Risk Coding: 2021 Mid-Year Check-In

Presented by:

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Agenda

Introduction and Reminders: Pratiksha Patel, MD and Donna Campbell

1. A Perennial Priority: See Your Patients Not Yet Seen In 2021
2. Quick Reminders To Help You Maximize Your Risk Coding For 2021
3. Pediatric Risk Coding Reminders

A Review of Commonly Overlooked Conditions for Pediatrics and Adults: Ruth Mooney

1. Depression Documentation And Coding
2. Obesity and Morbid Obesity Documentation And Coding

Mind the Gap/End of the Year Risk Tips: Natalie Eisenhower

Questions?

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Introduction

- The Risk Coding Teams from Legacy NEQCA, Legacy Lowell General PHO and Tufts Medical Center are pleased to collaborate on this monthly educational series to review pertinent topics in Risk Adjustment Coding.
- Risk Adjustment Coding relates to the ICD-10 diagnosis codes for chronic conditions submitted on your claims. These codes drive the budgets assigned for the care of your patients in our Value-Based contracts, and must be submitted on claims at least once yearly.
- Our teams 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.
- During today's session, we will share our insights and provide important reminders for optimizing your coding before year end.
- We welcome your input and questions following the presentation.

A Perennial Priority:
See Patients Not Yet Seen in 2021

- Clinical necessity should always drive which patients should be seen first.
- Risk scores reset to ‘0’ at the beginning of the calendar year and it is very important to address and appropriately code for a patient’s chronic conditions at least once a year.
- It is important to know your panel and see all of your patients at least once a year for both clinical and risk adjustment coding purposes
  - Begin your outreach with your chronic disease patients regardless of payer
  - Schedule AWV for all Medicare patients
- Risk adjustment coding can be done at a telehealth or face to face visit (codes at phone only visits risk adjust for only certain payers).
  - Even a brief discussion with appropriate documentation at a problem focused visit for an unrelated reason can justify a diagnosis code

Quick Tips and Reminders for All Patients

Update your problem lists!

- ✓ *An accurate problem list is the foundation of your medical record, and coding to the highest level of ICD-10 specificity on your problem list will help you ensure that your patient's risk score is accurate and complete.*
- ✓ *Problem list accuracy is even more critical as we move to EPIC and new population health tools.*

Schedule those Annual Wellness Visits.

- ✓ *This is your best annual opportunity to assess your patient's chronic conditions.*
- ✓ *Remember to document the status of each diagnosis code listed in the Assessment/Plan.*

Be mindful of Medications!

- ✓ *When refilling medications, don't forget to verify the condition and list the diagnosis in the Assessment & Plan.*

Telehealth, although evolving, is here to stay.

