HCC Crash Course

Absorbing the Impact

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For the last 20 years, Barbie has worked alongside physicians in non-clinical roles of support. Her experiences include front office management, billing and coding, and practice management. She has worked with physicians in small independently-owned settings, large group practices, and hospital-owned clinics. She enjoys speaking with physicians, determining their needs, and working with them to make their documentation withstand the rigors of today's complex guidelines. She has extensive experience with multiple specialties, providing audit and coding training to physicians. Barbie is credentialed through the American Academy of Professional Coders as a Certified Professional Coder, Certified Professional Medical Auditor, Instructor, and Evaluation and Management Coder. She joined the AAFP team in 2015 as the Coding and Compliance Strategist.

Samuel Le Church is a private practice rural family physician in Hiawassee, GA, where he lives on a small farm with his wife and four children. He continues to enjoy going to work, both in the office and hospital. He is active with the Georgia Academy of Family Physicians, serving on their Legislative Committee and Board. In addition, he serves as adjunct faculty for 3rd year medical students, who help keep his passion for medicine alive. His practice is recognized as a Level 3 NCQA Patient Centered Medical Home. Dr. Church also serves as Alternate Advisor to the AMA CPT Editorial Panel for the AAFP. In addition, he is a regular speaker and volunteer consultant on practice management, work flow, coding optimization, and chronic care management implementation. He is an AAPC Certified Risk Adjustment Coder. Dr. Church was recently named Georgia Family Physician of the Year.

Learning Objectives

- What you need to know and why about HCC coding

- Plot an HCC map using common primary care conditions

- Practical application from a member physician perspective

Background

ICD-10

Increased Specificity Paves the Way for Increased Reimbursement

Barbie Hays, CPC, CPCO, CPMA, CPC-I, CFPC, CEMC

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Need to know more about ICD-10 coding? The AAFP hosted a webinar in December 2016 to help you.

http://www.aafp.org/practice-management/payment/coding/icd10-increased-specificity.html
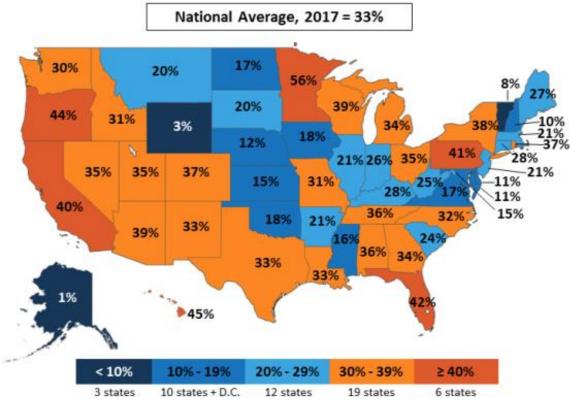
Most Common HCC Groups

CMS-HCC VALUES

	HCC and Description of disease/condition	2017 value*	
Risk	Diabetes		**Adjustment**
	HCC17 = Diabetes with Acute Complications	0.368	
	HCC18 = Diabetes with Chronic Complications	0.368	
	HCC19 = Diabetes without Complication	0.118	
	Heart and Circulatory Disease		
	HCC84 = Cardio-Respiratory Failure and Shock	0.329	
	HCC85 = Congestive Heart Failure	0.368	
	HCC106 = Atherosclerosis of the Extremities with Ulceration or Gangrene	1.413	
	HCC107 = Vascular Disease with Complications	0.410	
	HCC108 = Vascular Disease	0.299	
	Renal disease		
	HCC134 = Dialysis Status	0.476	
	HCC135 = Acute Renal Failure Hematological Disorders	0.476	
	HCC136 = Chronic Kidney Disease, Stage 5	0.224	
	HCC137 = Chronic Kidney Disease, Severe (Stage 4)	0.224	
	Respiratory		
	HCC111 = Chronic Obstructive Pulmonary Disease	0.346	
	HCC114 = Aspiration and Specified Bacterial Pneumonias	0.672	
	HCC115 = Pneumococcal Pneumonia, Empyema, Lung Abscess	0.200	
	Mental Health		
	HCC58 = Major Depressive, Bipolar, and Paranoid Disorders	0.330	
	Weight		
	HCC22 = Morbid Obesity	0.365	

Conditions Common to Family Medicine

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Why do I care? MA is growing.

