Office of the Inspector General adds cancer diagnoses to hierarchical condition category audits

The Office of the Inspector General (OIG) has now added four cancer diagnoses to the list of diagnoses they are targeting on Hierarchical Condition Categories (HHC) audits. The Centers for Medicare and Medicaid Services (CMS) believes services for the diagnoses below are incorrectly submitted on Medicare Advantage (MA) member claims:

- Lung cancer
- Breast cancer
- Prostate cancer
- Colon cancer

These diagnoses assign risk adjustment factors to MA member risk scores in the CMS MA risk adjustment models. While this contributes greatly to revenue that helps provide care and improve benefits for Security Health Plan MA members, it is imperative that these diagnoses are accurately documented and coded by providers during face to face visits. Security Health Plan is held accountable for the accuracy of these diagnoses. Security would be required to return all associated revenue and could be subject to fines if the diagnoses are not supported in provider documentation.

The most common issue related to coding of cancer occurs when it is specified as “active” disease when it meets the definitions of a “history of” cancer.

The following clarifies ICD 10 cancer coding definitions to consider when diagnosing your patients with cancer.

Active cancer is when any *one of the following* is true:

- There is evidence of current disease – malignant tissue, cells or neoplasm is present
- The patient is receiving treatment for cancer - including but not limited to surgical excision, chemo-, radiation- and immuno- or brachy- therapy.
  *Long term therapy for the treatment of cancer is considered active treatment.
  *Long term therapy for prophylaxis of cancer is not considered active treatment
  Be sure to clarify in patient documentation whether long term therapy is for treatment or prophylaxis*

- The patient did not receive or declined treatment for malignancy

"History of" cancer is the appropriate diagnosis when the patient:

- Does not have active disease or metastases
- Is not receiving active treatment that meets the criteria listed above for active cancer

There are HCC hierarchies within the current five cancer categories in the CMS risk adjustment model. While it may seem obvious to a provider that cancer has metastasized from one organ or system to another, a coder is not allowed to make that assumption. To assure coding accuracy, it is important that the provider specifies cancer as primary, secondary and/or metastatic whenever possible.

The following diagnoses as they relate to OIG audits were previously mentioned:

- An acute CVA in the office setting
- Acute MI diagnosis without an associated inpatient claim
- Acute MI and acute CVA in the same year
- Acute thromboembolic events without an anticoagulant being prescribed
- Neurogenic vs vascular claudication
- A major depressive disorder diagnosis without an antidepressant prescription

The links below will take you to a copy of the articles about other diagnoses under OIG scrutiny if you are interested in reviewing them.

The previously published article about OIG audits of the following diagnoses is available at the following: https://files.constantcontact.com/bfdf60a0401/28f58a2b-c6a2-4129-8726-f62cda1cc033.pdf

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Additional information about HCC coding is available on Security Health Plan's provider website at https://www.securityhealth.org/providers/hcc