NPO-CIN ACO Reach Chart Audit Preparation Webinar

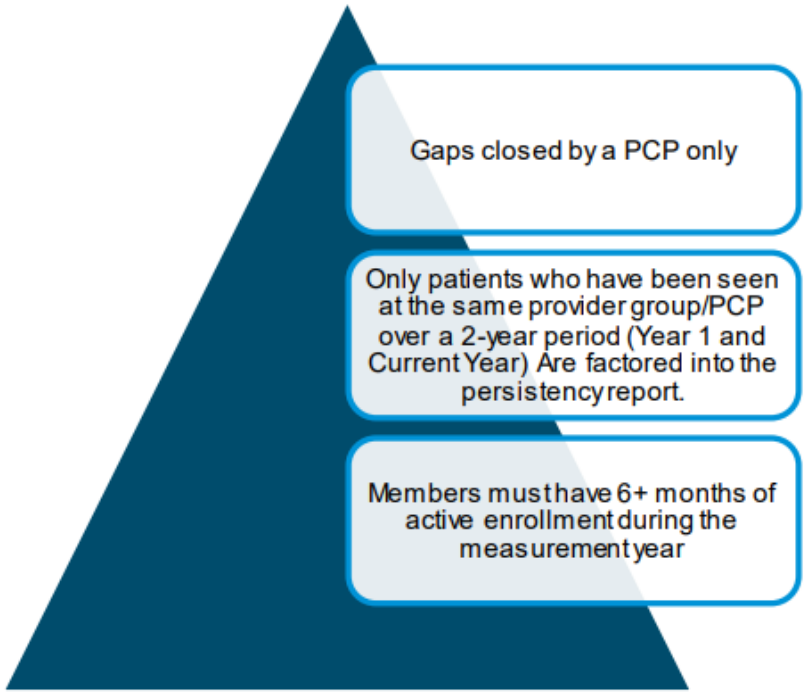
Presented by: Stephanie Allard, CPC, CEMA, RHIT
Senior Compliance Consultant
DoctorsManagement

HIERARCHICAL CONDITION CATEGORY (HCC) CODING

- The HCC model ranks diagnoses into categories to estimate future healthcare costs
  - Higher diagnosis categories represent higher predicted costs, resulting in higher risk scores
  - Helps show the patient's complexity and helps to predict health care resource utilization
- Accounts for difference in patient complexity and cost performance can be more correctly measured
- **Conditions must be captured at least once every calendar year**
- **Payors are looking for persistency with conditions for established patients being coded in the past and in the current year they are monitoring**

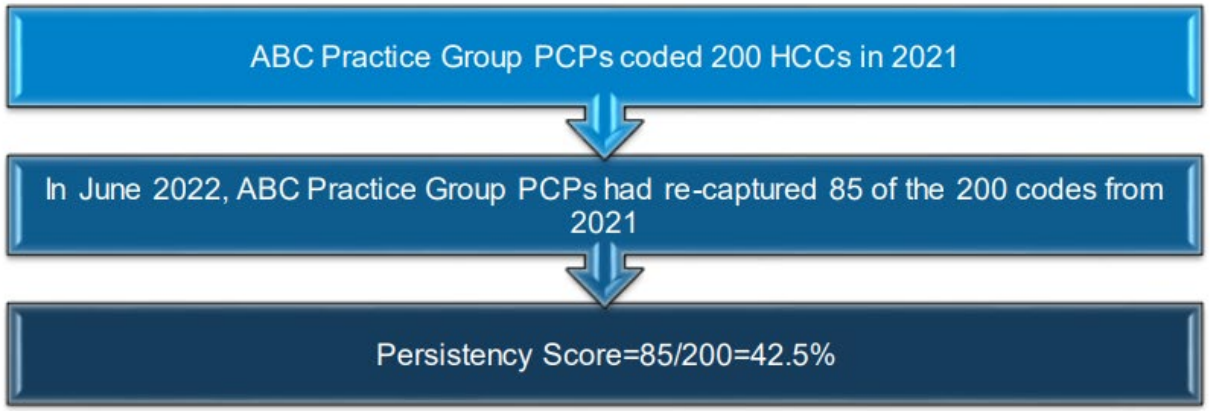
PERSISTENCY RATE

Persistency Rate



Definition - % of chronic conditions that were coded by a PCP affiliated with the provider group in both the prior year and measurement year where the member has returned for a visit in the measurement year.