National Average, 2017 = 33%

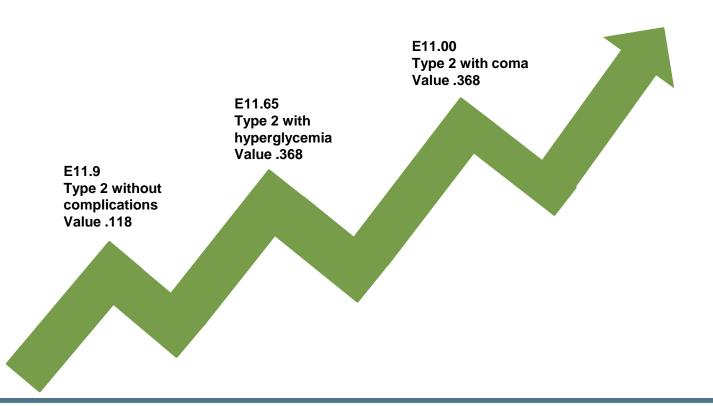| < 10%	10% - 19%	20% - 29%	30% - 39%	≥ 40%
3 states	10 states + D.C.	12 states	19 states	6 states

NOTE: Includes MSAs, cost plans and demonstrations. Includes Special Needs Plans as well as other Medicare Advantage plans.
Excludes beneficiaries with unknown county addresses and beneficiaries in territories other than Puerto Rico.
SOURCE: Authors' analysis of CMS State/County Market Penetration Files, 2017.

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Use your words and specific diagnosis codes to tell the story!

words have power

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All Hail the King

E11.9
Type 2 without
complications
Value .118

E11.65
Type 2 with
hyperglycemia
Value .368

E11.00
Type 2 with coma
Value .368

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Clicks Can Matter

Make it count

Status codes (amputations, old MI, ostomy, etc.)

Underlying conditions

Be leary of

Conditions not specifically addressed

Careful of cut & paste

Historical (resolved) dxs

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Calculated Annually Beginning

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M.E.A.T.

- ***Monitor*** - signs, symptoms, disease progression, disease regression
- ***Evaluate*** - test results, medication effectiveness, response to treatment
- ***Assess*** - ordering tests, discussion, review records, counseling
- ***Treat*** - medications, therapies, other modalities

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Common Primary Care Encounters

Patient with DM II presents for routine follow-up. A1C 8.3. Also has stable COPD, oxygen dependent. O2 DME papers signed earlier this year.

Which road to take?

ICD-10	Description	RAF
J44.9	COPD	.328
E11.9	DM Unspec	.118
Total risk=		**.446**

ICD-10	Description	RAF
J44.9	COPD	.328
Z99.81	Oxygen Dep	
J96.11	Chronic Resp Failure w/ hypoxia	.318
E11.65	DM w/ hyper-glycemia	.318
Total optimized risk=		**.964**

Common Primary Care Encounters

68 y/o patient with hypertension and hyperlipidemia and BMI 37.2. Has been using CPAP for years.

Which road to take?

ICD-10	Description	RAF
I10	Hypertension	
E78.5	Hyperlipidemia	
G47.33	Sleep Apnea	
Total risk=		**.000**

ICD-10	Description	RAF
I10	Hypertension	
E78.5	Hyperlipidemia	
G47.33	Sleep apnea	
Z68.37	BMI 37.0-37.9	
E66.01	Morbid Obesity	.273
Total optimized risk=		**.273**

Common Primary Care Encounters

Patient with diabetes and polyneuropathy. Right great toe amputated several years ago. He continues to smoke. Patient brought in multiple records from other providers. In addition to refill of meds, you counseled for 5 minutes regarding smoking cessation. You spend 35 minutes reviewing and summarizing the outside records and include that in the visit note.

Which road to take?

ICD-10	Description	RAF
E11.9	DM Unspec	.118
F17.219	Nicotine dep/cig	
Total risk=		**.118**

ICD-10	Description	RAF
E11.41	DM w/ polyneuropathy	.318
F17.419	Nicotine dep/cig	
Z89.412	Acquired loss L great toe	.588
Total optimized risk=		**.906**

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Common Primary Care Encounters

Patient with HTN comes in for upper respiratory infection. Remote history of colon cancer and now has a chronic colostomy bag. DME orders signed earlier in the year.

Which road to take?

