Resetting the Clock on HCC Scores

HIERARCHICAL CONDITION CATEGORY

PURPOSE

The Purpose of Hierarchical Condition Category (HCC) Coding

- To accurately reflect the health of your patient population
  - Risk adjustment scores are higher for a patient with a greater disease burden and less for the more healthy patient
  - The diagnosis codes that are reported by your practice on the patient claims determine the patient's disease burden and risk score
  - Chronic Conditions are reported once per year (or more based on visit pattern of the patient and the complexity of their condition)

Two Patients, Same Diagnosis, Different Care

- Patient A is newly diagnosed with influenza and pneumonia
  - Patient A is 35
  - Patient has no chronic diseases
- Patient B is newly diagnosed with influenza and pneumonia
  - Patient B is 72
  - Patient comorbidities:
  - Diabetes, type 2
  - Chronic bronchitis
  - Emphysema

Two Patients, Same Diagnosis, Different Care (continued)

- Capturing the difference is called risk adjustment
  - If the comorbidities are not documented and coded for Patient B, the true cost of the encounter is not captured
  - Comorbidities bring extra risk, requiring extra utilization of resources
  - Erroneously reporting a more complex diagnosis can lead to overpayment

Resetting the Clock on HCCs

A New Calendar Year

- Patient Risk Adjustments Scores reset to zero each calendar year
- All applicable diagnoses must be coded again
  - This includes all chronic conditions and “status codes”
    - Status Code Examples:
      - Amputations
      - Transplants
      - -Ostomies
  - Recommended the first time the patient is seen in the calendar year
    - Schedule Annual Wellness Visits

The Big Three

Diabetes Mellitus

- Documentation and Coding:
  - ICD-10-CM assumed a causal link between most Systemic Disorders and Diabetes
    - ➢ Examples:
      - Chronic Kidney Disease: Use code E11.22 if a patient has both Diabetes Mellitus and Chronic Kidney Disease
      - Vascular Disease: Use code E11.51 if a patient has both Diabetes Mellitus and Peripheral Vascular Disease
      - Other examples include Cataracts, Osteomyelitis, Periodontal Disease, Skin Ulcers, Neuropathies and Retinopathies
  - Document and code all comorbidities that apply
  - Document when a comorbidity is <u>not due</u> to Diabetes
  - Use code Z79.4 to identify long term (current) use of insulin

Morbid Obesity

- Defining Morbid Obesity: The National Institutes of Health (NIH) defines morbid obesity as being 100 pounds or more above the ideal body weight or having a BMI of 40 or greater; or having a BMI of 35 or greater and one or more comorbid conditions.
  - Examples of Obesity related conditions:
    - Diabetes Mellitus
    - Obstructive Sleep Apnea
    - Hypertension
  - Morbid Obesity code examples:
    - E66.01: Morbid Obesity due to excess calories
    - E66.2: Morbid Obesity with hypoventilation
    - Use an additional code to identify the patients body mass index (BMI) if known: Z68.35-Z68.45

