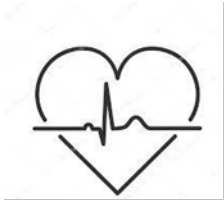


Risk Adjustment Clinical Documentation Specificity

Diabetes Mellitus

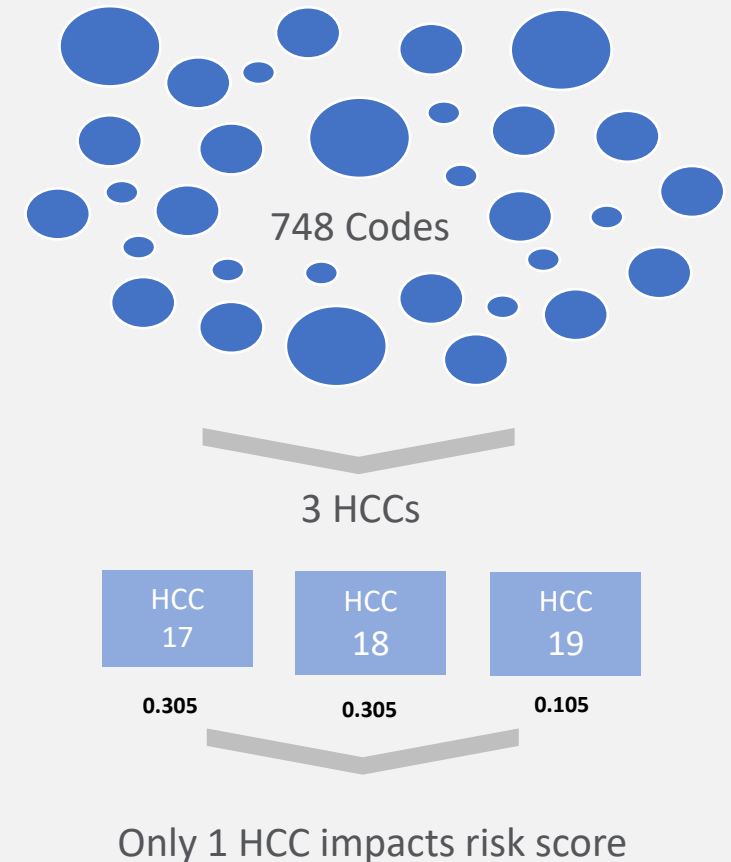


DIABETES MELLITUS

Tips for SUCCESS in Risk Adjustment Data Validation

Diabetic Conditions – CMS HCC Model

- ~748 ICD10 Codes for Diabetes
- categorized into 3 HCC categories
 - HCC 19 RAF weight 0.105
 - HCC 18 RAF weight 0.305
 - HCC 17 RAF weight 0.305
- The HCCs are arranged in a hierarchy, with HCC 17 being the highest and HCC 19 being the lowest.
- Only the highest HCC impacts risk score 1x per year when completely and accurately documented, coded, and submitted.
- A disease interaction coefficient is also added for patients who have both a Diabetes and Congestive Heart Failure HCC.



CMS HCC Crosswalk

HCC Category/Variable	HCC Category Description
17	Diabetes with Acute Complications
18	Diabetes with Chronic Complications
19	Diabetes without Complication

- Each HCC is referred to as an HCC category.
- Each HCC category has corresponding ICD-10 Dx codes that map to an HCC based on the methodology from CMS.

CMS HCC Crosswalk HCC 17 (23 ICD-10 Dx map | Type 1, Type 2 and Other underlying condition)

ICD-10 Diagnosis Code	ICD-10 Dx Description	CMS-HCC Model V24
E0800	Diabetes mellitus due to underlying condition with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)	17
E0801	Diabetes mellitus due to underlying condition with hyperosmolarity with coma	17
E0810	Diabetes mellitus due to underlying condition with ketoacidosis without coma	17
E0811	Diabetes mellitus due to underlying condition with ketoacidosis with coma	17
E08641	Diabetes mellitus due to underlying condition with hypoglycemia with coma	17
E0900	Drug or chemical induced diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)	17
E0901	Drug or chemical induced diabetes mellitus with hyperosmolarity with coma	17
E0910	Drug or chemical induced diabetes mellitus with ketoacidosis without coma	17
E0911	Drug or chemical induced diabetes mellitus with ketoacidosis with coma	17
E09641	Drug or chemical induced diabetes mellitus with hypoglycemia with coma	17
E1010	Type 1 diabetes mellitus with ketoacidosis without coma	17
E1011	Type 1 diabetes mellitus with ketoacidosis with coma	17
E10641	Type 1 diabetes mellitus with hypoglycemia with coma	17
E1100	Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)	17
E1101	Type 2 diabetes mellitus with hyperosmolarity with coma	17
E1110	Type 2 diabetes mellitus with ketoacidosis without coma	17
E1111	Type 2 diabetes mellitus with ketoacidosis with coma	17
E11641	Type 2 diabetes mellitus with hypoglycemia with coma	17
E1300	Other specified diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)	17
E1301	Other specified diabetes mellitus with hyperosmolarity with coma	17
E1310	Other specified diabetes mellitus with ketoacidosis without coma	17
E1311	Other specified diabetes mellitus with ketoacidosis with coma	17
E13641	Other specified diabetes mellitus with hypoglycemia with coma	17