ICD-10	Description	RAF
J06.9	Upper Respiratory Infection	
I10	Hypertension	
Total risk=		**.000**

ICD-10	Description	RAF
J06.9	Upper Respiratory Infection	
I10	Hypertension	
Z93.3	Colostomy status	.651
Total optimized risk=		**.651**

Common Primary Care Encounters

76 y/o presents with swelling of the left arm, redness, and pain. He takes warfarin for atrial fibrillation. He is also a liver transplant patient. Given IM ceftriaxone. PT/INR and CBC ordered.

Which road to take?

ICD-10	Description	RAF
L03.114	Cellulitis of L upper ext	
I48.91	Unspec afib	.295
Total risk=		**.295**

ICD-10	Description	RAF
L03.114	Cellulitis of L upper ext	
I48.2	Chronic afib	.295
Z79.01	Long term anticoag therapy	
Z97.4	Liver transplant status	.891
Total optimized risk=		**1.186**

Common Primary Care Encounters

Patient for follow-up of major depression, improving. New med started 6 weeks ago.
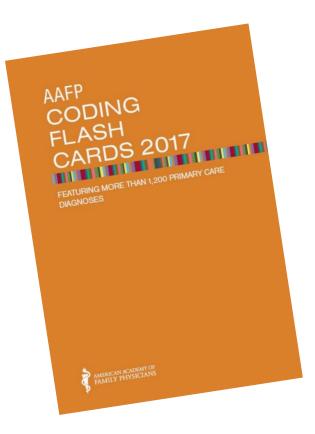
Which road to take?

ICD-10	Description	RAF
F32.9	Major depression, single, unspec	
Total risk=		**.000**

ICD-10	Description	RAF
F32.1	Major depression, single episode, moderate	.330
Total optimized risk=		**.330**

To Prevent a Crash

- Use documentation and coding to capture the severity of illness/risk of high cost

- Make sure that you capture the complexity of the patient

- Major issues need to be captured at least once a year (clock restarts Jan. 1)

RISK	RxHCC	DESCRIPTION	ICD-10
		TIP	
Diabetes is not classified as controlled or uncontrolled in ICD-10.			
Use additional code to identify any insulin use (Z79.4) with categories E08, E09, E11, and E13 and stage of chronic kidney disease (N18.1-N18.6) when applicable.			
⚑	Rx	Type 2 diabetes mellitus without complications	E11.9
⚑	Rx	Type 2 diabetes mellitus with diabetic nephropathy	E11.21
⚑	Rx	Type 2 diabetes mellitus with diabetic chronic kidney disease	E11.22
⚑	Rx	Type 2 diabetes mellitus with diabetic mononeuropathy	E11.41
⚑	Rx	Type 2 diabetes mellitus with diabetic polyneuropathy	E11.42
⚑	Rx	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy (e.g., gastroparesis)	E11.43
⚑	Rx	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene	E11.51
⚑	Rx	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene	E11.52
⚑	Rx	Type 2 diabetes mellitus with foot ulcer	E11.621
⚑	Rx	Type 2 diabetes mellitus with other skin ulcer	E11.622
		TIP	
Use an additional code to identify the site of the ulcer (L97.1-L97.9, L98.41-L98.49).			
⚑	Rx	Type 2 diabetes mellitus with hyperglycemia	E11.65
⚑	Rx	Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)	E11.00
⚑	Rx	Type 2 diabetes mellitus with hypoglycemia without coma	E11.649

DIABETES

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Questions

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Resources

[Coding Resources](#)

For questions and feedback, contact: Barbie Hays, Coding and Compliance Strategist, BHays@aafp.org

Reference Slides:

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Abbreviations

- RAF-Risk adjustment factor (think RVU but sliding scale)
- RVU-Relative value unit
- HCC-Hierarchical condition classification
- MA plans-Medicare Advantage plan
- RADV-Risk adjustment data validaton

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Types of models

- <u>HHS HCC</u> – Health and Human Services Hierarchical Condition Category
- <u>CDPS</u> – Medicaid Chronic Illness and Disability Payment Systems
- <u>DRG</u> - Diagnosis Related Groups – Inpatient
- <u>ACG</u> – Adjusted Clinical Groups – Outpatient
- **<u>CMS HCC</u>** – Medicare Hierarchical Condition Category, Part C

Definitions & Terms

- Types of Reviews:
  - Retrospective
  - Concurrent
  - Prospective
- Risk Adjustment: aligning payment and benchmarks to reflect acuity of illness
- HCC Payments: Based off of evolving risk adjusted scores and paid prospectively