	HTN with HF	DM with Hyperglycemia	HTN with CKD	Bipolar	
HTN CKD		DM with Proliferative Diabetic Retinopathy	DM with CKD	Schizophrenia	
HTN Heart Disease w CKD		DM with Complications	ESRD		
			Renal Dialysis Z99.2		

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Typical Southern Medicare Patient

- HTN- I10 Risk Score = 0
- DM – E11.9 Risk Score = .105
- HPL – E78.2 Risk Score = 0
- 65 Y/O male Risk Score = .301

0.4

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Goal
1.0-2.0



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Financial
Impact



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Equation

Add Up the total RAF score at the end of the year for a patient (don't double dip)

Multiply by the conversion factor

$$.4 \times 9,000 = 3,600$$

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A patient with Hypertension is seen in a provider's office. The patient also has stage 4 CKD, uncontrolled DM and is currently taking insulin. The patient's BMI is 40 and has a history of left great toe amputation because of uncontrolled DM. Currently the patient is Alcohol Dependent, in remission.

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A patient with Hypertension is seen in a provider's office. The patient also has stage 4 CKD, uncontrolled DM and is currently taking insulin. The patient's BMI is 40 and has a history of left great toe amputation because of uncontrolled DM. Currently the patient is Alcohol Dependent, in remission.

Diagnosis	ICD-10	HCC	RAF	Projected Expenditures
HTN	I10	NA	0	\$ -
DM	E11.9	19	0.105	\$ 945.00
Future Expenditures				\$ 945.00

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A patient with Hypertension is seen in a provider's office. The patient also has stage 4 CKD, uncontrolled DM and is currently taking insulin. The patient's BMI is 40 and has a history of left great toe amputation because of uncontrolled DM. Currently the patient is Alcohol Dependent, in remission.

Diagnosis	ICD-10	HCC	RAF	Projected Expenditures
HTN - CKD 4	I12.9	N/A	0	\$ -
CKD 4	N18.4	137	0.289	\$ 2,601.00
DM - Hyperglycemia	E11.65	18	0.302	\$ 2,718.00
Alcohol Remission	F10.21	55	0.368	\$ 3,312.00
Use of Insulin	Z79.4	19	0.105	Double Dip with E11.65
Absence of Toe	Z89.412	189	0.519	\$ 4,671.00
Morbid Obesity	E66.01	22	0.25	\$ 2,250.00
BMI 40	Z68.41	22	0.25	Double Dip with E66.01
Future Expenditures				\$ 15,552.00

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Tips and Tricks



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Code all Coexisting Conditions

ICD-10 Guidelines

ICD-10-CM: Section IV. Diagnostic Coding and Reporting Guidelines for Outpatient Services


G. ICD-10-CM code for the diagnosis, condition, problem, or other reason for encounter/visit

List first the ICD-10-CM code for the diagnosis, condition, problem, or other reason for encounter/visit shown in the medical record to be chiefly responsible for the services provided. List additional codes that describe any coexisting conditions. In some cases the first-listed diagnosis may be a symptom when a diagnosis has not been established (confirmed) by the physician. (ICD-10-CM, 2013 Draft)

J. Code all documented conditions that coexist

Code all documented conditions that coexist at the time of the encounter/ visit and require or affect patient care treatment or management. Do not code conditions that were previously treated and no longer exist. However, history codes (categories Z80-Z87) may be used as secondary codes if the historical condition or family history has an impact on current care or influences treatment.

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Important To Remember

We are now saying it's OK to select ICD-10 codes for conditions that can impact the patient's care – you are simply validating that this patient has this disease

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MEAT
<p>M - Monitoring E - Evaluating A - Assessing T - Treatment</p> <ul style="list-style-type: none"> • Monitor - signs, symptoms, disease progression, disease regression • Evaluate - test results, medication effectiveness, response to treatment • Assess/Address - ordering tests, discussion, review records, counseling • Treat- medications, therapies, other modalities <p>The following is an example of supporting documentation:</p> <p>Congestive Heart Failure – Symptoms well controlled with Lasix and ACE inhibitor. Continue current medications. FU with Cardiology as scheduled.</p>

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Codes Can Be

Code Assignment for CMS Submission

Codes may be assigned from the body of the note when supported by the documentation in the following areas:

- History of present illness (HPI)
- Physical examination (PE)
- Assessment
- Impression
- Plan

Codes will **not** be assigned from list such as:

- Active problems
- Current problem
- Problems

Codes will **not** be reported if diagnoses are documented as:

- Probable
- Suspected
- Questionable
- Rule out
- Working diagnosis
- Or other similar terms indicating uncertainty as stated by ICD-10-CM guidelines.