CMS HCC Crosswalk HCC 18 (400 ICD-10 Dx map | Type 1, Type 2 and Other underlying condition)

Diagnosis Code	Description	CMS-HCC Model V24			
E0821	Diabetes mellitus due to underlying condition with diabetic nephropathy	18	E133551	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, right eye	18
E0822	Diabetes mellitus due to underlying condition with diabetic chronic kidney disease	18	E133552	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, left eye	18
E0829	Diabetes mellitus due to underlying condition with other diabetic kidney complication	18	E133553	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	18
E1140	Type 2 diabetes mellitus with diabetic neuropathy, unspecified	18	E133559	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	18
E1141	Type 2 diabetes mellitus with diabetic mononeuropathy	18	E133591	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	18
E1142	Type 2 diabetes mellitus with diabetic polyneuropathy	18	E133592	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	18
E1143	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy	18	E133593	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	18
E1144	Type 2 diabetes mellitus with diabetic amyotrophy	18	E133599	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	18
E1149	Type 2 diabetes mellitus with other diabetic neurological complication	18	E1336	Other specified diabetes mellitus with diabetic cataract	18
E1151	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene	18	E1337X1	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	18
E1152	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene	18	E1040	Type 1 diabetes mellitus with diabetic neuropathy, unspecified	18
E1159	Type 2 diabetes mellitus with other circulatory complications	18	E1041	Type 1 diabetes mellitus with diabetic mononeuropathy	18
E11610	Type 2 diabetes mellitus with diabetic neuropathic arthropathy	18	E1042	Type 1 diabetes mellitus with diabetic polyneuropathy	18
E11618	Type 2 diabetes mellitus with other diabetic arthropathy	18	E1043	Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy	18
E11620	Type 2 diabetes mellitus with diabetic dermatitis	18	E1044	Type 1 diabetes mellitus with diabetic amyotrophy	18
E11621	Type 2 diabetes mellitus with foot ulcer	18	E1049	Type 1 diabetes mellitus with other diabetic neurological complication	18
E11622	Type 2 diabetes mellitus with other skin ulcer	18	E1051	Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene	18
E11628	Type 2 diabetes mellitus with other skin complications	18	E1052	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene	18
E11630	Type 2 diabetes mellitus with periodontal disease	18	E1059	Type 1 diabetes mellitus with other circulatory complications	18
E11638	Type 2 diabetes mellitus with other oral complications	18	E10610	Type 1 diabetes mellitus with diabetic neuropathic arthropathy	18
E11649	Type 2 diabetes mellitus with hypoglycemia without coma	18	E10618	Type 1 diabetes mellitus with other diabetic arthropathy	18
E1165	Type 2 diabetes mellitus with hyperglycemia	18	E10620	Type 1 diabetes mellitus with diabetic dermatitis	18
E1169	Type 2 diabetes mellitus with other specified complication	18	E10621	Type 1 diabetes mellitus with foot ulcer	18
			E10622	Type 1 diabetes mellitus with other skin ulcer	18
			E10628	Type 1 diabetes mellitus with other skin complications	18
			E10630	Type 1 diabetes mellitus with periodontal disease	18
			E10638	Type 1 diabetes mellitus with other oral complications	18
			E10649	Type 1 diabetes mellitus with hypoglycemia without coma	18
			E1065	Type 1 diabetes mellitus with hyperglycemia	18
			E1069	Type 1 diabetes mellitus with other specified complication	18

CMS HCC Crosswalk HCC 19 (6 IC-10 Dx map to Type 1, Type 2 and Other underlying condition(s))

Diagnosis Code	Description	CMS-HCC Model V24
E089	Diabetes mellitus due to underlying condition without complications.	19
E099	Drug or chemical induced diabetes mellitus without complications.	19
E109	Type 1 diabetes mellitus without complications.	19
E119	Type 2 diabetes mellitus without complications.	19
E139	Other specified diabetes mellitus without complications.	19
Z794	Long-term (current) use of insulin.	19

Diabetes Mellitus Dx CODES E08-E89 | AHA Official Code Guidelines

Chapter 4: Endocrine, Nutritional, and Metabolic Diseases (E00-E89)

a. Diabetes mellitus

- The diabetes mellitus codes are combination codes that include the **type** of diabetes mellitus, the **body system** affected, and the **complications** affecting that body system.
- Use as many codes as possible within a particular category that are necessary to describe all the diabetic complications/manifestations present.

