PATH TO PROMINENCE

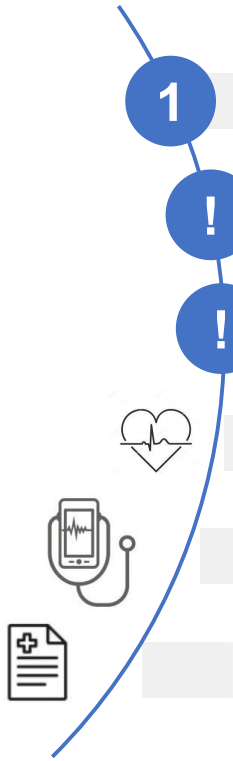
Risk Adjustment
Clinical Documentation Specificity

Session 2

Prominence Health Plan

UHS

Session 2 Agenda



1. Depression / Mood Disorders
2. ! M.E.A.T.
3. ! Stand-Alone Progress Note
4. Diagnosis
5. Diagnosis Specificity Needed to assign the appropriate dx code
6. Clinical Documentation Required to support ICD-10 codes submitted on your claim

Disclaimer

Information shared today is for educational purposes only, using 2021 data for accuracy at time of delivery.

This guidance is to be used for easy reference; however, the ICD-10-CM code book and the Official Guidelines for Coding and Reporting are the authoritative references.

Specific documentation is reflective of the “clinical thought process” of the provider when treating patients.

All conditions affecting the care, treatment or management of the patient should be documented with their status and treatment plan in the Progress Note.

The information shared today also serves to enhance your implementation of

high-quality clinical documentation for ICD-10 coding accuracy to the highest level of specificity.

https://www.cms.gov/Medicare/Health- Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2018.pdf,
https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Risk-Adjustors.html
https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Risk-Adjustors- Items/Risk2018.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=descending

The Goal for Today's Content

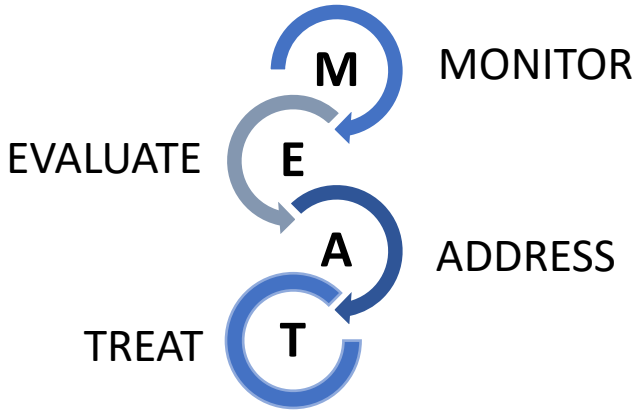
- Obtain a High-level understanding of Risk Adjustment specific to Depression and Mood Disorders.
  - ✓ Utilizing CMS-HCC (Medicare) Risk Adjustment Model
- Information being shared today is In accordance with:
  - ✓ ICD10 Coding Guidelines
  - ✓ CMS Risk Adjustment Data Validation Guidelines
  - ✓ AHA Documentation Guidelines and Coding Clinics
  - ✓ Industry Best Practice suggestions for RA success
- Learn one thing you didn't know or that wasn't clear about Risk Adjustment, Clinical Documentation and/or ICD-10 HCC Coding.
- Take away one tip to ease the documentation burden in your day to day.

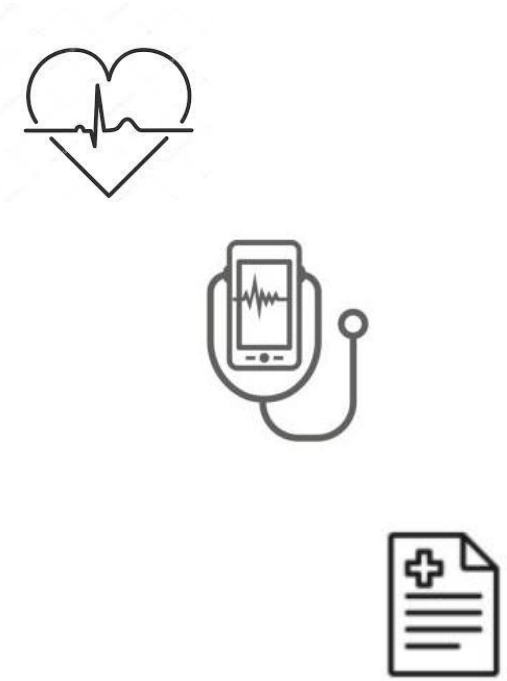
"Best Practice" Clinical Documentation Specificity

Specific to Risk Adjustment Data Validation (RADV) audits.