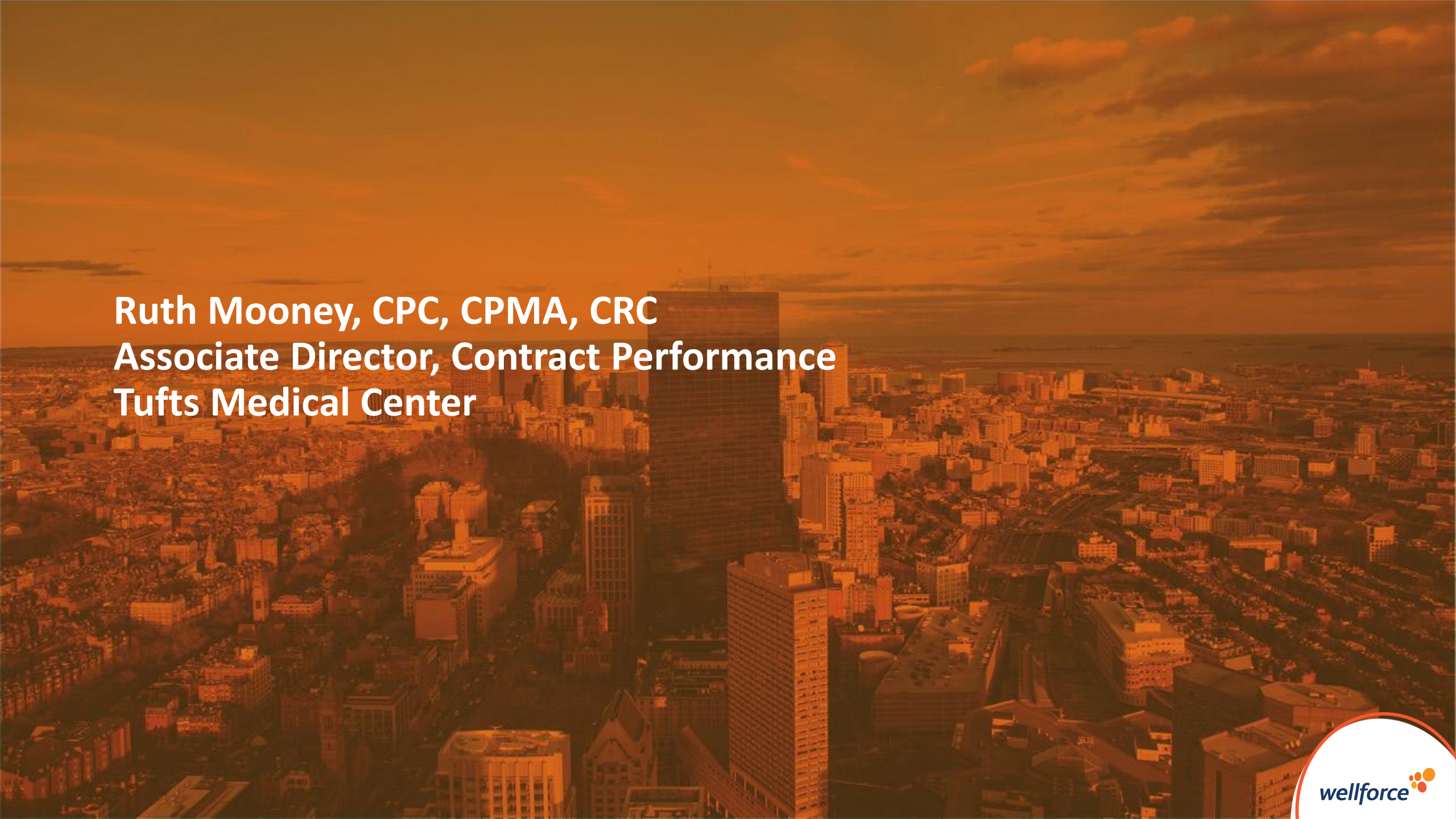
- ✓ *Coding for risk adjustment is just as important for telehealth as for in-office visits.*
- ✓ *Diagnoses used at video visits count for risk, so be sure to document and code ALL relevant chronic conditions, just as you would for a face-to-face visit.*

Pediatric Risk Coding: Remember to Code Chronic Conditions

A pediatric chronic condition is a health problem that lasts over three months while also affecting the child's normal activities and requires medical care and/or hospitalization(s). Approximately 15 to 18 percent of children in the United States live with a chronic health condition.

- Some examples of pediatric chronic conditions include **asthma, diabetes, epilepsy, obesity, sickle cell anemia, congenital heart disorders, and cancer**.
- **Depression** is an often overlooked chronic condition, especially in pediatrics.
- **Epilepsy** is the most common brain disorder in the United States. A doctor will diagnose a child with epilepsy if the child has one or more seizures, the doctor believes the child is likely to have another seizure, and the seizure was not directly caused by another medical condition.
- **Congenital Heart Disorders:**
  - With children, some congenital heart disorders are simple and do not require any kind of treatment, while other congenital heart disorders are more complex and require several surgeries performed a period of several years.
  - The most common congenital heart disorders are: **Atrial Septal Defect, Patent Ductus Asteriosus, Tetralogy of Fallot, and Ventricular Septal Defect**.
  - Since these are congenital conditions and not acquired over time, these conditions can and definitely should be coded for their lifetime.
- **Leukemia** is the most common childhood cancer and accounts for almost 30% of all cancers in children.

