HCC CRASH COURSE

Samuel Le Church, MD MPH, CPC, CRC, FAAFP
Barbie Hays, CPC, CPCO, CPMA, CRC, CPC-I, CEMC, CFPC

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A Little About Us

He's a doctor.

She's a coder.

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Samuel Le Church, MD MPH, CPC, CRC, FAAFP

Family physician, Synergy Health, Inc., Hiawassee, Georgia; Clinical Assistant Professor, Department of Family Medicine, Medical College of Georgia (MCG)/University of Georgia (UGA) Medical Partnership Campus, Athens; Associate Professor, Department of Community Medicine, Mercer University School of Medicine, Georgia; Adjunct Clinical Assistant Professor, University of Georgia College of Public Health, Athens

Dr. Church earned a medical degree from Brody School of Medicine at East Carolina University in Greenville, North Carolina, and a Master of Public Health (MPH) degree from the Medical College of Virginia, Richmond. He completed a family medicine residency at the Anderson Family Practice Residency Program in South Carolina. Named the 2017 Georgia Family Physician of the Year, he is active with the Georgia Academy of Family Physicians and serves on its Legislative Committee. Dr. Church's rural private practice is recognized as a National Committee for Quality Assurance (NCQA) Level 3 Patient-Centered Medical Home (PCMH). An AAPC Certified Professional Coder and Certified Risk Adjustment Coder, he is a regular speaker and volunteer consultant on coding optimization, practice management, workflow, and chronic care management implementation. In addition, he represents the AAFP as an alternate advisor to the American Medical Association (AMA) CPT® Editorial Panel.

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

Senior Managing Consultant, SCBI, Grain Valley, MO

Barbara Hays has over 20 years' experience in health care, and most recently fulfilled the role of Coding and Compliance Strategist for the American Academy of Family Physicians, now gracing the halls of Soerries Coding and Billing, Inc. She brings with her a depth of experience encompassing front office operations, practice management, coding analytics, payer contract negotiations, and compliance reviews. Barbara (Barbie) is well acquainted with many specialties, has an extensive background in physician and coder education, and has authored articles for health care business journals.

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Learning Objectives

1. Assess the importance of HCC in their practice setting

2. Apply concepts in HCC mapping using common conditions

3. Determine practically how to get started improving HCC scores from a physician perspective.

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Abbreviations

- RAF-Risk adjustment factor (think RVU but sliding scale)

- RVU-Relative value unit

- HCC-Hierarchical condition categories

- MA plans-Medicare Advantage plan

- RADV-Risk adjustment data validation

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How aware would you say that you are of HCC coding?

Background

- A basic understanding of ICD-10 is assumed in this session

- Refresher and reference:

  https://www.cdc.gov/nchs/icd/data/10cmguidelines-FY2019-final.pdf

- HCC coding has implications for every medical specialty

What is risk adjustment?

- Diagnosis coding to reflect the true severity of illness

- Used by insurers to reflect spending efficiencies

- Used to help predict future spending

- Condition categories are assigned a "weight"

- The summed weights are multiplied by a $ amount that is periodically updated

- There are other items that contribute the risk scores besides ICD-10-CM, such as geography and other demographics

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Typical Coding

ICD -10	Description	RAF	CPT	$GA-99	Description
E11.9 I10 ---	DM unspecified Hypertension LV Heart failure – failed to code	.118	99214-25	103.52	Level IV Est
J44.9 F17.210 G47.33 L82.0	COPD Nicotine Dep/Cigarettes Sleep Apnea Irritated SK – Scheduled for removal on another day.	.328	99406	14.16	Smoking cess 3-10 min Patient went to other provider for lesion removal
	TOTAL	.446			