- It is one **Stand-Alone Progress Note**, not the medical record in its entirety that is used in an audit.
- **One DOS** and a single Progress Note that must validate the ICD-10 HCC diagnosis code(s) submitted on your claim for RADV.

Does the clinical documentation in your Progress Note meet the CMS M.E.A.T. criteria to support the diagnosis codes assigned on your claim for submission?





Depression / Mood Disorders

Tips for SUCCESS in Risk Adjustment Data Validation.

Mood [affective] Disorders (F30.X – F39)

HCC 59 - Category "Major Depressive, Bipolar, and Paranoid Disorders"

- 58 - ICD-10 Diagnosis codes for Mood [affective] Disorders, HCC 59, RAF 0.343
- 26% of Medicare beneficiaries > 13m have a diagnosis of F32.9 Depression, unspecified

*HCC 59 Does not include Anxiety –No HCC

- Some common costs associated with Depression
  - ✓ Medications
  - ✓ Specialty Visits
  - ✓ In/Outpatient Therapy

These costs alone are reason to add the specificity needed for accurate coding if known

- Use the Active Medical Problems List to your advantage.
  - ✓ Choose narrative that specifies your patients Depression

https://medicareadvocacy.org/medicare-and-mental-health/,

HCC 59 | Major Depressive, Bipolar, and Paranoid Disorders

RAF 0.343

ICD-10	ICD-10 Diagnosis Descriptor	HCC
F320	Major depressive disorder, single episode, mild	59
F321	Major depressive disorder, single episode, moderate	59
F322	Major depressive disorder, single episode, severe without psychotic features	59
F323	Major depressive disorder, single episode, severe with psychotic features	59
F324	Major depressive disorder, single episode, in partial remission	59
F325	Major depressive disorder, single episode, in full remission	59
F329	Major depressive disorder, single episode, unspecified	-
F330	Major depressive disorder, recurrent, mild	59
F331	Major depressive disorder, recurrent, moderate	59
F332	Major depressive disorder, recurrent severe without psychotic features	59
F333	Major depressive disorder, recurrent, severe with psychotic symptoms	59
F3340	Major depressive disorder, recurrent, in remission, unspecified	59
F3341	Major depressive disorder, recurrent, in partial remission	59
F3342	Major depressive disorder, recurrent, in full remission	59
F338	Other recurrent depressive disorders	59
F339	Major depressive disorder, recurrent, unspecified	59
F3481	Disruptive mood dysregulation disorder	59
F3489	Other specified persistent mood disorders	59
F349	Persistent mood [affective] disorder, unspecified	59
F39	Unspecified mood [affective] disorder	59

Most commonly submitted Dx for Depression →

Mood Disorders

Table 3. 2020 Payment Condition Count Model Relative Factors for Continuing Enrollees

Depression ICD-10 Coding (American Hospital Association - AHA)

- ICD-10 Index
  - Depression (acute, mental, major, single)
    - ➢ When your clinical documentation lacks the details needed to accurately code, it will **default** to code **F32.9** Unspecified, **No HCC.**

- ICD-10 Code **F32.9** – Default code
  - Recall Dx codes submitted on your claim should reflect your patient's accurate health status for appropriate funding.

    Major Depressive Disorder, Single Episode

    Major Depressive Disorder, Unspecified

    Depression not otherwise specified (NOS)

    Depressive disorder NOS

    Major Depression NOS

- Accuracy of the Active Medical Problems list is "Best Practice" for success in Risk Adjustment.

  Use the narrative specificity to your advantage to drive your documentation for each encounter.

