Overview of Risk Adjustment Coding Capture

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Agenda

- Risk Adjustment Coding Capture Overview
  - Patient Management of Care Plan
- ICD-10 CM Codes Reset January 1st, 2022
- Risk Adjustment Coding Supports Patient Care
- Documentation Best Practice Supporting Risk Adjustment Coding Capture
  - Documenting Patient Conditions
  - Annual Chronic Condition Capture
  - Coding Capture Examples
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- NEPHO Coding Opportunity
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Risk Adjustment Supports Reimbursement

- Risk adjustment in payment models refers to the practice of accounting for the differences in the underlying risk (i.e., expected costs) of patient populations.
- It would be unfair to compare the costs incurred of a healthy member to that of a sick member without properly adjusting for the expected cost of each person based on his/her health status.
- However, risk adjustment is not just a payment model mechanism. Successful capture of risk enables obtaining a complete and accurate picture of your patients' acuity, which is critical to ensuring proper reimbursements, effectively managing costs of your high-risk members, and delivering high quality care.
- Developing a risk adjustment coding program is critical for any risk-bearing provider and requires establishing end-to-end processes that engage both physicians and patients.

Chronic Condition Capture Review

- Report everything from the office visit that affects the plan of care for the chronic condition.
- Chronic conditions must be coded annually with the highest level of specificity.
- All chronic conditions should be discussed and documented when meeting with a new patient. If the condition does not affect the patient's care six months from the initial visit, there is no need to report it again.
- Document only confirmed diagnoses, not suspected conditions.
- Providers must link the chronic condition with the care plan by evaluating, assessing, monitoring, or treating the condition in some way, documenting care they provided or plan to provide.
- If chronic conditions are not linked to the care plan and a data validation audit occurs, the code will be removed and not counted as part of the patient's risk adjustment factor.

Risk Adjustment Factor (RAF) Overview

- Patients with chronic conditions are assigned a risk score based on their overall health status, relative risk that the condition will worsen, and various demographic characteristics.
- The risk adjustment factor (RAF) is a statistical tool that predicts speculated healthcare cost by reported ICD-10 diagnosis codes that identify future risk.
- Risk could include hospital admissions for a chronic condition exacerbation, costly treatments, or ongoing medications that may require consistent funding.
- Providers should annually report all chronic conditions and co-morbidities to the highest level of specificity.
- The more chronic conditions a patient has, the more care may be required, so yearly reporting is crucial to ensure quality of care as well as proper funding.
- If providers do not report all conditions, money funded for a certain patient could be put into a negative balance, creating difficulties for the provider, payer, and patient.

Risk Adjustment Coding Overview

- Chronic Condition Coding provides the necessary information in the patients' records to make sure physicians are proactively monitoring and managing all ongoing chronic conditions.
- It helps reduce costly hospital admissions and emergency room visits, it also provides the framework necessary to ensure that providers are following quality measures that must be reported for value-based payment.
- Detailed documentation and coding encourage more patient engagement, an important part of value-based care. When patient records contain an accurate recap of all ongoing conditions, physicians can more easily discuss these concerns with patients, educating and encouraging them to make lifestyle changes and take a more active role in their care.
- Proper documentation and coding validate and substantiate the cost of care, a critical component of value-based care.

Tips to Document Medical Necessity

- Identify a specific medical reason or focus for the visit (e.g., worsening or new symptoms).
- Document the rationale for ordering tests or referrals.
- Describe how the patient/caregiver has managed chronic conditions from the previous visit to present or explain acute symptoms; status of three chronic conditions may be used for History of Present Illness (HPI) credit.
- Include within the assessment and plan the provider's clinical impression, condition status, and treatment plan for each diagnosis assessed that day.
- Summarize the patient's health (e.g., improved, worsening, not responding as expected) and document services performed, treatments recommended, medication management, education/counseling, and goals of care conversations.
- Represent the patient complexity, overall patient risk level, and any aggregating factors or psychosocial challenges.
- Document initiation of, or changes in, treatment.
- Include patient and nursing instructions, therapies, and medications.