Specific to ICD-10-CM, chapter 4, AHA Official Coding Guidelines

"Endocrine, nutritional and metabolic diseases (E00-E89),"

➤ includes a separate subchapter (block), Diabetes mellitus **E08-E13**, with the categories:

- E08, Diabetes mellitus due to underlying condition
- E09, Drug or chemical induced diabetes mellitus
- E10, Type 1 diabetes mellitus
- E11, Type 2 diabetes mellitus
- E13, Other specified diabetes mellitus

Common Diabetic Complications (CMS HCC)

3 Diabetic HCCs are defined by presence, type of complication and numbered by hierarchy

Diabetes with *Acute* Complications (HCC 17) 0.305

- Hyperosmolarity (with or without coma)
- Ketoacidosis (with or without coma)
- Hypoglycemia (with coma)

Diabetes with *Chronic* Complications (HCC 18) 0.305

- There are some Combination Codes in ICD10 which mostly eliminate the need to code Diabetes and the Diabetic complication (1-combo code).
- Some *Other* Diabetic complications require reporting of the additional Diabetic complication (2 Codes) or it will default to HCC 18 only.
- Certain Conditions map to multiple HCCs*.

DM w. PVD – HCC 18 AND HCC 108

DM w. CKD - HCC

Document and code as many complications that are present at the time of the visit for accuracy of disease burden.

Diabetes *Without* Complication (HCC 19) 0.105

- DM defaults to E11.9 when lacking details for further specificity.
- Even when coded W/ Long-term Insulin Use.

Kidney Complications; E11.21-E11.29
Nephropathy
CKD
Ophthalmic Complications; E11.311-E11.39
Retinopathy
Proliferative Retinopathy*
Macular Edema
Retinal Detachment
Cataract
Neurological Complications; E11.40-E11.49
Neuropathy (poly, mono, autonomic)
Amyotrophy
Circulatory Complications; E11.51-E11.59
Peripheral Angiopathy*
Gangrene
Skin Complications; E11.620-E11.628
Dermatitis
Ulceration*
Oral Complications; E11.630-E11.638
Periodontal Disease
Other Specified Complications; E11.649-E11.69
Arthropathy
Hypoglycemia
Hyperglycemia
Other Specified Complication
Unspecified Complications; E11.8

Reminder Diabetes Coding Changes in ICD10

Causal Relationship

ICD10 guidelines identify many diabetic complications where a causal relationship can be assumed for code assignment:

“These conditions should be coded as related even in the absence of provider documentation explicitly linking them.”

Causal Relationship Assumed	Causal Relationship <i>not</i> Assumed
Cataract CKD Hyperglycemia	Coronary Artery Disease Hypertension Hyperlipidemia

This means

- If you have a condition listed in your PN that is not related to DM, your documentation should reflect that it is not related.
- If your complication is not listed here, your documentation must include linking terms to validate relationship.

Diabetes, diabetic (mellitus) (sugar) E11.9

- with
 - amyotrophy E11.44
 - arthropathy NEC E11.618
 - autonomic (poly)neuropathy E11.43
 - cataract E11.36
 - Charcot's joints E11.610
 - chronic kidney disease E11.22
 - circulatory complication NEC E11.59
- complication E11.8
 - specified NEC E11.69
 - dermatitis E11.620
 - foot ulcer E11.621
 - gangrene E11.52
 - gastroparesis E11.43
 - gastroparesis E11.43
 - glomerulonephrosis, intracapillary E11.21
 - glomerulosclerosis, intercapillary E11.21
 - hyperglycemia E11.65
- hyperosmolarity E11.00
 - with coma E11.01
- hypoglycemia E11.649
 - with coma E11.641
- ketoacidosis E11.10
 - with coma E11.11
- kidney complications NEC E11.29

Coders Common DM Error Coding Tip

Diabetes with Complications Example based on causal relationship correct coding guidelines

Situation

- Diabetes and multiple complications are fully documented within the same Progress Note. Diabetes without complications is coded on the claim (E11.9 HCC 19).

Recommendation “Best Practice”

ICD-10 Guidelines now assume a causal relationship between many common diabetic complications when documented in the same Progress Note.

- When assigning an appropriate code for diabetes pay attention to any complications/manifestations.
- If the Diabetic Complications are documented in the Progress Note, refer to Tabular Index to see if causal relationship is assumed by ICD10 (as shown in the previous slide).
 - Is the Dx listed in the ‘with’ list?
- Assign the Dx Code to the highest specificity utilizing the Diabetes with complication code.
 - Query for further specificity on the Complication/Manifestation if not specified.
 - Recall: Dual code assignment, Combo code assignment.