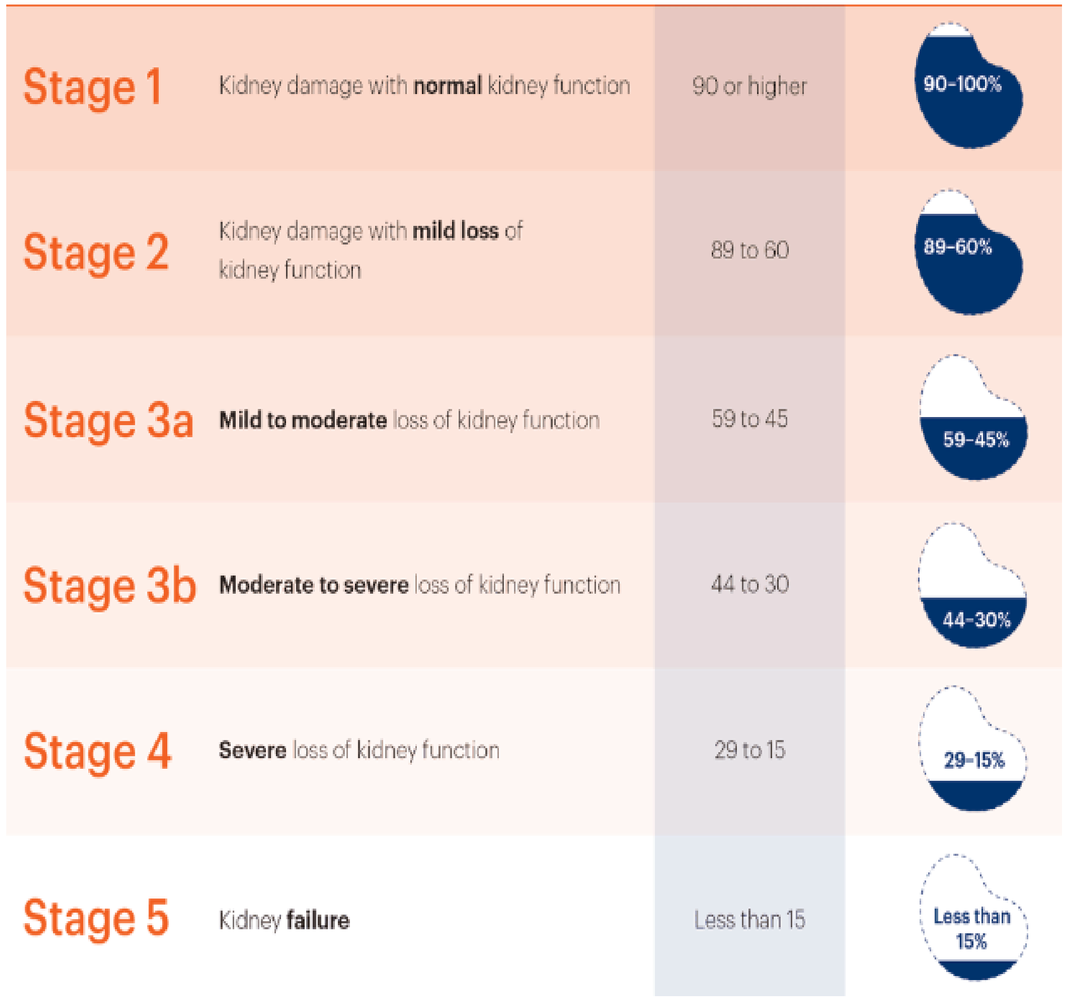
Chronic Kidney Disease

- Documentation and Coding: Always be sure to document and code the stage of Chronic Kidney Disease when known
  - ICD-10-CM classifies CKD based on severity which is designated by stages 1-5
  - End stage renal disease is assigned when the provider has documented ESRD
  - Use an additional code to identify dialysis status when applicable: Z99.2
- If Chronic Kidney Disease is present, it will always be applicable in a patient with diabetes, heart failure, or hypertension
  - Examples of specified codes related to CKD in other conditions
    - I12 (Hypertensive Chronic Kidney Disease) or
    - I13 (Hypertensive Heart and Chronic Kidney Disease)
    - E11.22 (Type 2 Diabetes Mellitus with Diabetic Chronic Kidney Disease)
    - E10.22 (Type 1 Diabetes Mellitus with Diabetic Chronic Kidney Disease)

    *Always use an additional code to identify stage of CKD
- Keep in mind: Renal Insufficiency is a generic term that does not lend itself to precise coding or risk adjustment

Changes to Chronic Kidney Disease

- Below are coding updates based on ICD-10 changes:
  - Chronic Kidney Disease Stage 3 is now broken down into sub-stages:
    - ➢ N18.30- Chronic Kidney Disease, stage 3 unspecified
    - ➢ N18.31- Chronic Kidney Disease, stage 3a
      - GFR 59 to 45
    - ➢ N18.32- Chronic Kidney Disease, stage 3b
      - GFR 44 to 30



HCC Coding Example: The Impact of Specified Coding

Example: A 67-year-old female presents with diabetes mellitus, chronic kidney disease and morbid obesity.

ICD-10 Code	Description- No Conditions Coded	HCC Weight
Not coded	Type 2 diabetes mellitus without complications	0.00
Not coded	Chronic kidney disease, unspecified	0.00
Not coded	Obesity, unspecified	0.00
	Demographic Risk Factor (Community, Non Dual, Aged):	**0.308**
	Total Score:	**0.308**
	PMPM Payment:	**$246.40**
	Medicare expects this patient to cost:	**$2,956.80**
ICD-10 Code	**Description- Partial Coding**	**HCC Weight**
E11.9	Type 2 diabetes mellitus without complications	0.105
N18.9	Chronic kidney disease, unspecified	0.00
E66.9	Obesity, unspecified	0.00
	Demographic Risk Factor (Community, Non Dual, Aged):	**0.308**
	Total Score:	**0.413**
	PMPM Payment:	**$330.40**
	Medicare expects this patient to cost:	**$3,964.80**
ICD-10 Code	**Description- Coding Highest Specificity**	**HCC Weight**
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease	0.302
N18.6, Z99.2	End stage renal disease with dependence on renal dialysis	0.435
E66.01, Z68.41	Morbid obesity due to excess calories with a BMI of 40.0-44.9	0.250
	Demographic Risk Factor (Community, Non Dual, Aged):	**0.308**
	Total Score:	**1.301**
	PMPM Payment:	**$1,040.80**
	Medicare expects this patient to cost:	**$12,489.60**