Documentation Supporting Chronic Conditions

- A condition can be coded when documentation states that the condition affects the care, treatment, or management of the patient. This must be documented and cannot be assumed.
  - **Example**: Sugar free cough syrup prescribed due to Type 2 DM
- Medication changes and the condition being treated need to be documented
  - **Example**: Major Depressive Disorder (MDD)-increase Paxil to 50 mg/day
- Conditions can be coded when documentation states condition is being monitored and treated by a specialist.
  - **Example**: Patient on Coumadin for A-fib followed by Cardiology

Diagnosis Capture Supports Accurate Health Status

Select not only the diagnosis codes that describe why the patient was seen but also codes for any chronic conditions that affected treatment choices.

Examples:

- A patient with diabetes presents with severe poison ivy. The physician discusses the diabetes with the patient in deciding whether to use prednisone and documents it in the assessment. The physician should report poison ivy first and diabetes second.
- A patient followed by nephrology for chronic kidney disease (CKD) is seen by his family physician for hypertension, which is not well controlled. The physician considers and documents the CKD when selecting hypertension treatment, and should report hypertension first and CKD second.
- A patient with multiple chronic diseases presents for an annual exam. The physician reviews and documents the status of chronic diseases treated within the practice and by other providers.

If a patient has a serious chronic condition with a manifestation or complication that has its own code, use that code rather than an unspecified code.

Example:

- Code “Type 2 diabetes with retinopathy” instead of “Type 2 diabetes, uncomplicated” or “Varicose veins with inflammation or ulcer” rather than “Varicose veins, unspecified.”

Risk Adjustment Coding Overview

- NEPHO has some very specific coding and documentation practices in place to help support provider HCC performance. The following examples provide guidance to practices that are working to improve risk adjustment coding capture:
  - **Document and code all chronic conditions discussed and documented during a patient encounter:** Chronic and/or permanent diagnoses should be documented as often as they are assessed or treated.
  - **Clarify whether a diagnosis is "current" or "history of":** Anything that is listed as "repaired" or "resolved" should not be coded as current. Providers should be made aware of Z codes that are appropriate for these scenarios.
    - **Example:** Neoplasms that are current code to ICD-10 codes in Chapter 2: Neoplasms
      - Malignant neoplasm of prostate: C61
      - Malignant neoplasm of breast: C50
    - **Example:** Neoplasms that are no longer present should be coded to Chapter 21: Factors Influencing Health Status and Contact with Health Services
      - History of prostate cancer: Z85.46
      - History of breast cancer: Z85.3
  - **Update the patient's problem list regularly:** Make sure all problems listed as active are appropriate and haven't been brought forward (copied and pasted) in error.

Be Sensitive Documenting Patient Conditions

- Patients must feel that a provider is empathetic and does not judge them. This is key not only to discussing weight, but to any subject that comes up. Providers should always try to give honest, straightforward answers and make patients feel at ease.
- A provider should build a relationship based on trust with their patient as this will help support honest conversations that will capture a patient's true health status.
- Sensitivity will help drive positive patient experience and health outcomes.
- Speak honestly and link conditions to overall health status. This will improve health outcomes and improve patient healthcare compliance.
  - **Example:** Patient is morbidly obese with BMI >40. The patient has hypertension and diabetes. The weight does affect their other conditions. Discussing treatment to reduce weight will help improve their hypertension and diabetes. An overall treatment plan will improve all areas of health.
- Document in a non-judgmental way to better support management of care.
- Documenting accurate health status of patient will support continuity of care.