Diabetes, Causal Relationship

- Any of the conditions under the sub-term “with” such as gangrene, neuropathy, or amyotrophy (full list to the right) can be coded without the physician stating that these conditions are linked.
- The classification assumes a cause-and-effect relationship between diabetes and certain diseases of the kidneys, nerves, and circulatory system.
- There are 53 instances of “with” sub term conditions listed under the main term Diabetes. There is a presumed causal relationship between diabetes and the 53 conditions listed under “with.”
- OTHERWISE:
 - Your clinical documentation must provide the link between the diabetes AND the related diagnosis to be coded with terms such as:
Diabetes: Associated with, due to, in, diabetic, complicated by, etc.

Diabetes, diabetic (mellitus) (sugar) E11.9
with

- amyotrophy E11.44
- arthropathy NEC E11.618
- autonomic (poly) neuropathy E11.43
- cataract E11.36
- Charcot's joints E11.610
- chronic kidney disease E11.22
- circulatory complication NEC E11.59
- complication E11.8
 - specified NEC E11.69
- dermatitis E11.620
- foot ulcer E11.621
- gangrene E11.52
- gastroparesis E11.43
- glomerulonephrosis, intracapillary E11.21
- glomerulosclerosis, intercapillary E11.21
- hyperglycemia E11.65
- hyperosmolarity E11.00
 - with coma E11.01
- hypoglycemia E11.649
 - with coma E11.641
- kidney complications NEC E11.29
- Kimmelsteil-Wilson disease E11.21
- loss of protective sensation (LOPS) - see Diabetes, by type, with neuropathy
- mononeuropathy E11.41
- myasthenia E11.44
- necrobiosis lipoidica E11.620
- nephropathy E11.21
- neuralgia E11.42
- neurologic complication NEC E11.49
- neuropathic arthropathy E11.610
- neuropathy E11.40
- ophthalmic complication NEC E11.39
- oral complication NEC E11.638
- periodontal disease E11.630
- peripheral angiopathy E11.51
 - with gangrene E11.52
- polyneuropathy E11.42
- renal complication NEC E11.29
- renal tubular degeneration E11.29
- retinopathy E11.319
 - with macular edema E11.311
- nonproliferative E11.329
 - with macular edema E11.321
- mild E11.329
 - with macular edema E11.321
- moderate E11.339
 - with macular edema E11.331
- severe E11.349
 - with macular edema E11.341
- proliferative E11.359
 - with macular edema E11.351
- skin complication NEC E11.628
- skin ulcer NEC E11.622