Source: Medical Management Institute



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Documentation Tips: Depression Severity

- 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

PHQ-9 total score	Depression severity
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

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* (**F32.9 *DOES NOT RISK ADJUST***)

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

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

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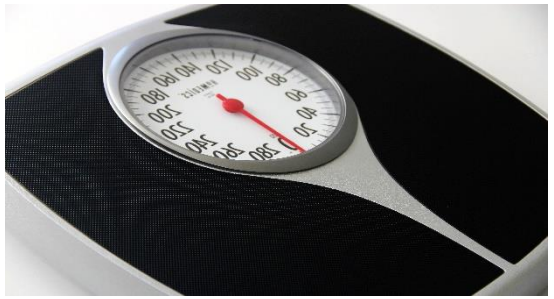
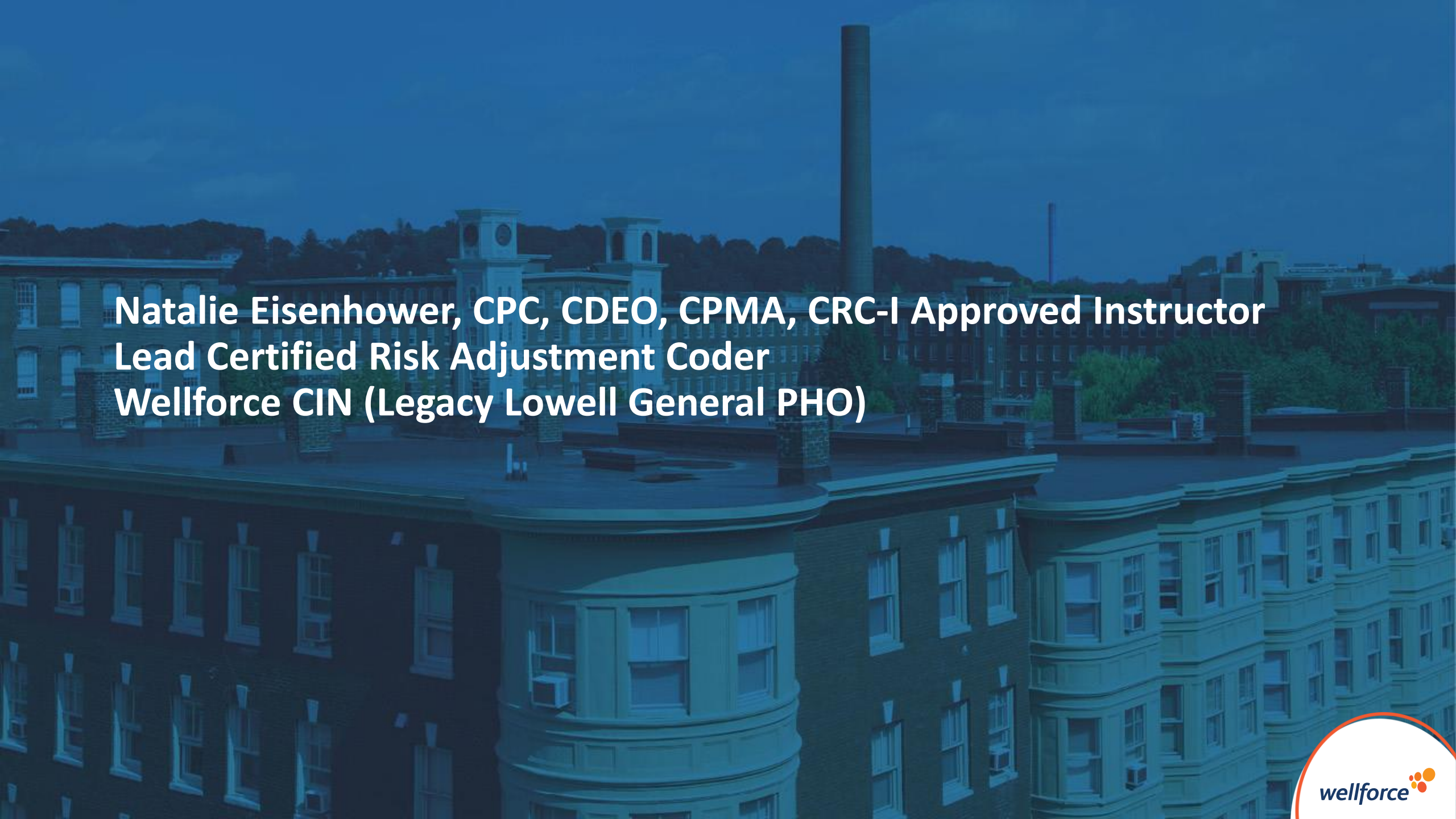
Morbid Obesity/Obesity and BMI