Top HCC Categories

- A patient's risk score is captured accurately by coding their disease and conditions to the highest specificity. HCCs conditions that are organized into body systems or similar disease processes. The top HCC categories include:
  - Major depressive and bipolar disorders
  - Asthma and pulmonary disease
  - Diabetes
  - Specified heart arrhythmias
  - Congestive Heart Failure
  - Breast and prostate cancer
  - Rheumatoid arthritis
  - Cancer: Colorectal, breast, kidney (examples)

Coding Capture Example 1

- Patient has his annual exam visit. He has Type 2 diabetes that is being controlled through diet and salt intake. His A1c is at goal. He is taking Lisinopril for his hypertension and has hyperlipidemia. He has stopped smoking and is eating a low fat diet that has helped reduce his lipid levels. He is currently seeing urology for his thyroid cancer that was identified this past year. Overall he is following his treatment plan. I have encouraged weight lose due to his obesity and BMI is >40. I will plan to see him in 3 months for his follow-up and hope to see weight reduction.
- Coding by provider:
  - Diabetes Type 2: E11.9
  - Hypertension: I10
  - Thyroid Cancer: C73
- Accurate Coding Capture:
  - Thyroid Cancer: E78.5
  - Diabetes Type 2 with complications: E11.69
  - Hypertension: I10
  - Hyperlipidemia: E78.5
  - Morbid Obesity E66.01
  - BMI>40: Z68.41

Coding Capture Example 2

- Coding Annual Visits as Z00.00 only, not addressing Chronic Conditions
- Chronic Conditions:
  - Diabetes Type 2: current A1c: 8.9
  - Takes an oral diabetes Rx
  - Overdue diabetes eye exam and patient has cataracts
  - CKD 2
  - COPD
    - Provider coded Z00.00 only and did not address chronic conditions
- Accurate Coding Capture:
  - Diabetes with CKD 2: E11.22, N18.2
  - Diabetes long term oral Rx: Z79.84
  - Diabetes with cataract: E11.36, H26.9
  - CKD 2: N18.2
  - COPD: J44.9

Coding Capture Example 3

- Providers are still missing Morbid Obesity Coding Capture Accurately. BMI>35 will risk adjust. The E code and Z code must be captured together for the coding to risk adjust. An estimated $2800 will go into a patient budget to support Obesity annual care: Nutrition, Weight Counseling, and Medication.
- Provider Example: Patient weight is 307lbs their BMI>45
  - Coding Capture: Morbid Obesity Z66.01
  - Accurate Coding Capture should be: Morbid Obesity Z66.01, BMI>45 Z68.4
- Provider Example: Patient weight is 187lbs their BMI>36
  - Coding Capture: Obesity E66.9
  - Accurate Coding Capture should be: E66.9, BMI>36 Z68.36
- When Obesity/Morbid Obesity is not captured to the highest specificity we are leaving $$$ on the table to help support management of care to the patient: Nutrition, Weight Counseling, and Medication. This support will help improve patient health outcomes and offers support to improve their overall weight condition.

Coding Capture Example 4

- Patient is being seen for substance abuse disorder. Alcohol occ beer on the weekend maybe 1 or 2 but rarely drinks. Does use Cannabis and did use oxycodone 30/20/10mg in the past. There was a relapse due to pain from a construction accident in 2012. Has done AA in the past. Has been on suboxone during remission.
- **Diagnosis Capture**: Primary: F19.90 Other psychoactive substances use unspecified uncomplicated. **Missing Opioid dependence and Cannabis use, Occupational exposure to risk**
  - **Missed Coding Opportunity**: F11.20 Opioid Dependence in remission. Cannabis use uncomplicated F12.90, Occupational exposure to other risk factors Z57.8
  - **Comments:** The patient works in construction that has daily risks that put him at risk for relapse.