Status Codes

Amputation or Absence of

- This status is commonly documented:
  - While doing the physical examination or
  - Noting in the medical history regarding the patient
- Congenital Conditions
  - These do not qualify for amputation status
- Traumatic Amputation
  - A provider can report a traumatic amputation up to the point when the wound is healed
- Documentation
  - Document the level, laterality, and the impact on the patient's current medical health
- Code Example: Z89.411 Acquired Absence of Right Great Toe

Major Organ Transplant

- Documentation
  - Transplant status has a significant impact on the patient's risk adjustment score
  - Once a transplanted organ is identified, the physician needs to determine whether the patient has a transplant status or a transplant complication
    - With a complication, you can report the code for the complication
  - Code Example: Z94.2 Lung Transplant Status

Artificial Opening Status

- Documentation
  - Artificial opening status codes should be used only to indicate the presence, without need for care, of an artificial opening
  - Should be reported as secondary diagnoses
  - There are separate codes for complications for artificial openings
  - Code Example: Z93.0 Tracheostomy status

HCC Coding Example: The Impact of Specified Coding

Example: A 67 year old male presents for follow up for uncontrolled Diabetes Mellitus and Chronic Obstructive Pulmonary Disease. The patient has a permanent tracheostomy, lung transplant and a history of a toe amputation.

ICD-10 Code	Description- No Conditions Coded	HCC Weight
J44.9	Chronic Obstructive Pulmonary Disease	0.335
E11.65	Uncontrolled Diabetes Mellitus	0.302
Not coded	Lung Transplant Status	0.000
Not coded	Tracheostomy Status	0.000
Not coded	Amputation R Toe	0.000
	Demographic Risk Factor (Community, Non Dual, Aged):	**0.308**
	Total Score:	**0.945**
	PMPM Payment:	**$756.00**
	Medicare expects this patient to cost:	**$9,072.00**
ICD-10 Code	**Description- Coding Highest Specificity**	**HCC Weight**
J44.9	Chronic Obstructive Pulmonary Disease	0.328
E11.65	Uncontrolled Diabetes Mellitus	0.323
Z94.2	Lung Transplant Status	0.832
Z93.0	Tracheostomy Status	1.000
Z89.421	Amputation R Toe	0.519
	Demographic Risk Factor (Community, Non Dual, Aged):	**0.308**
	Total Score:	**3.351**
	PMPM Payment:	**$2,680.80**
	Medicare expects this patient to cost:	**$32,169.60**

ICD-10 HCC Status Code Quick List

ICD-10 Diagnosis Code	Code Description	HCC Weight
Z79.4	Long term (current) use of Insulin	0.105
Z89.411	Amputation of R Great Toe	0.519
Z89.412	Amputation of L Great Toe	0.519
Z89.421	Amputation of other R Toe(s)	0.519
Z89.422	Amputation of other L Toe(s)	0.519
Z89.431	Amputation of R Foot	0.519
Z89.432	Amputation of L Foot	0.519
Z89.441	Amputation of R Ankle	0.519
Z89.442	Amputation of L Ankle	0.519
Z89.511	Amputation of R Leg below Knee	0.519
Z89.512	Amputation of L Leg below Knee	0.519
Z89.611	Amputation of R Leg above Knee	0.519
Z89.612	Amputation of L Leg above Knee	0.519
Z91.15	Patient's noncompliance with Renal Dialysis	0.435
Z93.0	Tracheostomy Status	1.000
Z93.1	Gastrostomy Status	0.534

ICD-10 Diagnosis Code	Code Description	HCC Weight
Z93.2	Ileostomy Status	0.534
Z93.3	Colostomy Status	0.534
Z93.4	Other artificial openings of Gastrointestinal Tract Status	0.534
Z93.5	Cystostomy Status (requires 5th digit)	0.534
Z93.6	Other artificial openings of Urinary Tract Status	0.534
Z93.8	Other artificial opening status	0.534
Z94.1	Heart Transplant Status	0.832
Z94.2	Lung Transplant Status	0.832
Z94.3	Heart & Lungs Transplant Status	0.832
Z94.4	Liver Transplant Status	0.832
Z94.81	Bone Marrow Transplant Status	0.832
Z94.82	Intestine Transplant Status	0.832
Z94.83	Pancreas Transplant Status	0.832
Z94.84	Stem Cells Transplant Status	0.832
Z95.811	Presence of Heart Assist Device	0.832
Z95.812	Presence of fully implantable Artificial Heart	0.832
Z99.11	Dependence on Respirator Status	1.000
Z99.2	Dependence on Renal Dialysis	0.435

References

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