UH Rainbow Primary Care Institute

UH QUALITY TOOLKIT
Risk Adjustment & HCC

A compilation of important resources from
UH Population Health

UH University Hospitals

Risk Adjustment and HCC Items

- Documenting and Coding HCCs

- HCC Frequently Asked Questions

- More about M.E.A.T.

- Common HCC Codes
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    - Asthma
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- Support Team

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Documenting and Coding HCCs

Annual Documentation

Annual documentation of chronic conditions is required, even when stable with treatment.

- CMS considers the condition resolved if not evaluated and coded at least once per calendar year, in which case the risk factor score for the member is lowered.
- If chronic conditions (e.g., asthma, ADHD, diabetes, epilepsy, and developmental disabilities) are not reported annually it indicates the condition has resolved and no longer exists.

Always Document if conditions are...

- Acute or Chronic
- Active or Resolved

M.E.A.T. the Criteria
Only required to document ONE (1) of the below

Any disease or disorder listed in the Assessment and reported for a patient encounter should be linked with supporting documentation showing that the condition was monitored, evaluated, assessed or treated (MEAT) during the visit. Evidence of MEAT can include:

- <u>Monitored:</u>
  - Monitoring for symptoms, disease progression/regression
  - Ordering of ordering labs/ x-rays and diagnostic tests
- <u>Evaluated:</u>
  - Relevant Physical Exam
  - Review/interpretation of test results
- <u>Assessed:</u>
  - Assessing disease status, effectiveness of treatment
  - Addressing key risk factors
  - Counseling re: exercise and lifestyle modifications
- <u>Treated:</u>
  - Prescribing/managing medications
  - Surgical or other therapeutic interventions
  - Referrals to specialists for treatment/consultation

A complete diagnostic statement is specific.

When applicable, document:
- Underlying cause (e.g., trauma, disease process) of condition being treated
- Complications caused by or associated with the condition being treated
- Use specifiers where applicable, such as:
  - Acuity
  - Stage
  - Anatomic site/Laterality
  - Episode of care

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Documenting and Coding HCCs

Remember to Note...

- If a chronic condition is acute or exacerbated.
- The severity/episode of conditions (ex: Bipolar disorder, current episode mixed, unspecified).
- If there have been any contributing factors (ex: Epileptic seizures related to external causes, not intractable, without status epilepticus).

Do NOT...

- Avoid ambiguity and avoid using the phrase "history of" when describing a chronic condition. <u>"History of" implies a condition is no longer present.</u>
- Avoid referring to problem list to identify a diagnosis.
  - Diagnosis listed on the progress note without an evaluation or assessment cannot be captured as an HCC.
- Do not report conditions that are
  - Probable
  - Questionable
  - Working
  - Suspected
  - Rule Out
  - Likely
  - <u>Report what is known, which may be signs and/or symptoms, until a diagnosis is confirmed.</u>

Level of Detail in Coding

- **Always code to the highest level of specificity known.**
- Code all documented conditions that coexist at the time of the encounter/visit, and require or affect patient care treatment or management. For example, "Diabetic patient comes in for Asthma exacerbation. Prescribed steroid will likely have effect on blood sugar control."
- A condition can be coded and reported as many times as patient receives care and treatment for the condition.
- Document and code all chronic, congenital and status conditions (such as artificial openings, BMI, organ transplant) at least once a year.

Commonly Pediatric Diagnoses:

- Most commonly overlooked diagnoses:
  - Asthma
  - Diabetes
  - Malnutrition
  - Epilepsy/Seizures
  - Behavioral Disorders
  - Psychiatric
  - Developmental Disorders
  - Congenital Conditions
  - Other Specified Mood
  - Autistic Disorders
  - Gastro-Esophageal Reflux Disease (GERD)

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HCC/Risk Adjustment
Frequently Asked Questions (FAQs)

What is Risk Adjustment?

Risk Adjustment is a payment methodology (using claims and encounter data) intended to predict the current or future healthcare expenditures of individuals based on their demographics and chronic conditions.

How often do we need to report a patient's condition?

Annually. Patient diagnoses do not carry over from year to year, therefore, patients must be seen and their chronic conditions assessed, documented, and reported at least once per calendar year.

How does risk adjustment affect me and my patients?

Patients

- Creates opportunity for high-risk members to be identified for case management and disease intervention programs.
- Increases access to affordable health coverage, regardless of an individual's health status.

Providers

- Good Documentation will reflect the true burden of illness of the patient and is reflective of the thought process of the provider.
- Value-based care ties payments to the quality of care provided and rewards providers for both efficiency and effectiveness.

Health Plans

- Ensures appropriate revenue to better estimate and plan for additional cost-dollar amount to care for patients.

What types of insurance plans use risk adjustment?

Risk adjustment programs are found in Medicaid, ACA Marketplace, Commercial, and Medicare/Medicare Advantage.