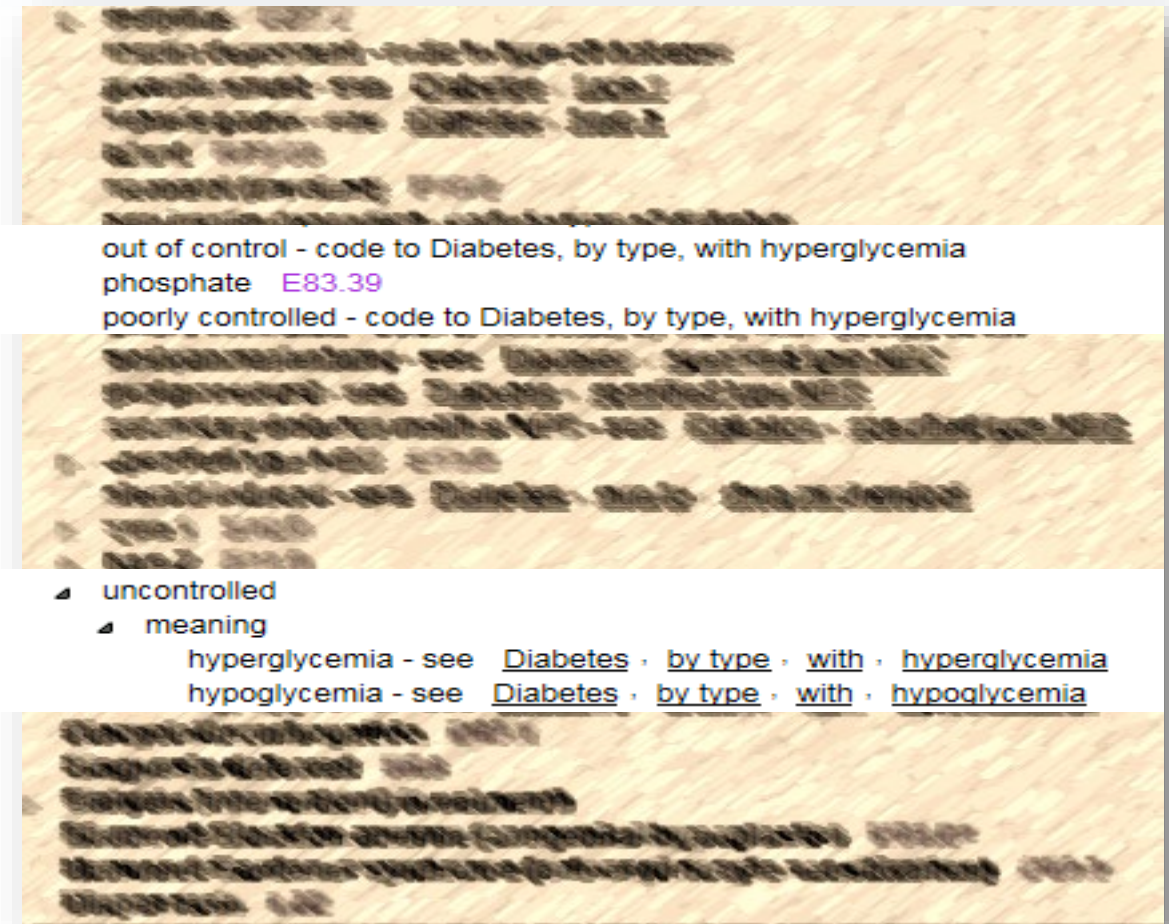
Diabetes Coding Changes in ICD10

Documenting Control

“Controlled or Uncontrolled” are not included in terminology for coding Diabetes in ICD10.

Increase in specificity requires *Hyper* or *Hypoglycemia* to be clearly documented for correct code assignment.

“*Out of Control*”, “*Poorly Controlled*”, and “*Inadequately Controlled*” are included in the index, and all classify to “Diabetes with Hyperglycemia”.



The screenshot shows the ICD10 index for Diabetes. It includes the following text:

- out of control - code to Diabetes, by type, with hyperglycemia phosphate **E83.39**
- poorly controlled - code to Diabetes, by type, with hyperglycemia
- uncontrolled meaning
 - hyperglycemia - see [Diabetes](#) , [by type](#) , [with](#) , [hyperglycemia](#)
 - hypoglycemia - see [Diabetes](#) , [by type](#) , [with](#) , [hypoglycemia](#)

If “uncontrolled,” please include terminology for correct code assignment.

Diabetes with complication/manifestation

Comorbidity

- The simultaneous presence of two or more diseases or medical conditions (not inferred as related, just occurring at the same time).

Manifestation

- Involving and/or related to, underlying disease, caused by, due to.

Complication

- Secondary disease or condition caused by an already existing one, additional complexity.
- A problem that arises because of an illness.

Documentation of diabetes with a comorbidity defaults to E11.9 Diabetes unspecified – HCC 19

Documentation of diabetes and the diabetic manifestation/complication allows for accurate code assignment – HCC 18

Common Diabetes Coding and Documentation Errors:

Conflicting Documentation in Your Progress Note

- ❖ With and without complications (could be system driven, know your out-put).
- ❖ Type Documented vs. Type Coded on your claim (less specified documented, more specified coded on claim).

Omitting Documented Diabetic Conditions From Claim Submission

- ❖ Diabetes with complications throughout the encounter, however coding uncomplicated DM in the assessment and on the claim.
- ❖ Documenting diabetes in an acute visit, but failing to include code in the assessment/claim submission.

Lack Of Supporting Documentation For Diabetes

- ❖ Condition is simply listed in the assessment without documentation of Management, Evaluation, Assessment, or Treatment (M.E.A.T.).
- ❖ Use of clinical terms vs documentation of the actual diagnosis.
 - Clinical hands on vs. why that is different than black and white documentation.

Detailed clinical documentation allows for diagnosis code accuracy and reporting to CMS

Documentation should always include:

The Status of Diabetes

Stable, Controlled, Uncontrolled, Hyper/Hypoglycemic

Specificity of Diabetic complication

List Diabetes the type and the complication/ manifestation.

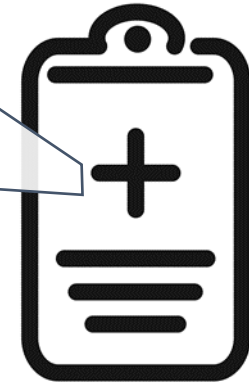
NOT: Diabetes type 2 with **circulatory complication** (what circulatory complication).

BUT: Diabetes type 2 with Peripheral Vascular disease.

Current Treatment Plan

Managed by Ophthalmology, Continue Gabapentin, Lantus, etc.

**“Stable Type 2 Diabetes
With Diabetic Peripheral
Neuropathy, Continue
Scripts for Gabapentin, &
Metformin.”**



Document and code ***all*** diabetic complications as appropriate when addressed in encounter.