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Suspect Medical Condition

How Managed Care companies try to get us to use this data now

Suspect Medical Condition Assessment Tracker - For Internal Use Only			
Patient Name	Date of Birth	Phone	# Suspect Conditions / #
Care Provider Name: ZIAID, SYED	UIC Member ID	Date of Service	
Medical Record Number			
UnitedHealthcare uses claims and other supplemental data to identify suspect medical conditions in your patients who are our Medicare Advantage plan members. We provide a list of these conditions by member in (UIC)Transitions78 Health ID.			
We rely on - and are grateful for - your clinical expertise and judgment with assessing suspect medical conditions during office visits. To help support your efforts, we created this tracker tool to use when preparing for an upcoming appointment with a member.			
Before the appointment add this tracker to the member's medical chart so the care provider can easily review and check off the conditions assessed during the visit.			
This document is only a tool - It doesn't replace medical record documentation, and can't be submitted for claim payment or to UIC/Transitions (Health ID). If a condition is diagnosed, please document it properly in the member's medical record and include the appropriate ICD-10 code(s) on your claim.			
STATUS: Not Assessed CONDITION: Other Significant Endocrine and Metabolic Disorders SUSPECT DETAIL: Previously Coded, ICD10: E26.1 Secondary Hyperaldosteronism	Suspect Condition Added on 07/04/2019	<input type="checkbox"/> Assessed and condition documented in medical record / appropriate code submitted <input type="checkbox"/> Assessed and unable to diagnose at this time <input type="checkbox"/> Not assessed at this time	
STATUS: Not Assessed CONDITION: Unstable Angina and Other Acute Ischemic Heart Disease SUSPECT DETAIL: Previously Coded, ICD10: I25.110 Atherosclerotic heart disease of native coronary artery with unstable angina pectoris	Suspect Condition Added on 07/04/2019	<input type="checkbox"/> Assessed and condition documented in medical record / appropriate code submitted <input type="checkbox"/> Assessed and unable to diagnose at this time <input type="checkbox"/> Not assessed at this time	
STATUS: Not Assessed CONDITION: Specified Heart Arrhythmias SUSPECT DETAIL: Previously Coded, ICD10: I47.1 Supraventricular tachycardia	Suspect Condition Added on 07/04/2019	<input type="checkbox"/> Assessed and condition documented in medical record / appropriate code submitted <input type="checkbox"/> Assessed and unable to diagnose at this time <input type="checkbox"/> Not assessed at this time	
STATUS: Not Assessed CONDITION: Vascular Disease SUSPECT DETAIL: Previously Coded, ICD10: E11.91 Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene	Suspect Condition Added on 07/04/2019	<input type="checkbox"/> Assessed and condition documented in medical record / appropriate code submitted <input type="checkbox"/> Assessed and unable to diagnose at this time <input type="checkbox"/> Not assessed at this time	
STATUS: Not Assessed CONDITION: Chronic Obstructive Pulmonary Disease SUSPECT DETAIL: Previously Coded, ICD10: J44.9 Chronic obstructive pulmonary disease, unspecified	Suspect Condition Added on 07/04/2019	<input type="checkbox"/> Assessed and condition documented in medical record / appropriate code submitted <input type="checkbox"/> Assessed and unable to diagnose at this time <input type="checkbox"/> Not assessed at this time	
STATUS: Not Assessed CONDITION: Seizure Disorders and Convulsions SUSPECT DETAIL: ICD10: R56.9 Epilepsy, unspecified	Suspect Condition Added on 07/04/2019	<input type="checkbox"/> Assessed and condition documented in medical record / appropriate code submitted <input type="checkbox"/> Assessed and unable to diagnose at this time <input type="checkbox"/> Not assessed at this time	

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12 ICD-10 Codes Per Claim

The image shows a CMS-1500 medical claim form. Two black arrows highlight the ICD-10 code fields. One arrow points to the 'ICD-10' field in section 14, and the other points to the 'ICD-10' field in section 15. The form includes various fields for patient information, dates, and codes.

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Stroke Sequelae and Personal Hx

163.9 Cerebral infarction, unspecified

- 160-162: Non-traumatic intracranial hemorrhage (i.e., spontaneous subarachnoid, intracerebral, or subdural hemorrhages)
- 163: Cerebral infarctions (i.e., due to a vessel thrombosis or embolus)
- 165-166: Occlusion and stenosis of cerebral or precerebral vessels without infarction
- 167-168: Other cerebrovascular diseases
- 169: Sequelae of cerebrovascular disease (late effect)

Codes from category I69 with codes from I60-I67

Codes from category I69 may be assigned on a health care record with codes from I60-I67, if the patient has a current cerebrovascular disease and deficits from an old cerebrovascular disease.

Codes from category I69 and Personal history of transient ischemic attack (TIA) and cerebral infarction (Z86.73)

Codes from category I69 should not be assigned if the patient does not have neurologic deficits.

