

Risk Adjustment Coding in 2022

Presented by:

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*A distinctively different population health and value-based care contracting entity that builds upon the best of **Lowell General PHO** and **New England Quality Care Alliance (NEQCA)**.*

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Today's Presenters



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Introduction



- On behalf of the Wellforce Clinically Integrated Network, your Risk Adjustment Coding Teams from Tufts Medical Center, Legacy NEQCA and Legacy Lowell General PHO are pleased to collaborate on a monthly educational series to review pertinent topics in Risk Adjustment Coding.
- Our groups are involved in various risk adjustment coding activities, including pre-visit chart review, post-visit/pre-claims review, data evaluation and education, and we all see similar themes.
- Today's session will cover key areas of focus for the new year.

Risk Adjustment Coding – Why Does It Matter to Clinicians?

Risk Adjustment, as defined by the American Academy of Professional Coders (AAPC):

- *“Risk adjustment is a methodology that equates the health status of a person to a number, called a risk score, to predict healthcare costs.*
- *The ‘risk’ to a health plan insuring members with expected high healthcare use is ‘adjusted’ by also insuring members with anticipated lower healthcare costs.”*

How are risk scores calculated, and why does it matter to clinicians and patients?

- Risk scores are calculated from the values associated with the ICD-10 diagnosis codes for chronic conditions you assign when submitting claims.
- Your accurate and up-to-date diagnosis coding can directly affect the accuracy of your patients’ risk scores, and ensures that an appropriate budget is assigned by the health plan for the care of your patients.
- Patients with inaccurate risk scores may not be provided disease management services and other services that their chronic conditions warrant.

Important Areas of Focus For 2022

- **See your patients annually**
 - Be sure to accurately document and code all relevant chronic conditions.
 - The annual wellness visits are the ideal time to accomplish this.
- **Update your patients' problem lists**
- **Important ICD-10 updates for 2022**
 - Depression/Major Depressive Disorder
 - Social Determinants of Health
- **Key ICD-10 codes that ensure accurate risk scores**
 - Strokes
 - Cancers
 - Combination Codes for Diabetes and Hypertension
 - Status Codes

1. The Annual Wellness Visit: Remember to Assess Chronic Conditions

- **The Medicare Annual Wellness Visits and routine preventive visits for your commercial insurance patients present the ideal opportunity to individually assess the patient's chronic conditions.**
- If a chronic and/or status condition is not reported annually, it indicates the condition is resolved and no longer exists, leading to an inaccurate depiction of the patient's health status and inaccurate risk scores set by the payer.
- **A comment should be entered regarding the status of each diagnosis code listed in the Assessment/Plan.**
- When additional history, examination and MDM is indicated to fully assess a new or exacerbating condition, a separate E/M service may be performed and billed.
- Documentation of the separate E/M visit should clearly support the medical necessity of the separate service.*

