

Risk Adjustment-Part 2

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Polling Questions

Risk Adjustment-Reminder



- Psychoactive Substance Use Disorders

 - Alcohol, Opioid, Sedative, Stimulant, Cannabis, etc.
 - Recommend (not required) use of DSM-5 criteria
 - refer to its use in your note
 - Substance Abuse
 - No RAF value for uncomplicated “**abuse**”
 - E.g. F10.10 Alcohol **abuse**, uncomplicated or F10.11 Alcohol **abuse**, in remission
 - » Would need “with intoxication”, “with anxiety disorder”
 - » Document assessment details to allow coding
 - Substance Dependence risk adjusts
 - Substance Use has not risk adjusted historically
 - Major Depressive Disorder (MDD)
 - Do **not** use unspecified codes, if possible (F32.9)
 - MDD single episode vs recurrent and single episode mild, moderate or severe (refer to page 2, Gray Area Document attached)

Abuse: Complications

- **K73.9** Chronic Hepatitis, unspecified (0.162)
 - **K73.8** Other chronic hepatitis, not elsewhere classified
 - **K73.2** Chronic active hepatitis, NEC
 - **K75.4** Autoimmune hepatitis

- **K74.69** Other cirrhosis of liver (0.388)
 - **K70.9** Alcoholic liver disease, unspecified
 - **K70.30** Alcoholic cirrhosis, without ascites
 - **K70.31** Alcoholic cirrhosis, with ascites

- **I85.0-** Esophageal varices with or without bleeding (0.950)

- **K76.6** Portal Hypertension (0.950)

Cardiovascular

Cardiovascular

Cardiomyopathy	I42.9
Chronic systolic/diastolic failure	I50.20/I50.30
Coronary artery disease with angina pectoris	I25.119
Atrial Fibrillation/flutter	I48.91/I48.92
Atherosclerosis of aorta	I70.0
Peripheral artery disease	I73.9
Aortic aneurysm (abdominal/thoracic)	I71.4/I71.2
Secondary pulmonary hypertension	I27.2
Chronic DVT of lower extremity	I82.509
Varicose veins of lower extremity with ulcer	I83.009
Hypertensive heart disease	I11.9
Hypertensive chronic kidney disease	I12.9

CV Coding Tips

- The ICD-10 codes that denote circulatory disease start with the letter I, not the digit 1
- ICD-10 defines acute MI as encounters that occur when the MI is ≤ 28 days from onset
- Do not use the acute CVA code in an outpatient setting (I63.-)

Endocrinology

Endocrinology

T2DM with diabetic nephropathy	E11.21
T2DM with chronic kidney disease (also code CKD stage)	E11.22
T2DM with retinopathy with/without macular edema	E11.311/E11.319
T2DM with proliferative retinopathy with/without macular edema	E11.351/E11.359
T2DM with neuropathy	E11.40
T2DM with peripheral vascular disease (w/o gangrene)	E11.51
T2DM poorly controlled	E11.65
Chronic Insulin Use	Z79.4
T1DM with diabetic nephropathy	E10.21
T1DM with chronic kidney disease (also code CKD stage)	E10.22
T1DM with retinopathy with/without macular edema	E10.311/E10.319
T1DM with proliferative retinopathy with/without macular edema	E10.351/E10.359
T1DM with neuropathy	E10.40
T1DM with peripheral arterial disease (w/o gangrene)	E10.51
T1DM poorly controlled	E10.65
Chronic Insulin Use	Z79.4

Diabetes Coding Tips

- Diabetes codes start with an E
- Instead of classifying DM as controlled or uncontrolled, ICD-10-CM classifies “inadequately controlled,” “out of control,” and “poorly controlled” as DM (by type) with hyperglycemia.
- Avoid E11.9 - Diabetes without complications if a complication exists
- Don't forget about chronic insulin use – Z79.4 (RAF=0.118)

Pulmonary

Pulmonary

Smoker's cough	J41.0
Chronic Bronchitis	J42.0
Chronic Obstructive Pulmonary Disease (COPD)	J44.9
Chronic Obstructive Asthma	J44.9
Bronchiectasis NOS	J47.9
Pulmonary Fibrosis	J84.10
Chronic respiratory failure (Hypoxia, chronic oxygen use)	J96.10

Coding Tips

- Use Asthma codes to describe severity and also includes COPD
- For Chronic Oxygen use (02 24/7), code Chronic Resp Failure – J96.1 (RAF=0.329)
- Simple Chronic Bronchitis (Smoker's Cough) – J41.0 (RAF=0.328)

More Conditions

- **D69.2** Other nonthrombocytopenic purpura (senile purpura)
- **I69.1-** Hemiplegia/Hemiparesis
 - Monoplegia, other paralytic syndromes
 - following non-traumatic intracerebral hemorrhage
- Common Status codes that risk adjust:
 - **Z21-**Asymptomatic HIV status
 - **Z43.-** “Attention to”
 - **Z44.-** “Encounter for fitting and adjustment”
 - **Z48.-** “Encounter for aftercare”
 - **Z68.41-5** – BMI
 - **Z89.4-** foot/toe amputations
 - **Z93.-** ostomy
 - **Z94.-** transplant status
 - **Z95.8-** Presence of cardiac and vascular implants and grafts
 - **Z99** - Presence on enabling machines and devices, not elsewhere classified
 - **Z99.2** Dependence on renal dialysis

Other conditions to remember

- Hyperparathyroidism
 - Elderly patients with serum calcium >10.5 mg/dl
 - Screen for **E21.0** Primary hyperparathyroidism (0.224)
 - Screen for **E21.1** Secondary hyperparathyroidism (0.224)
 - Patients with CKD stage III or higher
- **E44.0** Protein Calorie Malnutrition (0.547)
 - **E43** Severe Unspecified, **E44.0** moderate, **E44.1** mild, **E46** unspecified
 - See table on 2020 Gray Areas for lab criteria
- **R64** Cachexia (0.547): link to chronic condition (see gray areas document)

Key Take-Away Reminder

- Document a member's status is crucial to risk adjustment calculations.
- Capture all current and active diagnoses. For chronic conditions, they must be captured on an annual basis.
- All documentation that support submitted diagnosis codes must be complete and accurate enough to stand alone.
- In the time of Covid-19, be sure to capture all relevant diagnosis codes for members.

Risk Adjustment Pilot

Seeking 3-5 clinics to participate in this pilot

- In order to participate the CHC must:
 - Provide access to EHR system/patient schedule to CHPA
 - Offer the ability to have CHPA “message” providers via EHR with HCC coding suggestions
 - Have providers give feedback re: suggestions after record is audited by CHPA
 - Agree to have CHPA educate providers re: risk adjustment coding at the clinic level and/or individual provider level after reviewing medical records
- Purpose:
 - Review all patients prior to their visit with the provider
 - Message provider prior to patient coming in
 - Suggest additional HCC codes found in record but not addressed in Assessment/Plan and added to Problem List
- Process:
 - Review current chronic problem list
 - Scan any resolved conditions for in remission
 - Identify any acute, not active or no longer in treatment conditions that need to be removed
 - Suggest updating to more specific code (DM manifestations, chronic vs. acute, etc)

Questions & Answers

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