Example of Persistency Rate Calculation:



ACTIVE DIAGNOSIS UNDER CURRENT MANAGEMENT

- Currently Managed by the provider
  - The conditions do not only exist for the patient, but are actively managed by the provider of the encounter
- Conditions that are not addressed during the encounter cannot be reported
- Conditions are not coded based only on the fact that the patient has them

REVIEWING PATIENT'S CONDITIONS DURING AWV

- The annual wellness visit can be an opportunity to review each condition the patient has and update your personal monitoring/management of each
  - Documentation must show how your evaluation impacts the decisions made during the encounter
- The conditions must be managed personally by the treating provider apart from the AWV in order to report the conditions and bill separately
  - For example if clinical auxiliary staff help to do obtain the intake information for the AWV they cannot also be the ones obtaining risk adjusted information about chronic conditions
- Remember to identify the impact of the conditions on your decision making if you are not personally managing condition(s) followed by another specialty

SUPPORTING DOCUMENTATION WITHIN THE HISTORY, EXAM AND ASSESSMENT/PLAN

- **History** – status of the patient's conditions and response to treatment
  - Acceptable locations of supporting documentation include **CC, HPI, ROS**
    - *The past, family and surgical history (PFSH) section of the history should not be used as supporting documentation as that typically refers to past information and does not clearly support current involvement and management in the patient's treatment in the present calendar year*
- **Exam** – specific information about the physical findings (location, dimensions and statuses) and confirmation of status conditions such as ostomies or specific amputation site
- **Assessment/Plan –** final diagnoses, status and/or severity (assessment) and the plan for the patient's treatment and/or follow up requirements
  - Listing of a diagnosis code in place of a clearly stated condition is not appropriate

ADDING IN ADDITIONAL DIAGNOSES DOES NOT AUTOMATICALLY SUPPORT RISK ADJUSTMENT

- An A&P is **not** a running problem list of each condition the patient currently has
- The A&P is to be the current status/severity according to the treating provider, it is not just a list of diagnoses
- **In order for a diagnosis to be documented as a part of the current encounter the A&P must show how the provider is personally monitoring and/or managing the condition(s)**
  - Documentation must specifically identify how the provider is personally monitoring and/or managing a condition

DOCUMENTATION MUST SUPPORT ACTIVE MANAGEMENT

History of Present Illness

Mandatory Structured Measures:

BMI Management

Adult - BMI management provided *Yes eats healthy diet, fruits and vegetables, no discussion due to the recent events in his history-bah*

Fall Risk Assessment > 50

Fall Risk Assessment: *No falls in the past year TUG Score less than 14 secs, demonstrates normal gait and mobility*

Community Resources Assessed

Assessed/guide given *Yes Patient evaluated for any need for community resources, no needs identified at this time, Social Determinants of Health addressed*

Do you skip doses or try to stretch out your medication due to concerns about the cost *No*

Are you eating less than you feel you should because ther wasn't enough money for food? *No*

Do you skip healthcare appointments because you don't have a way to get there? *No*

Are you having trouble paying your heat or electric bill? *No*

Are you worried that in the next 2 months, you may not have stable housing? *No*

Do you have a family member, friend or neighbor you'd feel comfortable calling at a moment's notice if you need help? *Yes*

Depression Screening:

PHQ-9

Little interest or pleasure in doing things *Nearly every day*

Feeling down, depressed, or hopeless *More than half the days*

Trouble falling or staying asleep, or sleeping too much *More than half the days*

Feeling tired or having little energy *Nearly every day*

Poor appetite or overeating *Not at all*

Feeling bad about yourself or that you are a failure, or have let yourself or your family down *Not at all*

Trouble concentrating on things, such as reading the newspaper or watching television *Not at all*

Moving or speaking so slowly that other people could have noticed; or the opposite, being so fidgety or restless that you have been moving around a lot more than usual *Not at all*

Thoughts that you would be better off dead or of hurting yourself in some way *Not at all*

Intervention

Depression Screening Findings *Positve*

Follow-Up for Depression *Emotional support assessment*

Score 10. moderate depression.