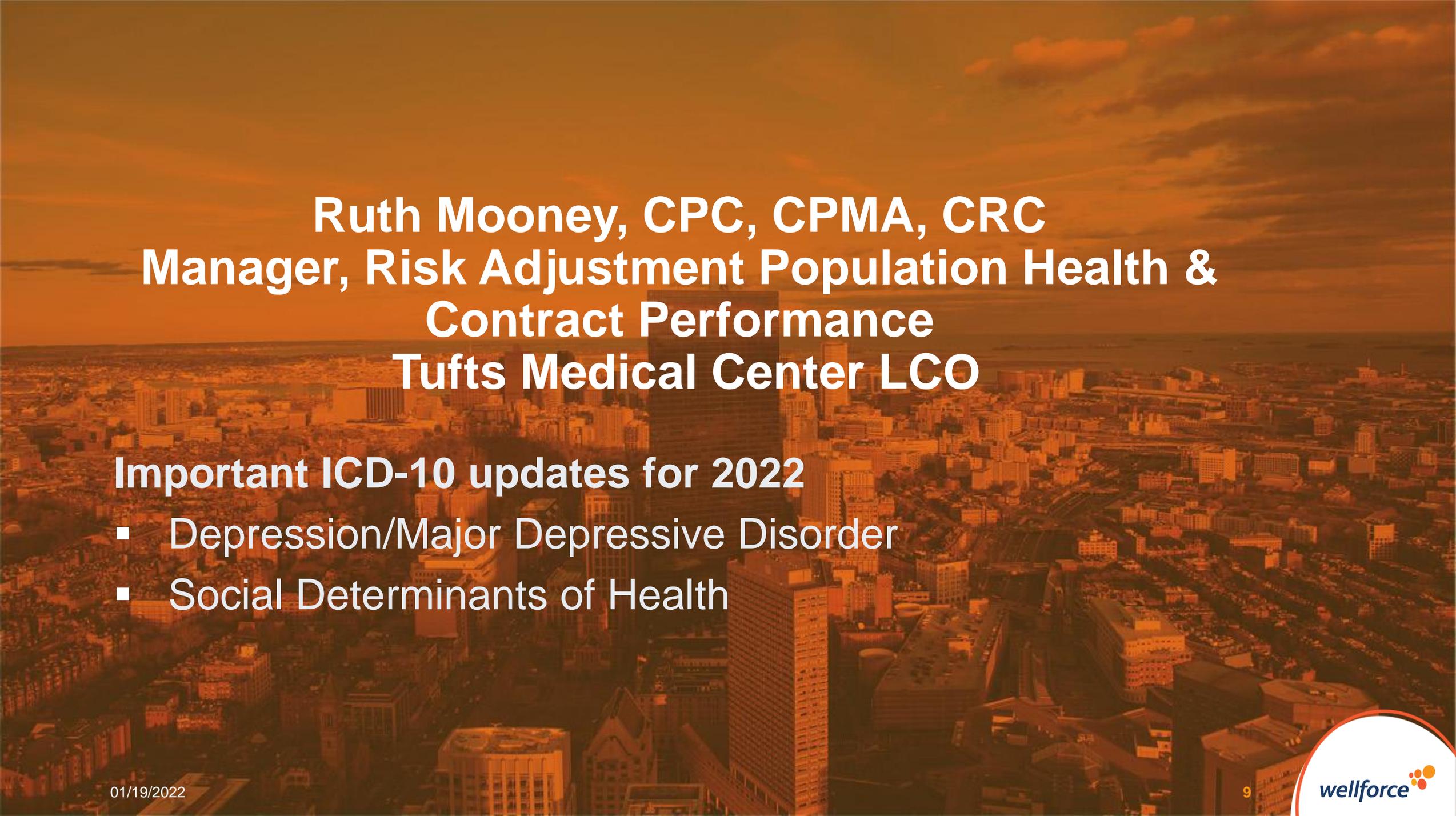
2. Take the Problems Out Of The Problem List

- An accurate Problem List is the foundation of your patient's medical record.
- Problem lists facilitate continuity of patient care by providing a comprehensive and accessible list of patient problems in one place.*
- Coding your Problem List to the highest level of ICD-10 specificity will help you ensure that your patient's risk score is accurate and complete.

Quick Tips:

- Clean up those problem lists before transitioning to a new EMR!
- Inactive diagnoses should not be on your problem list, so either:
 - Delete the problem if it is no longer relevant, or
 - Enter a "history of" code and move the problem to the past medical history.

*AHIMA: [Problem List Guidance In the EHR](#)



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Important ICD-10 updates for 2022

- Depression/Major Depressive Disorder
- Social Determinants of Health

3. Important ICD-10 Updates For 2022: Depression/Major Depressive Disorder

- New code for Depression, Unspecified **F32.A** (*does not Risk Adjust in HCC model*)
- The addition of F32.A, requires that providers document the difference between a patient having Depression, Unspecified versus Major Depressive Disorder
- F32.9 Major Depressive Disorder, Single Episode, Unspecified, is still an existing code, and appropriate to use for patients documented as having MDD (Major Depressive Disorder). *This code also does not Risk Adjust in the HCC model: see Appendix chart for documentation tips for more specific codes that risk adjust.*
 - Documentation must include Severity of Depression (Mild/Moderate/Severe; Recurrent/Single episodes; with or without Psychotic Features)
 - Coders cannot report the severity for Major Depressive Disorder based on a PHQ-9 score alone. The interpretation of the PHQ-9 score should always be documented along with the score.