(Even if currently managed by specialist)

Pulling in documented complications from specialist notes into current documentation/problems lists is a best practice to ensure all chronic conditions are monitored and addressed appropriately.

Documentation solely from lists such as the problems list or past medical history list, does not meet the CMS M.E.A.T.

(Monitor, Evaluate, Address, and/or Treat – M.E.A.T.)

!TIP – Mirror the exact diagnosis in your Progress Note documentation AND the Final Assessment = 1:1 match.

Ensure documentation consistency throughout the encounter/Progress Note and for coding to the highest specificity:

Diabetic type (I or II)

Complicated, uncomplicated, controlled, uncontrolled

Know your output

Diabetes Mellitus — Default vs. Specified

High-level clinical details are needed in your documentation for coding to the highest specificity.



Diabetes Mellitus-

Default

1. Unspecified
2. Uncomplicated
3. Type II
4. Controlled

Diabetes Unspecified
E11.9
HCC 19 – 0.105

When your documentation is lacking high-level clinical details for coding specificity the DX will default.



Diagnosis Specificity Needed-

1. Type 1 or Type 2
2. Controlled or Uncontrolled
Uncontrolled:
Hypoglycemia
Hyperglycemia
3. Complication / Manifestation

What is the Diagnosis: _____

Diabetes with documented chronic complication/manifestation
E08.X – E13.X
HCC 18 – 0.305



Clinically think about 2 diagnoses **both** needing CMS M.E.A.T.

Clinical Documentation to the highest specificity allows for accurate diagnosis coding and risk score



Clinical Documentation **lacking specificity** (HCC category 19 - 0.105).

➤ Diabetes continue Metformin. | Diabetes, reviewed blood sugar log.

Clinical Documentation to the **highest specificity** (HCC category 17/18 – 0.305).

➤ Diabetes mellitus, type 2 with peripheral neuropathy, blood sugars controlled, currently no numbness, follow up 6 weeks.

➤ Type 2 diabetic polyneuropathy continue Metformin and Gabapentin as prescribed.

What's Missing?

Diabetes Mellitus

HCC 19 RAF Weight 0.105 (Unspecified/Uncomplicated)

HCC 18 RAF Weight 0.305 (With Chronic conditions)

HCC 17 RAF Weight 0.305 (With Acute conditions)



Diabetes Mellitus-



Diagnosis Specificity Needed-

1. **Type** of Diabetes (Type 1 or Type 2)
2. The **status** of Diabetes (Controlled or Uncontrolled)
If Uncontrolled, what? (Hype/Hypo)
3. The Diabetic **Complication / Manifestation** (If there is one)
4. 1:1 Match Documentation to Assessment



High-level clinical **details** required in your documentation for diagnosis coding to the highest specificity = HCC Accuracy.

Common diabetic conditions (Kidney, Circulatory, Neurological, Ophthalmic, Skin).

“Be sure to specify” What is the diabetic condition?

ICD-10 Code Rules: Combined “combo” codes or additional “Code also” diagnosis code required.

If complicated what is the complication: Be sure to specify.

The documentation criteria must be met on both the diabetes and the complication (think 2 separate diagnoses).

Combo Codes include the diabetes and the complication

Code also associated condition require 2 separate diagnoses

EXAMPLE Dx: Type 2 Diabetes Mellitus with Diabetic Peripheral Neuropathy E11.44 (HCC 18) **Combo Code**