  - ➢ Example: Choose, Major Depressive Disorder, recurrent, in full remission F33.42 / HCC 59.
  - ➢ Example: Not, Depression F32.9 No HCC

- FYI: Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (F40.X – F48.X)
  - Only three Dx codes, specifically related to "**dissociative** conditions" are included in the Risk Adjustment Model. (F44.0, F44.1, F44.81)

"Best Practice" for documentation of Depression (1,2,3s)

Your Clinical Documentation for Depression should always include:

- The **Status** of Depression
  - ✓Stable, single episode, recurrent, etc.
- The **Specificity** of Depression
  - ✓Depression vs. Mild Recurrent Major Depressive Disorder
- The Current **Treatment Plan** for the Depression
  - ✓Managed by Psychiatrist
  - ✓Continue Medication (ex. Cymbalta)

Document and code *ALL* Behavioral Health Conditions as appropriate when addressed in encounter.

- Even when it is currently managed by a specialist
  - ✓Incorporating documented complications from specialist notes into your current documentation and active medical problems lists is a recommended "best practice" for PCP awareness and to ensure conditions are monitored appropriately.
  - ✓Documentation *solely* in a problems list or a past medical history list is not sufficient to show M.E.A.T. – Monitor, Evaluate, Address, Treat.

Lists are not acceptable for code abstraction in Risk Adjustment Data Validation (RADV).

Documenting and Coding for Depression

- Documentation should include, at a minimum, descriptive terms for Severity and Episode.
  - ✓ Mild, Moderate, or Severe
  - ✓ Single Episode, or Recurrent
  - ✓ Remission Status should also be documented as appropriate.

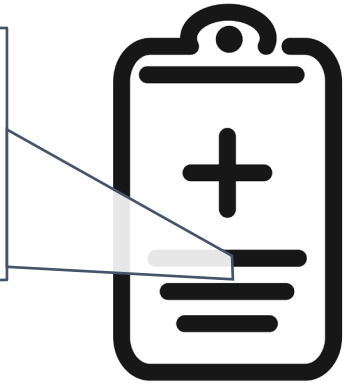
- **Documentation of a Dx for Depression, Major Depression and Chronic Depression without further specificity is not included in the Risk Adjustment model.**

- Documentation should be consistent throughout the encounter note, including HPI, Physical Exam, Assessment and Plan.
  - ✓ Be careful of conflicting documentation throughout your Progress Note. Templates and auto-population of 'normal affect', or 'negative for depressive', or 'denies depression' in the Physical Exam and/or Review of Systems for depression causes a contradiction, know your Progress Note "output".

"Best Practice" (1,2,3s)

1) Status
2) Specificity
3) Treatment Plan

"Mild, Recurrent Major Depressive Disorder, continue Zoloft."



Example

Major Depression Diagnosis Assignment - Severity

- The PHQ9 form for assessing severity of depression are based on the DSM-IV criteria for diagnosing Major Depression.

➢ 5 Symptoms must be present within 2-week period.