<p>Patient completed the PHQ-9 screening with a score of 10</p> <p></p>	<p>Patient completed the PHQ-9 screening with a score of 10. Based on this score, the provider has determined the patient has major depressive disorder, single episode, moderate.</p> <p></p>
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3. Important ICD-10 Updates For 2022: Social Determinants of Health

- SDoH diagnosis code range is Z55-Z65
- These codes represent people with potential health hazards related to socioeconomic and psychosocial circumstances
- Should never be billed as a primary diagnosis on a claim
- SDoH data can be collected through a health risk assessment, screening tool, person-to-provider interaction, or self-reported documentation within a note.

ICD-10 Code	Description	ICD-10 Code	Description
Z55.5	Less than a high school diploma	Z59.811	Housing instability, housed, with risk of homelessness
Z58.6	Inadequate drinking-water supply	Z59.812	Housing instability, housed, homelessness in past 12 months
Z59.00	Homelessness unspecified	Z59.819	Housing instability, housed unspecified
Z59.01	Sheltered homelessness	Z59.89	Other problems related to housing and economic circumstances
Z59.02	Unsheltered homelessness	Z59.41	Food insecurity
Z59.48	Other specified lack of adequate food		



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Key ICD-10 codes that ensure accurate risk scores

- Strokes
- Cancers
- Combination Codes for Diabetes and Hypertension
- Status Codes

4. Key Codes That Ensure Risk Accuracy: Strokes and Cancers

I63.9 Stroke, unspecified or any **acute** stroke code should NOT be coded on an outpatient claim

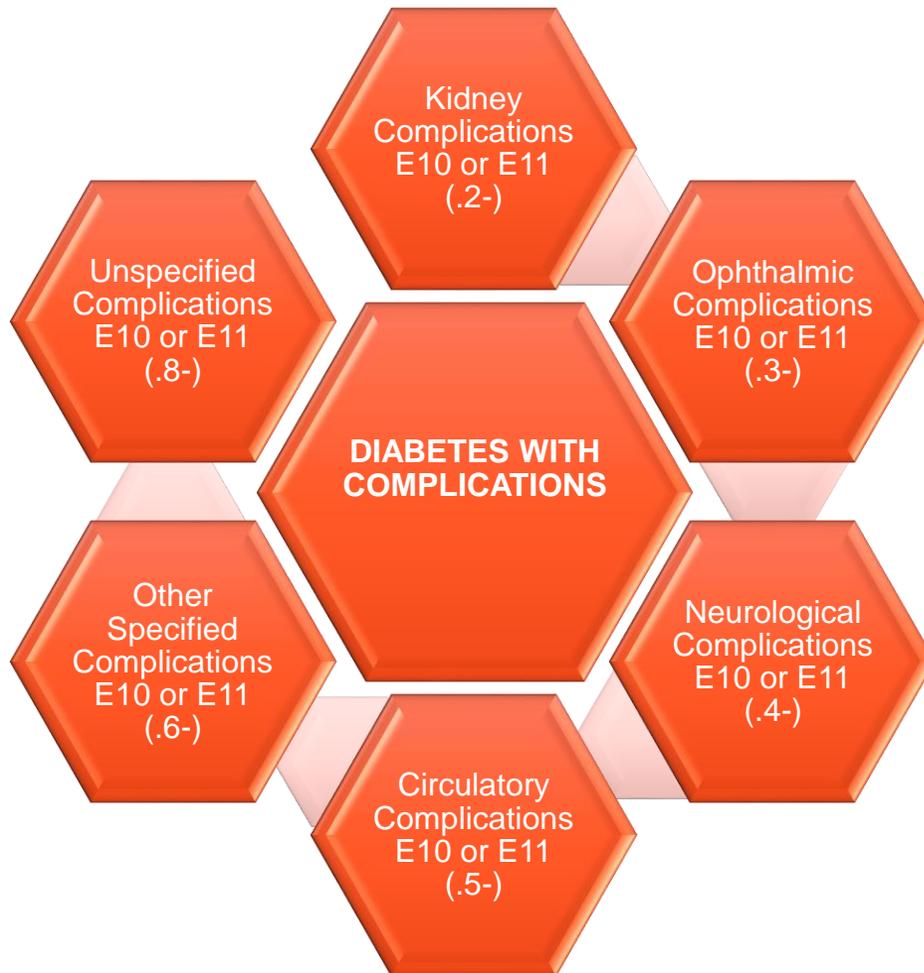
More accurate coding for strokes:

- **Z86.73** – Personal history of transient ischemic attack (TIA) or cerebral infarction **without residual effects.**
- When a patient has a condition(s) related to a stroke or TIA, codes from category **I69.xxx** are to be used.

Active Cancers vs. Personal History of

- Active Cancer is when a primary malignancy is still being actively treated and treatment is directed at that site.
- Cancer becomes a “history of” cancer when all treatment is completed (excision, radiation or chemotherapy)

4. Key Codes That Ensure Risk Accuracy: Diabetes Combination Codes



Diabetics with other co-morbid conditions utilize more healthcare dollars. Using the diabetic combination codes can describe the severity of these conditions.

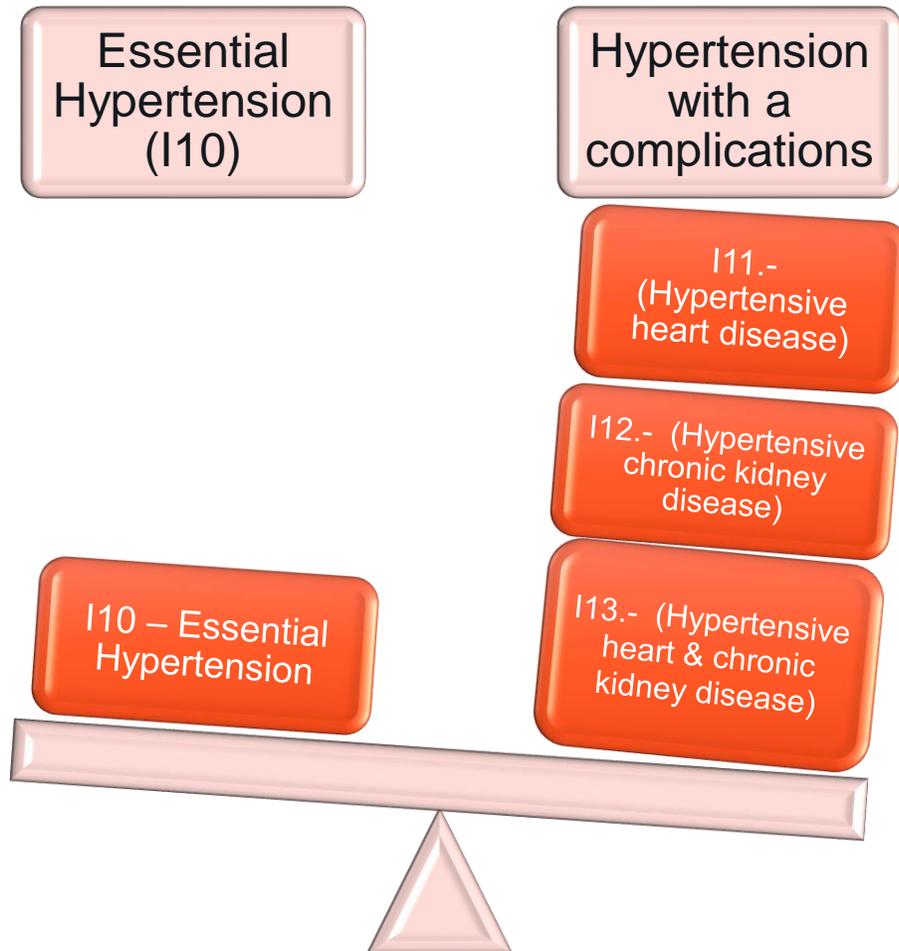
- Diabetes with CKD
- Diabetes with Cataracts
- Diabetes with Neuropathy
- Diabetes with PAD/PVD
- Diabetes with Non-pressure Ulcers

Use linking language to describe how these conditions co-exist with each other.