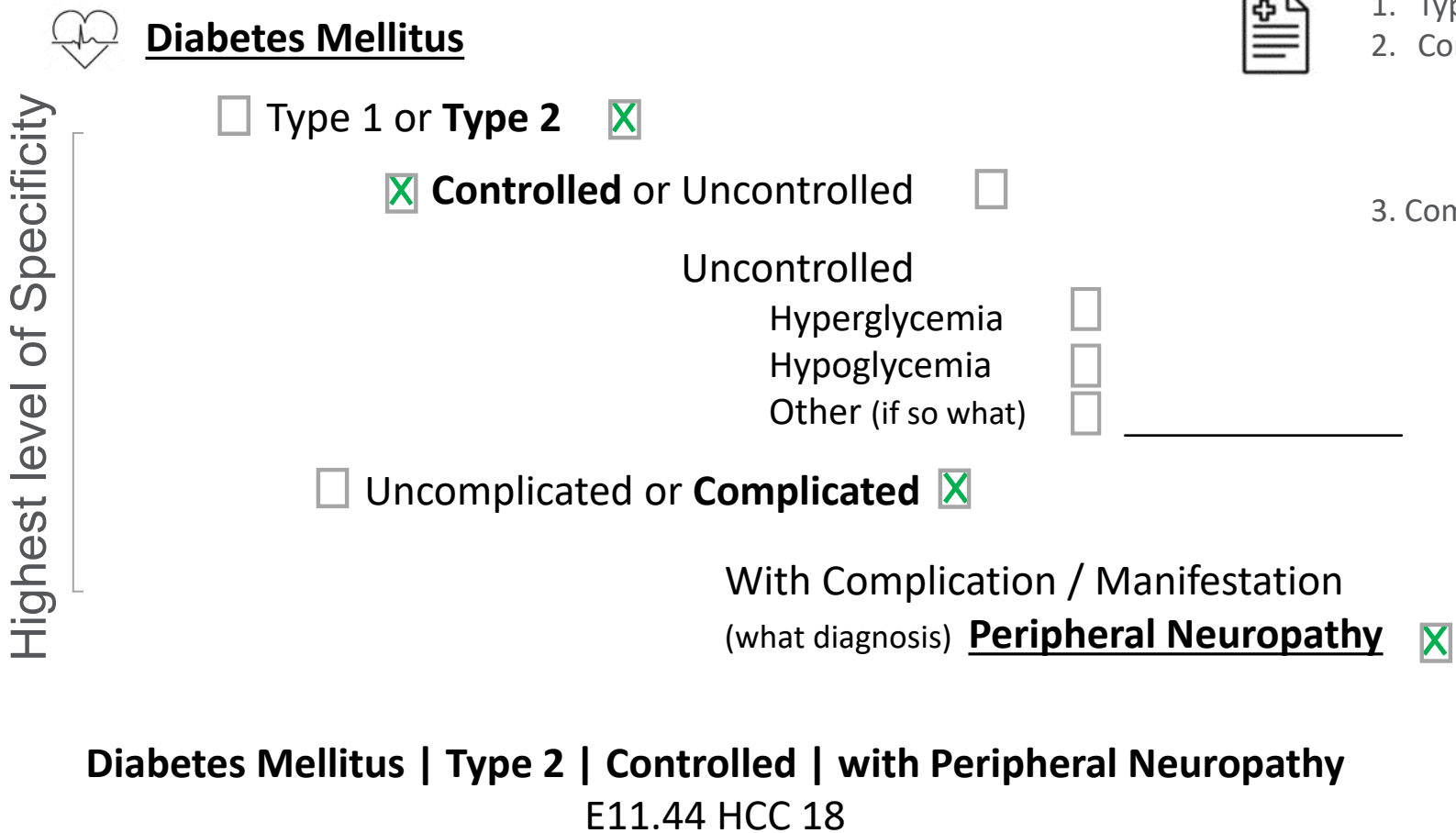
EXAMPLE Dx: Type 2 Diabetes Mellitus with CKD Stage IIIa E11.22 (HCC 18) AND N18.31 (HCC 138) **Code Also**

Diabetic Coding Rule: “Code Also” Insulin use: Z79.4 Long-term (current) insulin use * Best Practice add to the AMPL

Diabetes Mellitus Completed Decision Tree for Specificity

ICD-10 Diagnosis Codes E08. – E13. | HCC Category 17-19

Documenting to the highest specificity allows for Coding to the highest specificity.



Diagnosis Specificity Needed-



1. Type 1 or Type 2
2. Controlled or Uncontrolled
Uncontrolled:
Hypoglycemia
Hyperglycemia
3. Complication / Manifestation
What is the Diagnosis:

Use additional code to identify any insulin use.

Diabetes

Some common chronic diabetic complications include:

- Neuropathy
- Renal manifestations, such as CKD and nephropathy
- Retinopathy
- Circulatory conditions involving the peripheral arteries
- Osteomyelitis
- Gangrene
- Documentation should include specificity.
 - Rt, Lt, Bilateral,
 - A diagnosis for the complication / manifestation
 - Direct connection

Kidney Complications; E11.21-E11.29
Nephropathy
CKD
Ophthalmic Complications; E11.311-E11.39
Retinopathy
Proliferative Retinopathy*
Macular Edema
Retinal Detachment
Cataract
Neurological Complications; E11.40-E11.49
Neuropathy (poly, mono, autonomic)
Amyotrophy
Circulatory Complications; E11.51-E11.59
Peripheral Angiopathy*
Gangrene
Skin Complications; E11.620-E11.628
Dermatitis
Ulceration*
Oral Complications; E11.630-E11.638
Periodontal Disease
Other Specified Complications; E11.649-E11.69
Arthropathy
Hypoglycemia
Hyperglycemia
Other Specified Complication
Unspecified Complications; E11.8

RECALL

M.E.A.T. - Document the full diagnosis to the highest possible specificity.

Best practice suggests for the diagnosis to be listed and documented in 1 of 4 designated sections of the Progress Note and mirror, list out that same diagnosis in the Assessment.