I69 Sequelae of cerebrovascular disease

Category I69 is to be used to indicate conditions in I60-I67 as the cause of sequelae. The "sequelae" include conditions specified as such or as residuals which may occur at any time after the onset of the causal condition (I60-I67.9, I69-I69.998)

- personal history of cerebral infarction without residual deficit (Z86.73)
- personal history of prolonged reversible ischemic neurologic deficit (Z86.73)
- personal history of reversible ischemic neurologic deficit (RIND) (Z86.73)
- sequelae of traumatic intracranial injury (S06.-) (S06-S06.9X9S)
- transient ischemic attack (TIA) (G45.9) (G45.9)

169.951 Late effects of cerebrovascular disease, right dominant side code dominant or non-dominant right or left side

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Cancer & Hx of Cancer

➡ Can continue to code for Breast and/or Prostate Cancer when a patient continues adjuvant Rx with Tamoxifen, or Lupron respectively – (or other agent)

Primary malignancy previously excised

➡ When a primary malignancy has been previously excised or eradicated from its site and there is no further treatment directed to that site and there is no evidence of any existing primary malignancy, a code from category Z85, Personal history of malignant neoplasm, should be used to indicate the former site of the malignancy. Any mention of extension, invasion, or metastasis to another site is coded as a secondary malignant neoplasm to that site. The secondary site may be the principal or first-listed with the Z85 code used as a secondary code.

Follow-up

The follow-up codes are used to explain continuing surveillance following completed treatment of a disease, condition, or injury. They imply that the condition has been fully treated and no longer exists. They should not be confused with aftercare codes, or injury codes with a 7th character for subsequent encounter, that explain ongoing care of a healing condition or its sequelae. Follow-up codes may be used in conjunction with history codes to provide the full picture of the healed condition and its treatment. The follow-up code is sequenced first, followed by the history code.

A follow-up code may be used to explain multiple visits. Should a condition be found to have recurred on the follow-up visit, then the diagnosis code for the condition should be assigned in place of the follow-up code.

The follow-up Z code categories:

Z08 Encounter for follow-up examination after completed treatment for malignant neoplasm

Putting it all Together

So, for a patient coming in for an evaluation of a previously treated breast cancer, and no further treatment is being provided would be coded:

Z08 – Encounter for follow-up examination after completed treatment for malignant neoplasm

Z85.3 – Personal history of malignant neoplasm of breast

Z90.1 – Acquired absence of breast and nipple (fifth character = 1 if right and 2 if left)

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Myocardial Infarctions

I21

Up to 4 weeks

I22

Another MI during 4 weeks

I25.2

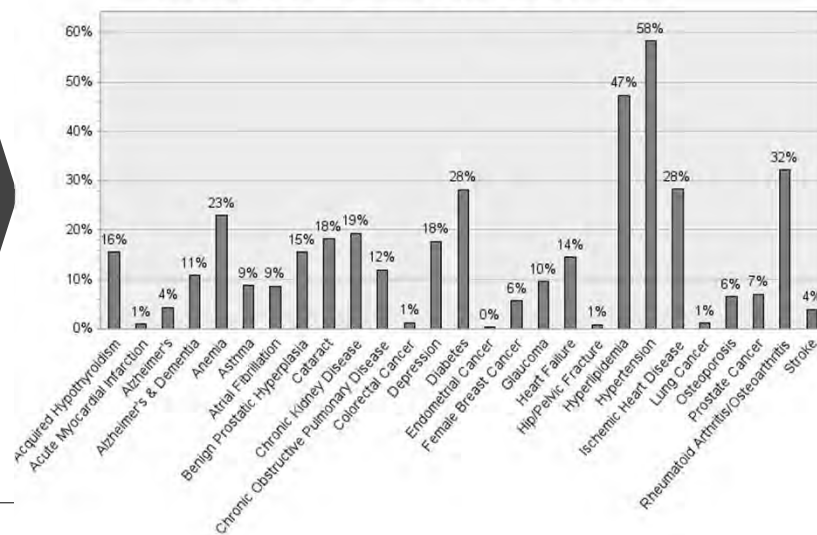
Old or healed

For encounters occurring while the myocardial infarction is equal to, or less than, four weeks old, including transfers to another acute setting or a postacute setting, and the myocardial infarction meets the definition for “other diagnoses” (see Section III, Reporting Additional Diagnoses), codes from category I21 may continue to be reported. For encounters after the 4 week time frame and the patient is still receiving care related to the myocardial infarction, the appropriate aftercare code should be assigned, rather than a code from category I21. For old or healed myocardial infarctions not requiring further care, code I25.2, Old myocardial infarction, may be assigned.

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SOURCE: Chronic
Condition Data
Warehouse (CCW).
Medicare
Beneficiary
Summary Files.