Assessments

1. Routine medical exam - Z00.00 (Primary)
2. Screening for colon cancer - Z12.11
3. Screening for depression - Z13.31
4. Morbid (severe) obesity due to excess calories - E66.01
5. Body mass index [BMI] 36.0-36.9, adult - Z68.36
6. Essential hypertension - I10
7. Gastroesophageal reflux disease without esophagitis - K21.9
8. ED (erectile dysfunction) - N52.9
9. Stress incontinence - N39.3
10. Prostate cancer - C61
11. Family hx of aortic aneurysm - Z82.49
12. Pulmonary nodule - R91.1
13. History of prostate cancer - Z85.46
14. Current moderate episode of major depressive disorder without prior episode - F32.1
15. Stem cells transplant status - Z94.84
16. Hx of acute lymphoid leukemia in remission - Z85.6

Treatment

1. Screening for colon cancer

Referral To:of Northern Michigan Digestive Health Associates Gastroenterology

Reason:screening colosncopy

Preventive Medicine

Counseling:

Community Resources

Community Resources Assessed *Yes*

Diet: Discussed today.

Exercise: Discussed today.

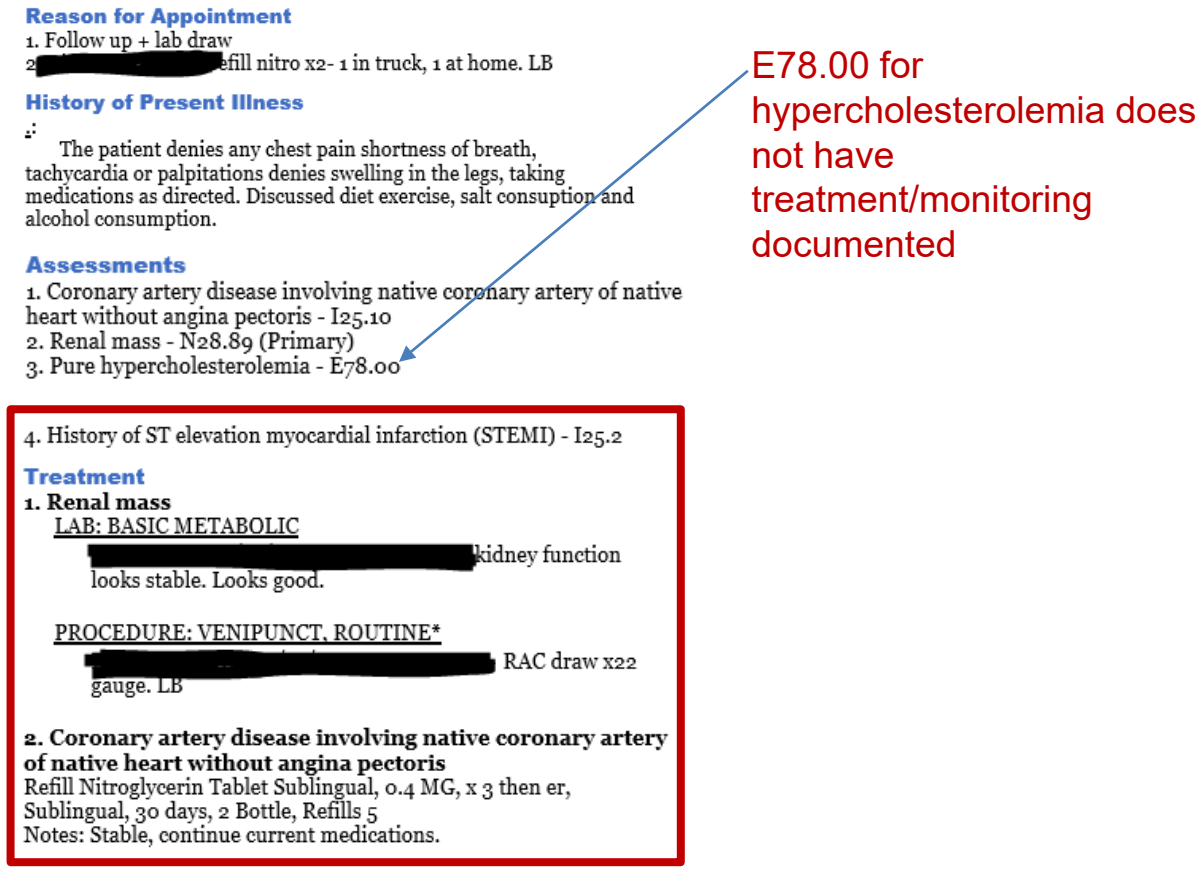
Examples of conditions that risk adjustment:

- Morbid obesity E66.01
- HTN I10
- GERD K21.9
- Prostate Cancer C61

Does this annual visit support the Risk Adj Codes? NO!

PROBLEMS ADDRESSED DURING THE ENCOUNTER

- Documentation must specifically identify how the provider is personally monitoring and/or managing a condition
  - If another provider is rendering all of the treatment and monitoring the patient then the condition is not to be reported or coded as a part of the encounter



Reason for Appointment
1. Follow up + lab draw
2 [redacted] efill nitro x2- 1 in truck, 1 at home. LB

History of Present Illness

The patient denies any chest pain shortness of breath, tachycardia or palpitations denies swelling in the legs, taking medications as directed. Discussed diet exercise, salt consuption and alcohol consumption.

Assessments
1. Coronary artery disease involving native coronary artery of native heart without angina pectoris - I25.10
2. Renal mass - N28.89 (Primary)
3. Pure hypercholesterolemia - E78.00

4. History of ST elevation myocardial infarction (STEMI) - I25.2

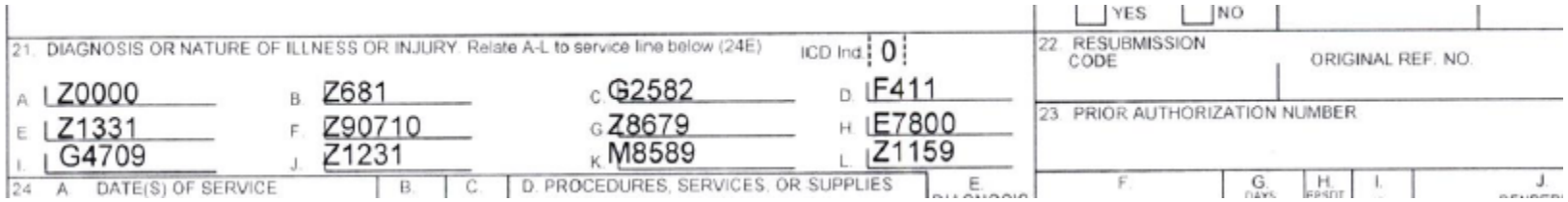
Treatment
1. Renal mass
LAB: BASIC METABOLIC
[redacted] kidney function looks stable. Looks good.

PROCEDURE: VENIPUNCT, ROUTINE*
[redacted] RAC draw x22 gauge. LB

2. Coronary artery disease involving native coronary artery of native heart without angina pectoris
Refill Nitroglycerin Tablet Sublingual, 0.4 MG, x 3 then er, Sublingual, 30 days, 2 Bottle, Refills 5
Notes: Stable, continue current medications.

LOCATION OF ICD-10-CM CODES THAT RISK ADJUST IN THE ASSESSMENT & PLAN

- A total of 12 diagnoses can be reported on a claim form
- The codes that Risk Adjust are to be listed within the top 12 or they will be missed and not reported
- The location of the diagnoses within the Assessment & Plan usually determines whether it will end up being reported on the claim form



				☐ YES ☐ NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E)			ICD Ind. 0	22. RESUBMISSION CODE / ORIGINAL REF. NO.
A. Z0000	B. Z681	C. G2582	D. F411	
E. Z1331	F. Z90710	G. Z8679	H. E7800	23. PRIOR AUTHORIZATION NUMBER
I. G4709	J. Z1231	K. M8589	L. Z1159	
24. A. DATE(S) OF SERVICE	B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES	E. F. G. H. I. J.

Questions?

Presented by

Stephanie Allard, CPC,CEMA,RHIT, Senior Compliance Consultant

DoctorsManagement

sallard@drsmgmt.com