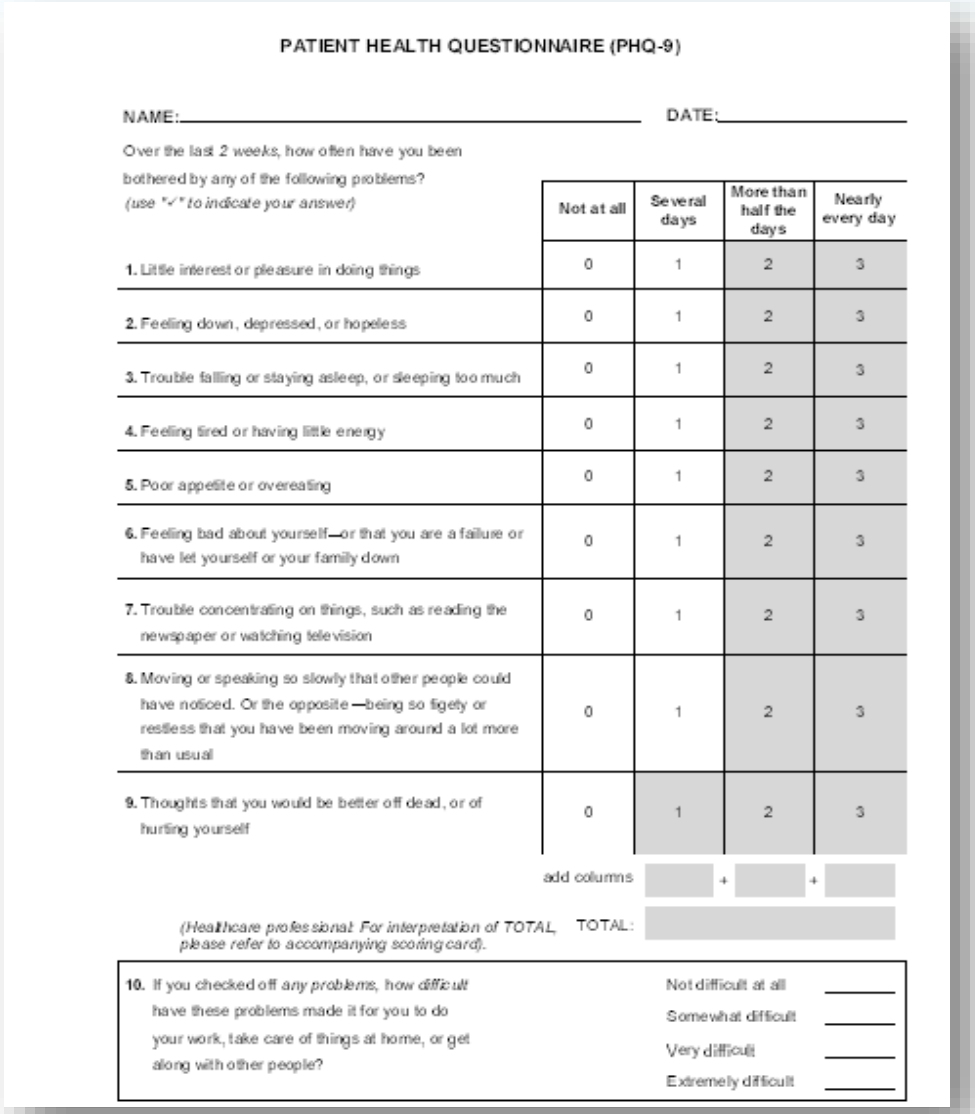
Minimum of 1 has to be depressed mood, or loss of interest (typically first 2 questions).

➢ Documentation must also support that symptoms are:

Causing the patient stress or impairment in important areas of functioning (ex: social, occupational).

- *Not* a result of substance abuse or medical comorbidities.

PHQ-9 Total Score	Depression Severity
1-4	Minimal
5-9	Mild
10-14	Moderate
15-19	Moderately Severe
20-27	Severe



PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME:_____ DATE:_____

Over the last 2 weeks, how often have you been bothered by any of the following problems? *(use "✓" to indicate your answer)*

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so figety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3
add columns		+	+	

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card). TOTAL:

10. If you checked off *any problems*, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____
Somewhat difficult _____
Very difficult _____
Extremely difficult _____

Official ICD10 Guidelines APA. Diagnostic and Statistical Manual of Mental Disorders. 5th ed. Arlington, VA: American Psychiatric Association; 2013

Major Depression Diagnosis Assignment - Episode

ICD10	Description
F320	Major depressive disorder, single episode, mild
F321	Major depressive disorder, single episode, moderate
F322	Major depressv disord, single epsd, sev w/o psych features
F323	Major depressv disord, single epsd, severe w psych features
F324	Major depressv disorder, single episode, in partial remis
F325	Major depressive disorder, single episode, in full remission
F330	Major depressive disorder, recurrent, mild
F331	Major depressive disorder, recurrent, moderate
F332	Major depressv disorder, recurrent, severe w/o psych features
F333	Major depressv disorder, recurrent, severe w psych symptoms
F3340	Major depressive disorder, recurrent, in remission, unsp
F3341	Major depressive disorder, recurrent, in partial remission
F3342	Major depressive disorder, recurrent, in full remission
F338	Other recurrent depressive disorders
F339	Major depressive disorder, recurrent, unspecified

Single Episode:

- "A single episode of a major depressive disorder lasts a minimum of two weeks with persistent symptoms through the day, nearly every day."
- An individual may experience only one single depressive episode in their lifetime.

Recurrent Episodes:

- Additional episode qualified by DSM criteria for Major Depression, separated by at least 2 months of the previous episode.

***Remission**:

- **Partial** Remission:

  Occasional Symptoms from a previous episode but full DSM criteria not met.

  No symptoms from previous episode (2 Months).