1. HPI
2. Physical Exam
3. Discussion Summary
4. Plan

AND

Final Assessment
1:1 diagnosis match

Generic Encounter Form

Patient:
DOB:
DOS:

Chief Complaint: _____

1) History of Present Illness:

Active Medical Problems List:

PMFSH:

Medications List:

ROS:

Vitals:

2) Physical Exam:

****Assessment:**

3) Discussion Summary / 4) Plan:

Signature: _____



Key:

- ☐ Ok for code abstraction
- ★ Acceptable sections of the Progress Note for Risk Adjustment Data Validation code extraction.

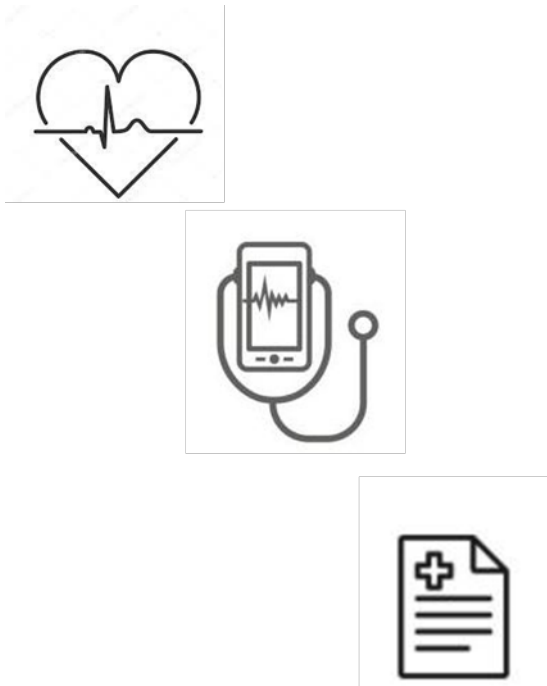
CMS-HCC Risk Adjustment Coding Impact Example

ALL HCC Conditions Coded Appropriately		Some HCC Conditions Coded Lower Level of Specificity		No HCC Conditions Coded		
• 72-year-old female • Community Non-Dual Aged	0.323	• 72-year-old female • Community Non-Dual Aged	0.323	• 72-year-old female • Community Non-Dual Aged	0.323	Predicted values for demographic factors of age and sex.
Diabetes with peripheral neuropathy E11.44 (HCC 18)	0.302	Diabetes E11.9 (HCC 19)	0.104	Low Blood Sugar/ Hypoglycemia E16.2 (No HCC)	0.000	DM, COPD, and CHF are distinct HCC categories that are additive when documented and coded properly.
COPD J44.9 (HCC 111)	0.335	Severe persistent Asthma J45.50 (No HCC)	0.000	Shortness of Breath R06.02 (No HCC)	0.000	
Chronic Systolic CHF I50.22 (HCC 85)	0.331	Chronic Systolic CHF I50.22 (HCC 85)	0.331	Chest Pain R07.9 (No HCC)	0.000	
+ Disease Interaction (DM + CHF)	0.120	NO Disease Interaction (DM + CHF)	0.000	No Disease Interaction (DM + CHF)	0.000	Additional disease interaction applied.
Hypertension I10 (No HCC)	0.000	Hypertension I10 (No HCC)	0.000	Hypertension I10 (No HCC)	0.000	Transitory condition; not part of the model.
RAF	1.411	RAF	0.758	RAF	0.323	
PM/PM (Estimated)	\$1241.68	PM/PM (Estimated)	\$667.04	PM/PM (Estimated)	\$284.24	
Annualized (Estimated)	\$14,900.16	Annualized (Estimated)	\$8004.48	Annualized (Estimated)	\$3410.88	

- 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 1x per year, "Best Practice" suggests at minimum 2x per year.
- Accuracy of Disease Burden and Risk Score Assignment.

RECAP: Risk Adjustment Data Validation (RADV)

- Using the scenarios previously discussed on Diabetes Mellitus and your clinical documentation specificity for ICD-10 Code assignment, please recall:
 - What is a RADV Audit ?
 - HCC ICD-10 diagnosis codes submitted on your Claims for payment must be supported in your clinical documentation for that encounter per RADV guidelines.
 - When an ICD-10 diagnosis code is assigned on your claim, your clinical documentation in the Progress Note for that same DOS must validate the ICD-10 HCC diagnoses using “M.E.A.T.”
 - Stand-alone Progress Note
 - Document the actual Diagnosis, status of that diagnosis and the plan of care for that diagnosis as well as list the same diagnosis in your Assessment and on your Claim.



“THANK YOU FOR ALL YOU DO”

“Small changes made now, to include high-level clinical details in your documentation, will make a huge difference in the future.”