Medicare - CCW Condition Period Prevalence, 2015

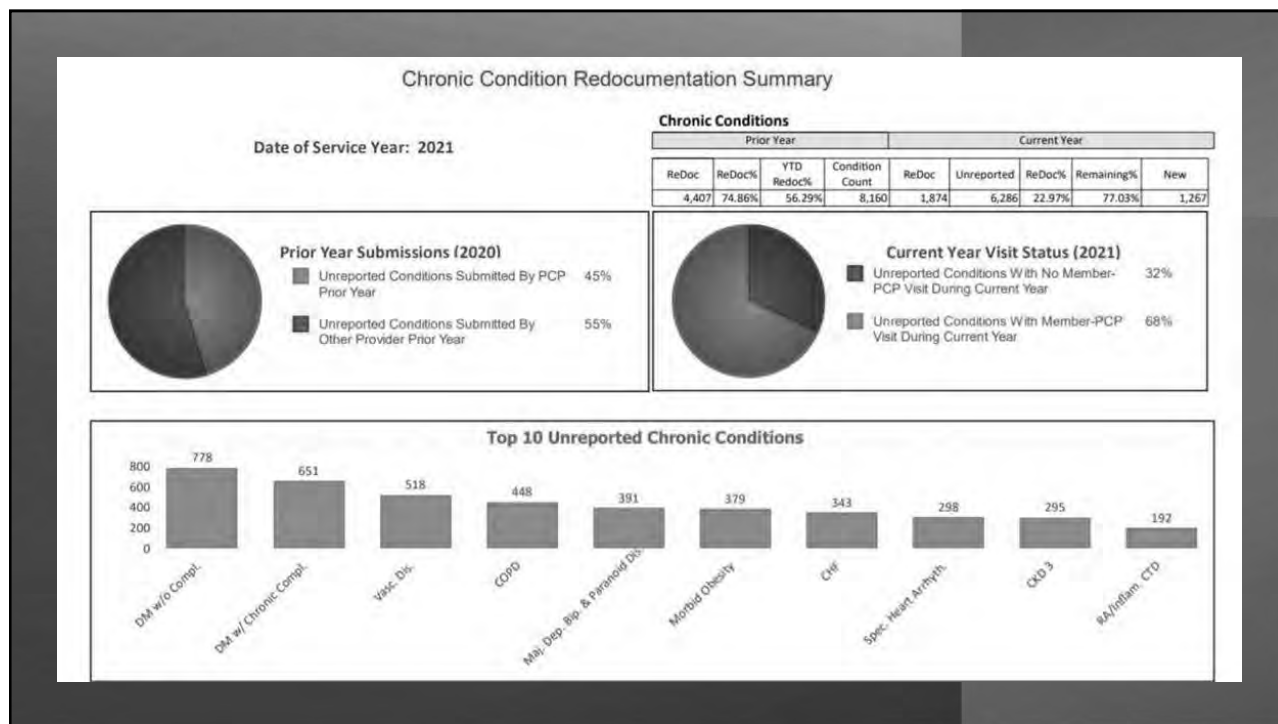


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Common
HCCs We Miss
Everyday



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The “Big Seven” HCC Codes To Remember

E66.01					
<u>Morbid Obesity</u>					
I10-I13	I50.9	E11.22 / 65	N18.1-6	F32.0-5	J44.9
<u>HTN</u>	<u>Heart Failure</u>	<u>Diabetes</u>	<u>CKD</u>	<u>Depression</u>	<u>COPD</u>
HTN Heart Disease	HTN with HF	DM with Hyperglycemia	HTN with CKD	Bipolar	Schizophrenia
HTN CKD		DM with Proliferative Diabetic Retinopathy	DM with CKD		
HTN Heart Disease w CKD			ESRD		
			Renal Dialysis Z99.2		
		DM with Complications			

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**Only document the diagnosis one time per year –
January through December**

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RAF	HCC	DX	MORBID OBESITY		
0.250	22	E6601	Morbid (severe) obesity due to excess calories	530	744
0.250	22	E662	Morbid (severe) obesity with alveolar hypoventilation	-214	
0.250	22	Z6841	Body mass index (BMI) 40.0-44.9, adult		
0.250	22	Z6842	Body mass index (BMI) 45.0-49.9, adult		
0.250	22	Z6843	Body mass index (BMI) 50-59.9, adult		
0.250	22	Z6844	Body mass index (BMI) 60.0-69.9, adult		
0.250	22	Z6845	Body mass index (BMI) 70 or greater, adult		

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RAF	HCC	DX	HYPERTENSION
0	NA	I10	Essential (primary) hypertension, stable
HTN AND HEART DISEASE			
0.331	85	I110	Hypertensive heart disease with heart failure <i>Use additional code for heart failure</i>
0	NA	I119	Hypertensive heart disease without heart failure
HTN AND CKD			
0.289	136	I120	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease <i>Use additional code for CKD</i>
0	NA	I129	Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease <i>Use additional code for CKD</i>
HTN AND HEART DISEASE AND CKD			
0	NA	I130	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease <i>Use additional code for heart failure</i> <i>Use additional code for CKD</i>
0	NA	I1310	Hypertensive heart and chronic kidney disease without heart failure, with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease <i>Use additional code for CKD</i>
0.289	136	I1311	Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease <i>Use additional code for CKD</i>
0.289	136/85	I132	Hypertensive heart and chronic kidney disease with heart failure, with stage 5 chronic kidney disease, or end stage renal disease <i>Use additional code for heart failure</i> <i>Use additional code for CKD</i>