Medicare Hierarchical Condition Category, Part D (RxHCC)

- RxHCC condition categories describe major diseases and are broadly organized into body systems. Like the HCC model, they're also categorized into hierarchies. The Top RxHCC that should be captured with a medication update are the following:

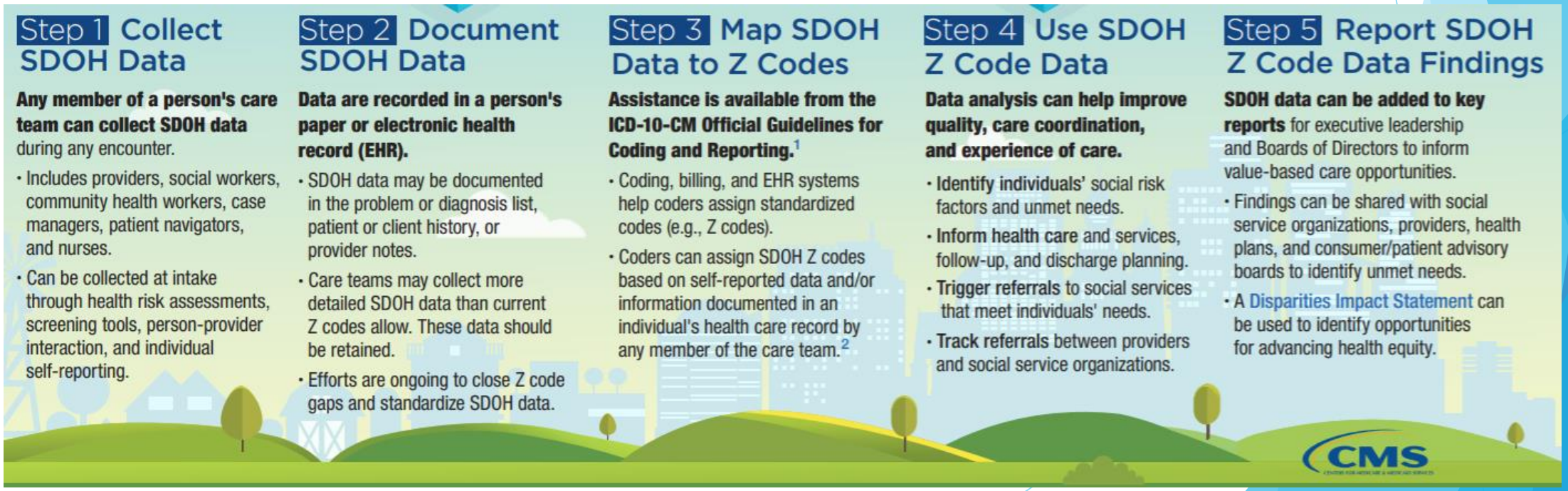
Condition	ICD-10 Code
Hypothyroidism	**E03.9**
Coronary Artery Disease (CAD)	**I25.10**
Hypertension	**I10**
Hyperlipidemia	**E78.5**
Asthma	**J45.909**
Generalized Anxiety Disorder	**F41.1**
Age related osteoporosis without current pathological fracture	**M81.0**
Most Migraine Diagnoses	**G43.001-G43.919**

Social Determinants of Health (SDOH) Overview

- The following list provides examples of the social determinants of health, which can influence health equity in positive and negative ways:
  - Income and social protection
  - Education
  - Unemployment and job insecurity
  - Working life conditions
  - Food insecurity
  - Housing, basic amenities and the environment
  - Early childhood development
  - Social inclusion and non-discrimination
  - Structural conflict
  - Access to affordable health services of decent quality

SDOH Coding Guidelines

- **Updates to the ICD-10-CM Official Coding Guideline state:**
  - Documentation by Clinicians Other Than the Patient's Provider, has made assigning SDOH-related Z codes easier. These updates allow for the use of health record documentation from clinicians involved in the care of the patient who are not the patient's provider since the information represents social information rather than medical diagnoses. Additionally, patient self-reported documentation may be used to assign SDOH-related codes as long as the patient information is signed-off by and incorporated into the health record by either a clinician or provider.
  - **Capturing SDOH Z Codes:**



SDOH Documentation Updates

- SDOH should be reported when the information is documented, and that this information may be obtained from the following documentation sources:
- The patient's provider (physician, nurse practitioner)
- Clinicians other than the patient's provider whose documentation is included in the official medical record (social workers, community health workers, case managers, nurses)
- Patient self-reported documentation, as long as the documentation is signed-off by and incorporated into the medical record by either a clinician or a provider
- The new guidelines focus on Medical Decision Making (MDM), and are intended to more closely reflect the provider's actual work performed in treating a patient's conditions. Depending on the significance of the impact of a patient's socioeconomic situation on his or her diagnostic or treatment options, the encounter may be considered moderate risk.