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HCC/Risk Adjustment
# Frequently Asked Questions (FAQs)

Why is it important to code to the highest level of specificity?

- Accurate diagnoses and capturing disease complexity can help to link patients to disease management programs, comprehensive care planning and targeted interventions.
- Coding to the highest level of specificity is necessary for insurance companies to properly estimate the cost of care for that patient, resulting in the most opportunity for shared savings. Documentation and coding is the primary means of communicating the patient record to health plans.

Coding to the highest level of specificity **+** *HCC gap closure and M.E.A.T. criteria met* **=** *Improved patient outcomes, best patient care, and best opportunity for shared savings*

How are HCC codes represented in Epic, and what are the differences?

- Epic uses the Department of Health and Human Services (HHS) HCC model. You will see risk factors identified with HHS-HCC.
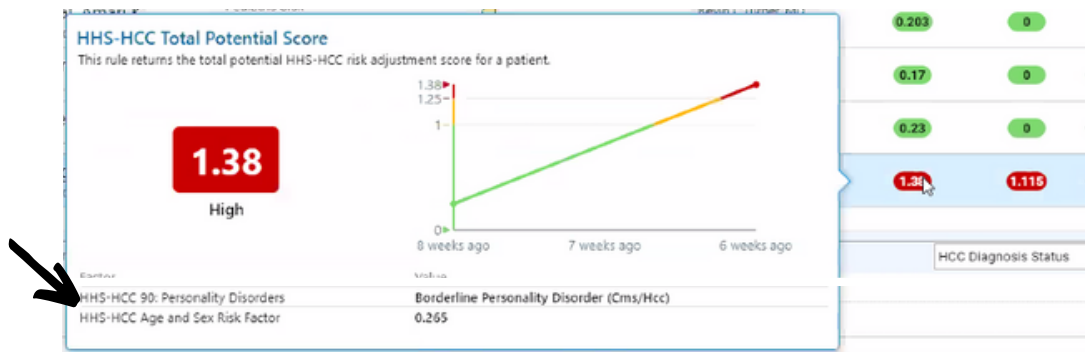
- There are certain codes that are not factored in to HCC gaps in Epic, these are the Medicaid Chronic Illness and Disability Payment System (CDPS) model codes. You can find a list of these codes here. It is best patient care to follow M.E.A.T. documentation FOR ALL CONDITIONS even though you will not see these conditions weighted in the risk score.

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More About M.E.A.T.

Documentation examples for each M.E.A.T. component for various conditions:

M monitored

Diabetes: "A1c ordered and completed, reviewed labs. Currently 7.0. Patient is stable on Insulin, no complications noted."

GERD: "No complaints. Symptoms controlled on H2 blockers."

E evaluated

MDD: "Continued feelings of hopelessness despite taking Fluoxetine. PHQ-9 score of 12, moderate depressive disorder."

Autistic Disorders: "Avoids eye contact, learning and speech delays, aggressive behavior. Doing better since attending anger management therapy."

A assessed

Asthma: "Moderate persistent Asthma, not controlled. Frequent illness with persistence of cough. Asthma Control Test score of 22."

Malnutrition: "Mild protein calorie malnutrition. BMI below 18.5. Patient continues to be underweight for his age. Has fatigue and weakness and weight loss of >5% in 1 month. Labs reviewed. "

T treated

Bicuspid Aortic valve: "AV defect present, status unknown, pediatric cardiology referral."

ADHD: "IEP evaluation recommended. Will start Adderall for Inattentive type ADHD."

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Common HCC Codes

This is not a representation of all HCC ICD 10 codes and value sets, but of those that are most commonly seen and with missed opportunity often due to failure to re-code annually or nonspecific coding of a conditions which does not capture the patient's true disease burden and associated risk used to predict utilizations and cost.

Some conditions have more information available, click PopHealth Pete to access additional coding and documentation tips. These conditions include: ADHD, Asthma, Autistic Disorders, Bipolar Disorder, Diabetes Mellitus, Malnutrition, and Major Depressive Disorder.

HHS Codes

Condition	Code	Code Description
ADHD	F90.9- F90.2- F90.0- F90.8-	Attention-deficit hyperactivity disorder, unspecified type Attention-deficit hyperactivity disorder, combined type Attention-deficit hyperactivity disorder, predominantly hyperactive type Attention-deficit hyperactivity disorder, other type
Asthma	J45.909- J45.20- J45.30- J45.40- J45.50- J45.991- J45.998-	Unspecified asthma, uncomplicated, exercise induced bronchospasm Mild intermittent asthma, uncomplicated Mild persistent asthma, uncomplicated Moderate persistent asthma, uncomplicated Severe persistent asthma, uncomplicated Cough variant asthma Other Asthma
Behavioral Disorders	F98.8 F98.29 F98.3 F50.00 F50.2 F50.9	Other specified behavioral and emotional disorders with onset usually occurring in childhood and adolescence. Includes; Attention Deficit Disorder (without hyperactivity, ADD), nail biting, nose-picking, thumb-sucking, excessive masturbation Feeding disorder of infancy & childhood Pica of infancy & childhood Anorexia nervosa Bulimia nervose Eating Disorder, unspecified