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RAF	HCC	DX	HEART FAILURE
0.135	88	I209	Angina
0.331	85	I270	Pulmonary HTN
0.331	85	I2781	Cor Pulmonale (chronic)
0.331	85	I429	Cardiomyopathy
0.331	85	I501	Left ventricular failure
0.331	85	I5020	Unspecified systolic (congestive) heart failure
0.331	85	I5021	Acute systolic (congestive) heart failure
0.331	85	I5022	Chronic systolic (congestive) heart failure
0.331	85	I5023	Acute on chronic systolic (congestive) heart failure
0.331	85	I5030	Unspecified diastolic (congestive) heart failure
0.331	85	I5031	Acute diastolic (congestive) heart failure
0.331	85	I5032	Chronic diastolic (congestive) heart failure
0.331	85	I5033	Acute on chronic diastolic (congestive) heart failure
0.331	85	I5041	Acute combined systolic (congestive) and diastolic (congestive) heart failure
0.331	85	I5042	Chronic combined systolic (congestive) and diastolic (congestive) heart failure
0.331	85	I5043	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure
0.331	85	I509	Heart failure, unspecified
			1,179 1,210 -31

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RAF	HCC	DX	CHRONIC KIDNEY DISEASE			
0	NA	N181	Stage 1, CKD			
0	NA	N182	Stage 2, CKD			
0.069	138	N18.3*	Stage 3, CKD	532	776	-244
0.289	137	N184	Stage 4, CKD			
0.289	136	N185	Stage 5, CKD			
0.289	136	N186	Stage 6, CKD			

RAF	HCC	DX	DIALYSIS			
0.435	134	Z992	Dependence on renal dialysis			
0.435	134	Z9115	Patient's noncompliance with renal dialysis			

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RAF	HCC	DX	TYPE 2 DIABETES MELLITUS			
0.105	19	E119	Type 2 diabetes mellitus without complications	1,350	896	454
TYPE 2 DM WITH KIDNEY COMPLICATIONS						
0.302	18	E1121	with diabetic nephropathy			
0.302	18	E1122	with diabetic chronic kidney disease <i>Use additional code for CKD</i>			
0.302	18	E1129	with other diabetic kidney complication			
TYPE 2 DM WITH NEUROLOGICAL COMPLICATIONS						
0.302	18	E1140	with diabetic neuropathy, unspecified			
0.302	18	E1141	with diabetic mononeuropathy			
0.302	18	E1142	with diabetic polyneuropathy			
0.302	18	E1143	with diabetic autonomic (poly)neuropathy			
0.302	18	E1149	with other diabetic neurological complication			
TYPE 2 DM WITH CIRCULATORY COMPLICATIONS						
0.302	18	E1151	with diabetic peripheral angiopathy without gangrene			
0.302	18	E1152	with diabetic peripheral angiopathy with gangrene			
0.302	18	E1159	with other circulatory complications			
TYPE 2 DM WITH OTHER COMPLICATIONS						
0.302	18	E11610	with diabetic neuropathic arthropathy			
0.302	18	E11620	with diabetic dermatitis			
0.302	18	E11621	with foot ulcer			
0.302	18	E11621	<i>Use additional code for foot ulcer - I97 series -</i>			
0.302	18	E11622	with other skin ulcer			
0.302	18	E11628	with other skin complications			
0.302	18	E11630	with periodontal disease			
0.302	18	E11638	with other oral complications			
0.302	18	E11649	with hypoglycemia without coma			
0.302	18	E1165	with hyperglycemia	1,489	1,796	-307
0.302	18	E1169	with other specified complication			
0.105	19	Z794	Long term (current) use of insulin			

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RAF	HCC	DX	COPD			
0.335	111	J42	Chronic Bronchitis			
0.335	111	J439	Emphysema			
0.335	111	J410	Smokers Cough			
0.335	111	J440	COPD with acute lower respiratory infection			
0.335	111	J441	COPD with acute exacerbation			
0.335	111	J449	COPD, unspecified	974	1,234	-260

RAF	HCC	DX	VASCULAR DISEASE			
0.288	108	173.9	Peripheral Vascular Disease	1,374	1,520	-146
0.288	108	I82.40*	DVT, Acute			
0.288	108	I82.50*	DVT, Chronic			