- **Full** Remission:

  Still Active (only signs and symptoms are gone/controlled).

  No significant signs or symptoms of the depression (2 Months).

*Whether or not a patient is actively being treated for MDD, receiving counseling and/or taking anti-depressive medication and the depression is stable documentation of "In-remission" would be appropriate and codable to an active code. (What if the patient quit the treatment in place, will the depression re-occur?)

Common Behavioral Health Coding and Documentation Opportunities

Conflicting Documentation

- Documentation and coding of a Mood Disorder with 'normal' physical exam/ROS findings.

Omitting Documented Conditions From Claim Submission

- Ongoing Major Depressive Disorder is documented throughout the encounter as a comorbidity (HPI, etc.), however the Dx is omitted from the assessment and claim for the encounter.

Lack Of Supporting Documentation For Conditions

- The condition is simply listed in the Assessment and submitted on a claim without clinical documentation evidence of M.E.A.T. (Monitor, Evaluate, Address, or Treatment) in the Progress Note.
- The condition is only listed in the problems or past medical history list but included in claim submission.

Lack of Specificity in code selection

- Specific Episode/Recurrence of Major Depression is documented in the encounter and assessment; however Major Depression NOS is selected for claim submission.

Common Behavioral Health Coding and Documentation Opportunities

- Incorrect 'History Of' Documentation
  - Per ICD10 Guidelines:

    Personal history codes explain a patient's past medical condition that no longer exists, resolved and gone, not receiving any treatment, medication, etc.

    Current conditions should not be documented as history of even when the signs and symptoms are controlled, not currently present, stable, still receiving treatment, medication, etc.
- Progress Note Documentation
  - Slashes are interpreted as either/or, avoid using slashes when documenting multiple conditions.
  - Dx documented as Rule out, suspect, working, possible, code to signs and symptoms not an actual diagnosis (out-patient IS much different from in-patient).
  - Avoid Abbreviations, if used, spell the entire condition out at least once.

Takeaway for Behavioral Health Coding

- Ensuring that the current severity and episode (if applicable) is appropriately documented is of utmost importance in behavioral health coding.
- Use of the terms such as mild, moderate, severe, reoccurrence and remission status may determine if the diagnosis qualifies as risk adjusted.
- Use the Active Medical Problems List to your advantage, add the Dx with the full specificity in the narrative to drive your documentation.

Major Depression Specificity

- **Situation** Moderate, Recurrent Major Depression is documented in the encounter, however depression, or unspecified major depression is coded.
- **Recommendation** Ensure code assignment for depression matches the specificity reflected in the documentation.
  - Updates to Risk Adjustment Models places greater emphasis on specific documentation of severity and episode
  - Major Depression, without any additional documentation no longer classifies as a risk adjustable condition
    - Mild, Moderate, or Severe & the status of recurrence should be documented when known

"Best Practice" (1,2,3s)

1) Status
2) Specificity
3) Treatment Plan

CMS-HCC Risk Adjustment Coding Impact

Ensuring all diagnoses are documented to the highest level of specificity in your Progress Note and appropriately assigned and submitted on your claim is detrimental to Risk Adjustment Success.

Report all chronic HCC conditions a minimum of 1x per year, “Best Practice” suggests at 2x per year or more.

Accuracy of Disease Burden and Risk Score is dependent upon the detailed clinical documentation specificity in your Progress Note for ICD-10 diagnosis code assignment and claim submission.

Active Medical Problems List Accuracy – Add all chronic conditions and status conditions to the patient’s Active Medical Problems to the highest level of specificity in the narrative and use that assigned narrative to your advantage to drive your clinical documentation in your Progress Note for accuracy.

Quick Debrief

High-level recap

- Incorporate diagnoses from specialists notes into your patients Active Medical Problems List (AMPL) to the highest level of known specificity and use the descriptive narrative to your advantage.
- Use the AMPL to your advantage by using the descriptive narrative to drive your clinical documentation details in the Progress Note.
- Depression - Attention to the term “Remission” (Commonly known as resolved and gone)
  - Depression – “In-Remission” Assign an active F-Code, not a Z-Code, the depression still exists but the signs and symptoms of the depression are in remission (controlled by medication, therapy and/or other treatment).

Thank you for your time today. We appreciate you!