BMI and Associated Weight Condition ICD-10-CM Adult/Pediatric	Documentation Specificity
<u>BMI Adult Values Z68.1-Z68.45 – 20 years of age and older</u> BMI 30+ = Obesity BMI 35+ with documented co-morbidities (i.e. sleep apnea, diabetes, osteoarthritis, CAD, HTN) = Morbid Obesity BMI 40+ = Morbid Obesity <u>BMI Pediatric Values Z68.51- Z68.54 - Ages 2-19 (calculated by percentile)</u> 85th- 95th percentile = Overweight Equal to or greater than 95th percentile = Obesity 99th percentile or above = Morbid Obesity	• Treating provider must document obesity, morbid obesity, or weight associated condition within the note. • Document counseling for nutrition or physical activity is applicable. • Coders cannot infer a weight related diagnosis from a BMI value or percentage. • If BMI value does not match the weight associated condition, a coder cannot change the weight associated condition without clarification from the provider. (i.e. BMI = 45, but provider only documented that patient is obese.) • BMI should never be reported without a weight associated condition per ICD-10 CM guidelines



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What does the London Underground have to do with risk adjustment?

What is the 'Gap' ?

No conditions coded		Some conditions coded		All conditions coded appropriately	
78 year old Female (Community, NonDual Aged)	0.451	78 year old Female (Community, NonDual Aged)	0.451	78 year old Female (Community, NonDual Aged)	0.451
Hypertension (I10)	X	Hypertension (I10)	X	Hypertensive Heart and Chronic Kidney Disease w/CHF HCC 85 (I13.0)	0.331
Chronic Systolic Heart Failure HCC 85 (I50.22)	0.331	Chronic Systolic Heart Failure HCC 85 (I50.22)	0.331	Chronic Systolic CHF *(Included in code I13.0)*	X
Atrial Fibrillation, Unspecified HCC 96 (I48.91)	0.268	Paroxysmal Atrial Fibrillation HCC 96 (I48.0)	0.268	Paroxysmal Atrial Fibrillation HCC 96 (I48.0)	0.268
No CKD	X	No CKD	X	CKD Stage 3b HCC 138 (N18.3)	0.069
No Diabetes	X	DM2 w/no complications HCC 19 (E11.9)	0.105	DM2 w/CKD Stage 3 HCC 18 (E11.22)	0.302
Disease Interaction (CHF + Heart Arrhythmias)	0.085	Disease Interaction (CHF + Heart Arrhythmias) (CHF + DM)	0.085 0.121	Disease Interaction (CHF + Heart Arrhythmias) (CHF + DM) (CHF + Renal) **+ Condition Count (new for PY 2020)**	0.085 0.121 0.156 **0.006**
Total RAF	**1.135**	**Total RAF**	**1.361**	**Total RAF**	**1.789**

Gap (in risk adjustment) means:

- A condition(s) that have been coded in a previous year, but has NOT been coded or 'captured' in the current year.

Risk adjustment 'scores' re-set each January 1st

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Avoid the Gap!

Tips to avoid the ‘Gap’:

- ✓See each patient at least once a year
- ✓Chart prep before patient is seen to identify potential coding gaps
- ✓Evaluate & document all chronic conditions
- ✓Code conditions to the highest level of specificity
- ✓Have an updated and accurate problem list

Commonly Missed Conditions

Reminder of most common ‘gapped’ HCC conditions:

- ✓Amputation status
- ✓Artificial openings (colostomy, ileostomy, cystostomy, tracheostomy)
- ✓Quadriplegia or paraplegic (not related to stroke)
- ✓BMI
- ✓Chronic Hepatitis
- ✓HIV status
- ✓Major organ transplant (lung, liver, heart, bone marrow, stem cells)

Thank You For Listening,
We Welcome Your Questions!