RAF	HCC	DX	VASCULAR DISEASE			
0.191	48	D57.1	Sickle-cell disease without crisis	461	531	-71
1.368	46	D57.219	Sickle-cell/Hb-C disease with crisis, unspecified			

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RAF	HCC	DX	CARDIOVASCULAR			
0.135	88	I25119	Artherosclerotic heart disease of native coronary artery with unspecified angina pectoris			
0.268	96	I470	Re-entry ventricular arrhythmia			
0.268	96	I471	Supraventricular tachycardia			
0.268	96	I472	Ventricular tachycardia	1,509	1,586	-77
0.268	96	I479	Paroxysmal tachycardia, unspecified			
0.268	96	I480	Paroxysmal atrial fibrillation			
0.268	96	I4811	Persistent atrial fibrillation			
0.268	96	I4820	Chronic atrial fibrillation			
0.268	96	I483	Typical atrial flutter			
0.268	96	I484	Atypical atrial flutter			
0.268	96	I4891	Unspecified atrial fibrillation			
0.268	96	I4892	Unspecified atrial flutter			
0.268	96	I492	Junctional premature depolarization			
0.268	96	I495	Sick sinus syndrome			

RAF	HCC	DX	PSYCHIATRIC			
0.524	57	F209	Schizophrenia			
0.524	57	F259	Schizoaffective Disorder			
0.309	59	F304	Manic episode in full remission			
0.309	59	F308	Other manic episodes			
0.309	59	F309	Manic episode, unspecified			
0.309	59	F319	Bipolar disorder, unspecified			
0.309	59	F320	Major depressive disorder, single episode, mild	591	984	-392
0.309	59	F339	Major depression, recurrent			
0.309	59	F34.81	Disruptive mood dysregulation disorder			
0.309	59	F349	Persistent mood [affective] disorder, unspecified			
0.309	59	F39	Unspecified mood [affective] disorder			

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RAF	HCC	DX	DRUG DEPENDENCE		
0.368	55	F1020	Alcohol dependence, uncomplicated		
0.368	55	F1021	Alcohol dependence, in remission		
0.368	55	F1220	Cannabis dependence, uncomplicated	76	226
0.368	55	F1120	Opioid dependence, uncomplicated		-150

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RAF	HCC	DX	ACQUIRED ABSENCE		
0.519	189	Z89411	Acquired absence of right great toe		
0.519	189	Z89412	Acquired absence of left great toe		
0.519	189	Z89421	Acquired absence of other right toe(s)		
0.519	189	Z89422	Acquired absence of other left toe(s)		
0.519	189	Z89431	Acquired absence of right foot		
0.519	189	Z89432	Acquired absence of left foot		
0.519	189	Z89441	Acquired absence of right ankle		
0.519	189	Z89442	Acquired absence of left ankle		
0.519	189	Z89511	Acquired absence of right leg below knee		
0.519	189	Z89512	Acquired absence of left leg below knee		
0.519	189	Z89611	Acquired absence of right leg above knee		
0.519	189	Z89612	Acquired absence of left leg above knee		

RAF	HCC	D	MUSCULOSKELETAL DISORDERS		
0.421	40	M329	Lupus		
0.421	40	M3500	Sjogren's Syndrome		
0.421	40	M069	Rheumatoid Arthritis	728	774
0.421	40	M064	Inflammatory Polyarthropathy		-46
0.421	40	M353	Polymyalgia Rheumatica		

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The “Big Seven” HCC Codes To Remember

E66.01 <u>Morbid Obesity</u>					
I10-I13 <u>HTN</u>	I50.9 <u>Heart Failure</u>	E11.22 / 65 <u>Diabetes</u>	N18.1-6 <u>CKD</u>	F32.0-5 <u>Depression</u>	J44.9 <u>COPD</u>
HTN Heart Disease	HTN with HF	DM with Hyperglycemia	HTN with CKD	Bipolar	
HTN CKD		DM with Proliferative Diabetic Retinopathy	DM with CKD	Schizophrenia	
HTN Heart Disease w CKD		DM with Complications	ESRD		
			Renal Dialysis Z99.2		

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DM with CKD – E11.22 – Also, BMI was 35 – E66.01

Illnesses - breast CA, DM2, HTN, hyperlipidemia, GERD
 Recurrent oral aphthae
 Localized edema
 Chronic kidney disease, stage 2 (mild)
 Dysuria
 Elevated C-reactive protein (CRP)
 Abnormal results of pulmonary function studies
 Abnormal electrocardiogram [ECG] [EKG]
 Type 2 diabetes mellitus without complications
 Hyperlipidemia, unspecified
 Carpal tunnel syndrome, left upper limb

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Major Problem: Chronic obstructive pulmonary disease, unspecified: ICD10 = J44.9 / ICD9 = 496 / SNOMED = 13645005

Major Problem: Interstitial pulmonary disease, unspecified : ICD10 = J84.9 / ICD9 = 515 / SNOMED = 233703007