- **Associated with** – “dyslipidemia associated with diabetes”
- **Due to** – “right great toe amputation due to diabetes”
- **Complicated by** – “patient with cellulitis complicated by diabetes”

Remember to document and code for the patient's insulin status (Z79.4)

4. Key Codes That Ensure Risk Accuracy: Hypertension Combination Codes



Use your combination coding when your patient has Hypertension, CKD and/or HF. These codes explain the true health status of your patients.

- I11.x – Hypertensive Heart Disease
- I12.x – Hypertension with CKD
- I13.xx – Hypertensive heart and CKD

Document and code each condition when they occur together.

- ✓ Heart Failure type = I50.xx
- ✓ Chronic Kidney Disease stage = N18.x

Remember to document & code the patient's dialysis status (Z99.2) if at end stage

4. Key Codes That Ensure Risk Accuracy: Status Codes

CONDITION	ICD 10 CODE
Tracheostomy	Z93.0
G tube	Z93.1
Ileostomy/Colostomy	Z93.2/Z93.3
Transplant Status	Z94.0 (Kidney) Z94.4 (Liver) Z94.81 (Bone Marrow)
Dependence on Renal Dialysis	Z99.2
Long Term Use of Opioids for Pain	Z79.891 (do not code opioid dependence, if patient is on long term use of opioid for pain management.)
HIV Status	Z21
Lower Limb Amputation (AKA)	Z89.61x
Lower Limb Amputation (BKA)	Z89.51x
Long Term Use of Insulin	Z79.4
Long Term or Current Use of Anticoagulants	Z79.01

We Welcome Your Questions!



Appendix

- Depression Documentation Tip Sheet
- Helpful Resources

Documentation Tips: Depression Severity

According to the American Psychiatric Association, Major Depressive Disorder can be seen in patients who have suffered a depressive episode lasting at least **two weeks**, as manifested by at least **five** of the following symptoms: **depressed mood, loss of interest or pleasure in most or all activities, insomnia or hypersomnia, significant weight loss or weight gain or a decrease or increase in appetite, psychomotor retardation or agitation, fatigue or low energy, poor concentration, thoughts of worthlessness or guilt, and recurrent thoughts about death or suicidal ideation**. Additionally, symptoms must cause clinically significant distress or impairment in social, occupational or other important areas of functioning.

- ❖ Severity and/or clinical status should be reported in HPI or A/P as:
 - Episode (single or recurrent)
 - Severity (mild, moderate, severe, with or without psychotic features)
 - Clinical status (in partial/full remission)
- ❖ If the depression is stable and patient does not currently meet MDD criteria, providers should document and code “in remission” status. (*Ex: F32.5 major depressive disorder, single episode, in full remission*). If patient is on medication and no longer having symptoms and PHQ-9 is negative because of that, we should code for partial/full remission.
- ❖ **Partial remission** is defined as absence of symptoms for less than two months or some symptoms present but not full criteria of major depression
- ❖ **Full remission** is defined as no significant signs/ symptoms of the disorder for at least two months. When reporting a history of major depressive disorder, assign a code from the mental disorders chapter with the fifth character for partial or full remission.
- ❖ An episode is considered recurrent when there is an interval of at least two consecutive months between separate episode during which criteria are not met for a major depressive episode

Major depressive disorder:

- **F32.0** Major depressive disorder, single episode, mild
- **F32.1** Major depressive disorder, single episode, moderate
- **F32.2** Major depressive disorder, single episode, severe without psychotic features
- **F32.3** Major depressive disorder, single episode, severe with psychotic features
- *F32.9 Major Depressive Disorder, single episode, unspecified*
- *F32.A Depression, Unspecified*