Improving Patient Health Care Outcomes

- The acknowledgment of these social, economic, and environmental issues is integral to providing value-based care. Some examples of social determinants of health include, but are not limited to:
- Availability of resources to meet daily needs (safe housing and local food markets)
- Access to educational, economic, and job opportunities
- Access to health care services
- Quality of education and job training
- Transportation options
- Public safety
- Social support
- Socioeconomic conditions (concentrated poverty and the stressful conditions that accompany it)
- Language/Literacy
- Access to emerging technologies (cell phones, telehealth)
- Availability of community-based resources
- When the assessment and plan is developed with consideration of these social determinants of health, the documentation should clearly describe the circumstances and how they affect the patient's treatment or management.

SDOH Z Codes

- Z55.5 Less than a high school diploma
- Z58 Problems related to physical environment
- Z58.6 Inadequate drinking-water supply
- Z59.00 Homelessness unspecified
- Z59.01 Sheltered homelessness
- Z59.02 Unsheltered homelessness
- Z59.4 was revised from “Lack of adequate food and safe drinking water” to
  - Z559.4 “Lack of adequate food”
- Z59.41 Food insecurity
- Z59.48 Other specific lack of adequate food
- Z59.81 Housing instability, housed
- Z59.811 Housing instability, housed with risk of homelessness
- Z59.812 Housing instability, housed, homelessness in past 12 months
- X59.819 Housing instability, housed unspecified
- Z59.89 Other problems related to housing and economic circumstances

Coding Opportunity 2022

- COPD diagnosis capture during sick visits.
- Accurately updating depression, anxiety and substance abuse on an annual basis.
- Accurately capturing Morbid obesity: weight and BMI.
- Diabetes with complications is not coding to the highest specificity – capturing complications is necessary to accurately capture a patients current health status.
- Updating the Problem List is an initiative NEPHO will be working on in 2022. The problem list drives the data providers review in EPIC through Clinovations. This is currently with TMP and Medicare only.
- Missing high risk conditions annually such as: Multiple Sclerosis (MS) G35, Cancer – prostate cancer C61 when patient is still on medication.
- Physical Exams (Annual) Coding Z00.00, the provider is not updating chronic conditions during these visits and are only coding Z00.00 (Annual Exam Encounter).
- HCCs that risk adjust when provider is prescribing medication are being missed – example: Hypertension I10, Hyperlipidemia E78.5, and Asthma J45.909.
- Begin to capture SDOH to help support patient care. These codes will help drive additional resources to support quality patient care.

Resources

- **Shawn.m.bromley@lahey.org & Jessica.m.bryan@lahey.org**
- https://www.manatt.com/insights/newsletters/covid-19-update/executive-summary-tracking-telehealth-changes-stat
- https://www.amazon.com/Adjustment-Documentation-Coding-Sheri-Bernard/dp/1622027337
- https://www.cms.gov/files/document/fy-2022-icd-10-cm-coding-guidelines.pdf
- https://www.cms.gov/fy-2022-ipps-final-rule-home-page#Reg
- https://www.icd10monitor.com/exploring-icd-10-cm-s-chapter-19-injury-poisoning-certain-other-consequences-of-external-causes
- https://rtwelter.com/blog/2021/05/06/2022-icd10cm-updates-are-just-around-the-corner/
- https://yes-himconsulting.com/everything-you-need-to-know-about-the-hcc-risk-adjustment-models/