Major Problem: Rheumatoid arthritis, unspecified: ICD10 = M06.9 / ICD9 = 714.0 / SNOMED = 69896004
Diagnosis: Abnormal results of liver function studies : ICD10 = R94.5 / ICD9 = 790.5 / SNOMED = 166643006

Missed the M06.9 and the J44.9 carries a higher HCC than the J84.9 – use both, the system will just drop the J84.9 (HCC 112)

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Morbid Obesity – E66.01

Vital Signs:

BP: 132/72, Pulse: 86

Temperature: 97.3 F, Height: 5'10", Weight: 286 lbs

Oximetry: 96 %

BMI: BMI of 41.04 kg/m2 qualifies as morbidly obese.

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F39 – Mood Disorder

Clinical Information

- A category of psychiatric disorders which have as their most predominant feature a disturbance in mood.
 - Disorders in which the essential feature is a severe disturbance in mood (depression, anxiety, elation, and excitement) accompanied by psychotic symptoms such as delusions, hallucinations, gross impairment in reality testing, etc.
 - Emotional behavior inappropriate for one's age or circumstances, characterized by unusual excitability, guilt, anxiety, or hostility.
 - Mental disorders characterized by a disturbance in mood which is abnormally depressed or elated. Compare emotional stability or emotionally disturbed.
 - Most people feel sad or irritable from time to time. They may say they're in a bad mood. A mood disorder is different. It affects a person's everyday emotional state. Nearly one in ten people aged 18 and older have mood disorders. These include
 - major depressive disorder
 - dysthymic disorder (a chronic, mild depression)
 - bipolar disorder (also called manic depression)
- mood disorders can increase a person's risk for heart disease, diabetes, and other diseases. Treatments include medication, psychotherapy, or a combination of both. With treatment, most people with mood disorders can lead productive lives.
- Those disorders that have a disturbance in mood as their predominant feature.

ICD-10-CM F39 is grouped within Diagnostic Related Group(s) (MS-DRG v39.0):

- 885 Psychoses

Convert F39 to ICD-9-CM

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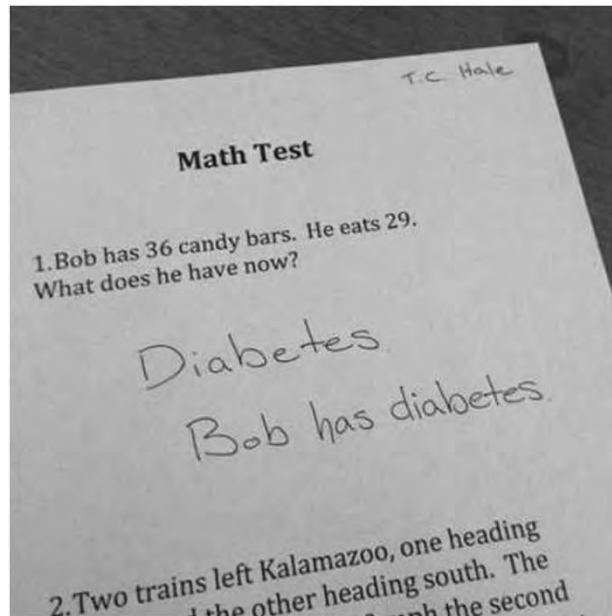
Major Problem: Major depressive disorder, single episode, un ICD10 = F32.9 / ICD9 = / SNOMED = 36923009

Avoid F32.9 – no HCC value – be more specific

<u>F32.0</u>	Major depressive disorder, single episode, mild
<u>F32.1</u>	Major depressive disorder, single episode, moderate
<u>F32.2</u>	Major depressive disorder, single episode, severe without psychotic features
<u>F32.3</u>	Major depressive disorder, single episode, severe with psychotic features
	Single episode of major depression with mood-congruent psychotic symptoms
	Single episode of major depression with mood-incongruent psychotic symptoms
	Single episode of major depression with psychotic symptoms
	Single episode of psychogenic depressive psychosis
	Single episode of psychotic depression
	Single episode of reactive depressive psychosis
<u>F32.4</u>	Major depressive disorder, single episode, in partial remission
<u>F32.5</u>	Major depressive disorder, single episode, in full remission

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Importance of This



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QPP and MIPS

- Diabetes & A1C

1	Diabetes Only – Age 18-75 (<u>Age on Date of Service</u>)				Date of Service	Dx Code
Most recent hemoglobin A1c (HbA1c) <7.0% (3044F)	Most recent hemoglobin A1c (HbA1c) level 7.0 to 7.9% (3051F)	Most recent hemoglobin A1c (HbA1c) level 8.0 to 9.0% (3052F)	Most recent hemoglobin A1c level > 9.0% (3046F)			E10-E13

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ACO Wellness Visit Results 2017 & 2018* by Provider