Major depression in remission:

- **F32.4** Major depressive disorder, single episode, in partial remission
- **F32.5** Major depressive disorder, single episode, in full remission
- **F33.40** Major depressive disorder, recurrent, in remission, unspecified
- **F33.41** Major depressive disorder, recurrent, in partial remission
- **F33.42** Major depressive disorder, recurrent, in full remission

Recurrent major depression:

- **F33.0** Major depressive episode, recurrent, mild
- **F33.1** Major depressive episode, recurrent, moderate
- **F33.2** Major depressive episode, recurrent, severe without psychotic features
- **F33.3** Major depressive episode, recurrent, severe with psychotic features
- **F33.8** Other recurrent depressive disorders
- **F33.9** Major depressive disorder, recurrent, unspecified

Helpful Resources



New COVID-19 Webpage on wellforce.org



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COVID-19 Resources for Ambulatory Practices

Latest Updates

COVID-19 Answer Center for Wellforce CIN Providers and Practice Personnel

Wellforce CIN providers and practice personnel may use this [form](#) to ask question(s). This is NOT a resource for patients to use directly. Our Pharmacy team will do its best to answer questions as soon as received.

- Call: (781) 664-5705
- Hours: Monday-Friday, 8:30 a.m. and 5 p.m.
- Weekends/holidays will be answered the next business day

Diagnostic Testing

- + General Resources
- + Direct Viral Testing
- + Serology (Antibody)

Treatment

- + General Resources
- + Available Therapies (COVID-Specific)
- + State Sites for Monoclonal Antibody Therapy and Oral Antiviral Distribution



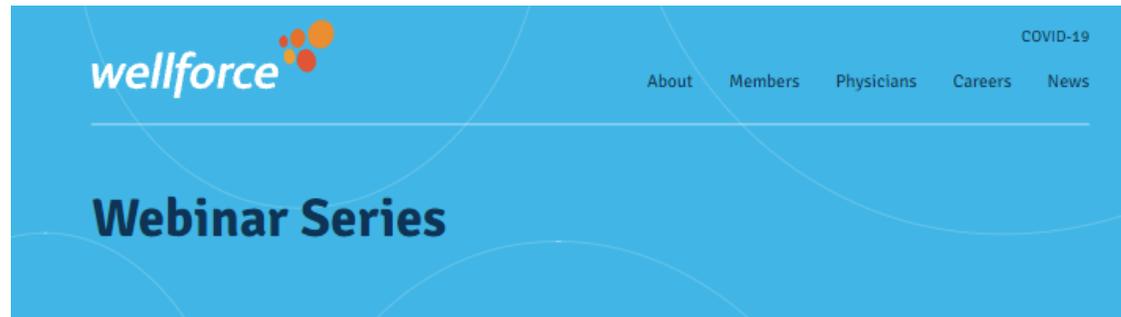
TONIGHT

COVID-19 Update Webinar

5:30 p.m.-6:30 p.m.

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We are committed to offering our physician community the most up-to-date resources, tools and education. Please see below for upcoming webinars as well as the most recent presentations on Coding, Telehealth and COVID-19.

Join your colleagues

View the Calendar below for details on upcoming events. Check this page regularly to access recordings for Wellforce Webinars.

Network Calendar

October 2021

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			12pm Monthly EpicE		Oct 1	2
3	4	5	6	7	8	9