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Common HCC Codes

Condition	Code	Code Description
Congential Conditions	G80.9 Q05.9 Q20.9 Q21.0 Q21.1 Q90.0 Q23.9 Q24.9 Q25.0	Cerebral Palsy Spina bifida Congenital malformation of cardiac chambers & connections Ventricular septal defect Atrial Septal defect Downs Syndrome, unspecified Congenital malformation of aortic/mitral valves Congenital malformation of heart, unspecified Patent ductus arteriosus

Documentation Tips:
If a congenital malformation or deformity has been corrected, a personal history code should be used to identify the history of the malformation or deformity. If NOT corrected at birth and is still present, it should be coded. Although, present at birth, a malformation/deformation or chromosomal abnormality may not be identified until later in life. Whenever the condition is diagnosed, it is appropriate to assign a code for these conditions.

Condition	Code	Code Description
Diabetes	E10.-/ E11.- E10.65/ E11.65 E10.649/ E10.649	DM Type 1 / Type 2 Diabetes Mellitus Type 1 / Type 2 with hyperglycemia Diabetes Mellitus Type 1 / Type 2 with hypoglycemia
Epilepsy / Seizures	G40.909 G40.309 G40.A09 G40.109 G40.009	Epilepsy, unspecified, not intractable, without status epilepticus Generalized idiopathic epilepsy and epileptic syndromes, not intractable, without status epilepticus Absence epileptic syndrome, not intractable, without status epilepticus Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, without status epilepticus Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, not intractable, without status epilepticus

Documentation Tips:
•Type: Generalized idiopathic
 •Localization-related idiopathic or symptomatic
 •Simple partial or complex partial seizures
 •Level of Control : Intractable/ Not intractable
 •Complications: with/without status epilepticus
 •Contributing factors: Seizures related to alcohol, drugs, sleep deprivation, etc.

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Common HCC Codes

Condition	Code	Code and Description
Seizure Disorders & Convulsions	R56.00 R56.01 R56.1 R56.9	Simple febrile convulsions Complex febrile convulsions Post traumatic seizures Convulsions unspecified
Mal-nutrition	E43 E44.0 E44.1 E46	Severe malnutrition Moderate malnutrition Mild malnutrition Unspecified malnutrition
Psychiatric	F20.9 F25.9 F30.9 F31.9 F31.81 F32.9 F33.0 F33.9 F43.10 F93.9	Schizophrenia Schizoaffective disorder Manic Episode Bipolar Affective Disorder, unspecified Bipolar disorder II, unspecified Major depressive disorder, single episode, unspecified Major Depressive Disorder Recurrent,mild Major Depressive Disorder Recurrent, unspecified PTSD Childhood emotional disorder, unspecified

Documentation Tips:
•Severity: mild, moderate or severe
•Frequency: Single Episode or Recurrent
•Psychotic Features: with or without psychotic features
•Remission status: partial or full remission

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Common HCC Codes

CDPS Codes

Condition	Code	Code Description
Autistic Disorders	F84.0 F84.9 F84.5	Autistic disorder (autism spectrum disorder, infantile autism, infantile psychosis, Kanner's syndrome) Pervasive developmental disorder, unspecified Asperger's syndrome
Congenital Conditions	Q21.0 Q21.1 Q25.0	Ventricular septal defect Atrial septal defect Patent ductus arteriosus
GERD	K209 K210 K21.9	Esophagitis, unspecified Gastro-esophageal reflux disease with esophagitis Gastro-esophageal reflux disease without esophagitis
Other specified mood	F91.3 F39- F43.10	Oppositional defiant disorder Unspecified mood [affective] disorder Post-traumatic stress disorder, unspecified
Psychiatric	F32.9 F33.0 F33.9 F43.10 F93.9	Major depressive disorder, single episode, unspecified Major Depressive Disorder Recurrent, mild Major Depressive Disorder Recurrent, unspecified PTSD Childhood emotional disorder, unspecified

How are CDPS codes different than HSS codes?

- Epic uses the Department of Health and Human Services (HHS) HCC model. You will see risk factors identified with HHS-HCC.
- There are additional codes that are not factored in to HCC gaps in Epic, these are Medicaid Chronic Illness and Disability Payment System (CDPS) codes. The table above contains some of the most common CDPS codes used in pediatrics.
- It is best patient care to follow M.E.A.T. documentation even though you will not see these conditions weighted in the risk score.

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Your Support Team

Risk Adjustment Team

- Contact your Risk Adjustment Team for any assistance and questions on HCC/RAF coding, documentation, etc.

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