PCP Name	Total AWV Completed 2017	Total AWV Completed 2018	Total AWV Unscheduled or Incomplete 2018
Independent Providers			
Provider 1	80%	84%	16%
Provider 2	88%	88%	12%
Provider 3	91%	92%	8%
Provider 4	89%	62%	38%
Provider 5	96%	95%	5%
Provider 6	91%	93%	7%
Provider 7	95%	92%	8%
Provider 8	60%	49%	51%
Provider 9	86%	90%	10%
Provider 10	0%	50%	50%
Provider 11	79%	72%	28%
Provider 12	72%	62%	38%
Grand Total	82%	76%	24%

*Wellness statistics do not include permanent residence nursing home beneficiaries, deceased beneficiaries or beneficiaries found to be unassigned or out of network.

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So, You Must Know These Codes -

G0402

G0438

G0439

G0444

99406

99495

99497

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YTD HCC CODING OPPORTUNITY EXAMPLES

Patient	DIAGNOSIS	2017	2018	DIFFERENCE
Patient 1	Amputation Status, Lower Limb/Amputation Complications	0.59		0.59
Patient 1	Diabetes with Chronic Complications	0.32	0.32	-
Patient 1	Diabetes without Complication	0.10	0.10	-
Patient 1	Ischemic or Unspecified Stroke	0.26	0.26	-
Patient 1	Major Head Injury	0.19	0.19	-
Patient 1	Other Significant Endocrine and Metabolic Disorders	0.23		0.23
Patient 1	TOTAL	1.69	0.88	0.82
Patient	DIAGNOSIS	2017	2018	DIFFERENCE
Patient 2	Breast, Prostate, and Other Cancers and Tumors	0.15	-	0.15
Patient 2	Chronic Obstructive Pulmonary Disease	0.33	-	0.33
Patient 2	Diabetes with Chronic Complications	0.32	-	0.32
Patient 2	Diabetes without Complication	0.10	0.10	-
Patient 2	Specified Heart Arrhythmias	0.27	-	0.27
Patient 2	Vascular Disease	0.30	0.30	-
Patient 2	TOTAL	1.46	0.40	1.06
PATIENT	DIAGNOSIS	2017	2018	DIFFERENCE
Patient 3	Major Depressive, Bipolar, and Paranoid Disorders	0.40	-	0.40
Patient 3	Specified Heart Arrhythmias	0.27	0.27	-
Patient 3	Vascular Disease	0.30	-	0.30
Patient 3	TOTAL	0.96	0.27	0.69

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The “Big Seven” HCC Codes To Remember

E66.01

Morbid Obesity

I10-I13

HTN

HTN Heart Disease

HTN CKD

HTN Heart Disease w CKD

I50.9

Heart Failure

HTN with HF

E11.22 / 65

Diabetes

DM with Hyperglycemia

DM with Proliferative Diabetic Retinopathy

DM with Complications

N18.1-6

CKD

HTN with CKD

DM with CKD

ESRD

Renal Dialysis Z99.2

F32.0-5

Depression

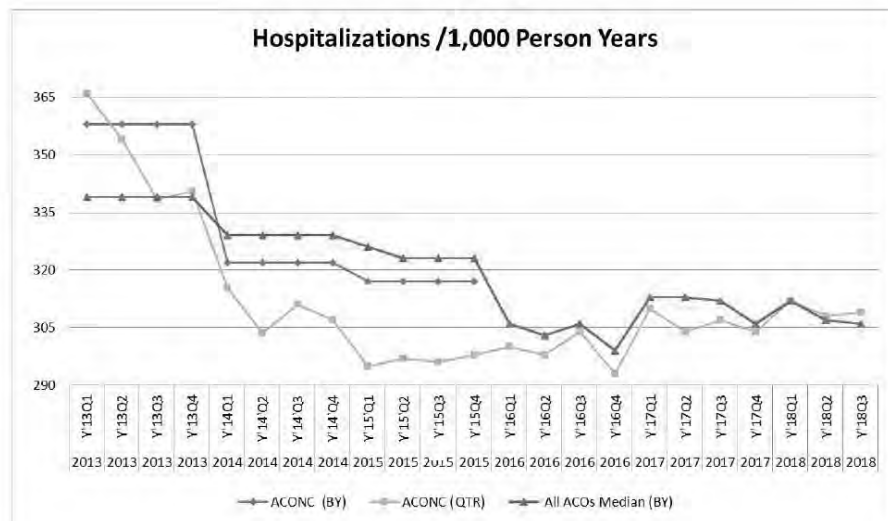
Bipolar

Schizophrenia

J44.9

COPD

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Discussion Points

Risk Adjustment Factor
Financial Impact
ICD-10cm and Risk
Common HCCs

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Questions



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Services

- Chart Reviews
- Education and Workshops
- Seminars for individuals, groups, specialty societies, and hospitals

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