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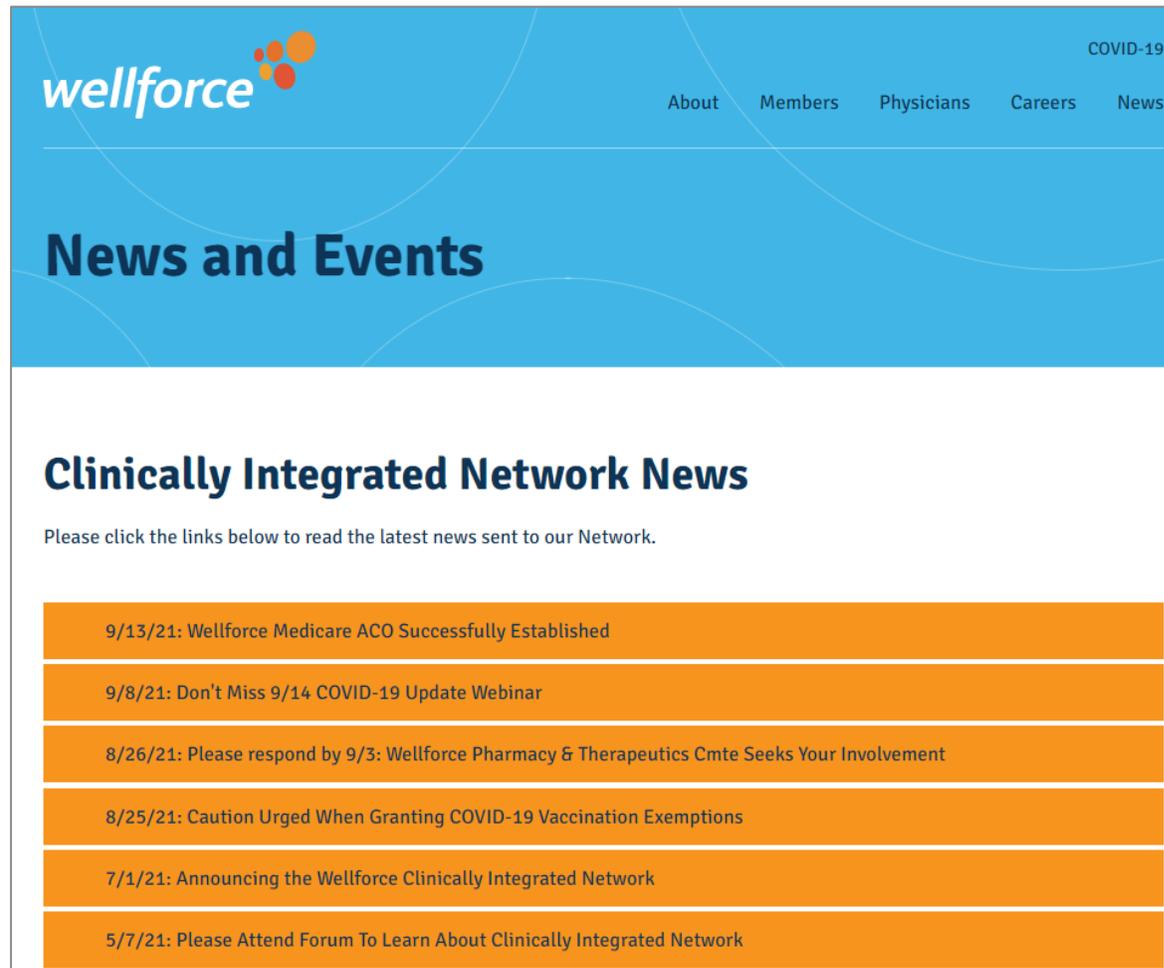
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The screenshot shows the top navigation bar with the Wellforce logo on the left and links for 'About', 'Members', 'Physicians', 'Careers', and 'News' on the right. A 'COVID-19' link is also present in the top right corner. Below the navigation is a blue header with the text 'News and Events'. The main content area is white and features the title 'Clinically Integrated Network News' followed by a sub-header 'Please click the links below to read the latest news sent to our Network.' Below this are six orange rectangular buttons, each containing a date and a news title.

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Please click the links below to read the latest news sent to our Network.

- 9/13/21: Wellforce Medicare ACO Successfully Established
- 9/8/21: Don't Miss 9/14 COVID-19 Update Webinar
- 8/26/21: Please respond by 9/3: Wellforce Pharmacy & Therapeutics Cmte Seeks Your Involvement
- 8/25/21: Caution Urged When Granting COVID-19 Vaccination Exemptions
- 7/1/21: Announcing the Wellforce Clinically Integrated Network
- 5/7/21: Please Attend Forum To Learn About Clinically Integrated Network