Additional anticipated yearly reserve: ~$4147 Total Visit Revenue: $117.68

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Optimized Coding

ICD -10	Description	RAF	CPT	$GA-99	Description
E11.42	DM w/ polyneuropathy	.318	99214-25	103.52	Level IV Est
I11.0	Hypertension w/ CHF	.323			
150.1	LV Heart failure	.328			
J44.9	COPD	.273			
F17.210	Nicotine Dep/Cigarettes	.329	99406	14.16	Smoking cess 3-10 min
E66.01	Morbid Obesity	.588			
Z68.37	BMI 37.0-37.9				
G47.33	Sleep Apnea				Patient went to other
J96.11	Chronic Resp Failure w/ hypoxia				provider for lesion
Z99.81	Oxygen Dependence				removal
L82.0	Irritated SK				
Z89.412	Acquired loss of L great toe				
	TOTAL	.446			

Additional anticipated yearly reserve: **$20,078**   Total Visit Revenue: $367

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Barriers to good coding

- Lack of knowledge

- Lack of support

- Lack of time

- Competes with care

- Lack of benefit (perceived)

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HCC: Why bother?

- Medicare Advantage Plans

- MIPS

  - 10% - 30% - progressive increase of cost performance category

- Orthopedic surgeons

- ACOs

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Themes To Remember

- Not all codes are risk adjusted

- Notes should tell the story

- Review HCC/RAF for items within specialty

- Workflow improvements

- Message to providers: tell the patient's story

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Definitions & Terms

- Risk Adjustment: aligning payment and benchmarks to reflect acuity of illness

- HCC Payments: based off of evolving risk adjusted scores and paid prospectively

- Types of reviews: Retrospective, Concurrent, Prospective

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Types of models

- **HHS HCC – Health and Human Services Hierarchical Condition Category**

- **CDPS – Medicaid Chronic Illness and Disability Payment Systems**

- **DRG - Diagnosis Related Groups – Inpatient**

- **ACG – Adjusted Clinical Groups – Outpatient**

- **CMS HCC – Medicare Hierarchical Condition Category, Part C, ACOs, CPC+, quality/cost measure risk adjustment**

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Cost Measures: MIPS Reporting

- Total per Capita Cost for All Attributed Beneficiaries

- Medicare Spending Per Beneficiary

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QRUR Details

- Annual Quality and Resource Use Report (QRUR)

- Applies to:

  - Physicians

  - Nurse practitioners (NPs),

  - Physician assistants (PAs),

  - Clinical nurse specialists (CNSs),

 - Certified registered nurse anesthetists (CRNAs)

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QRUR Details

- **2016 Annual Quality and Resource Use Report (QRUR)**

- **Illustrates how a group or solo practitioner, determined by Medicare-enrolled Taxpayer Identification Number (TIN), performed relative to the TIN's peers regarding quality and cost measures**

- **Applies to:**
  - **Physicians**
  - **Nurse practitioners (NPs),**
  - **Physician assistants (PAs),**
  - **Clinical nurse specialists (CNSs),**
  - **Certified registered nurse anesthetists (CRNAs)**

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QRUR Report
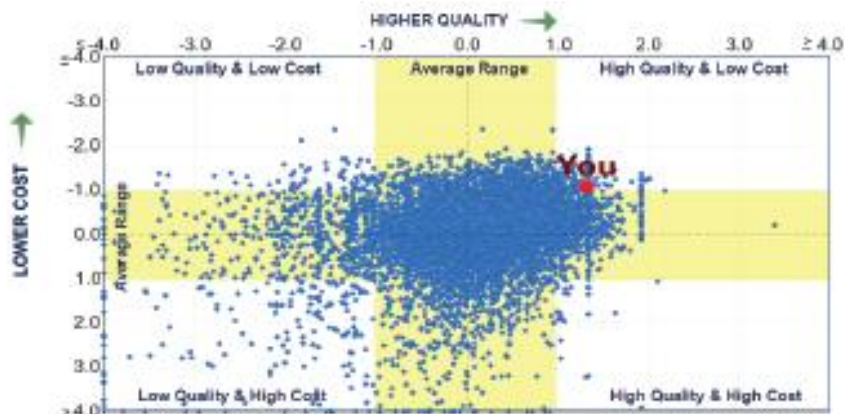
Note: The scatter plot shows performance among a representative sample of all TINs with Quality and Cost Composite Scores reflecting standard deviations from the mean for each Composite Score.

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Most Common HCC Groups

	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	

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The Note Should Tell the Story

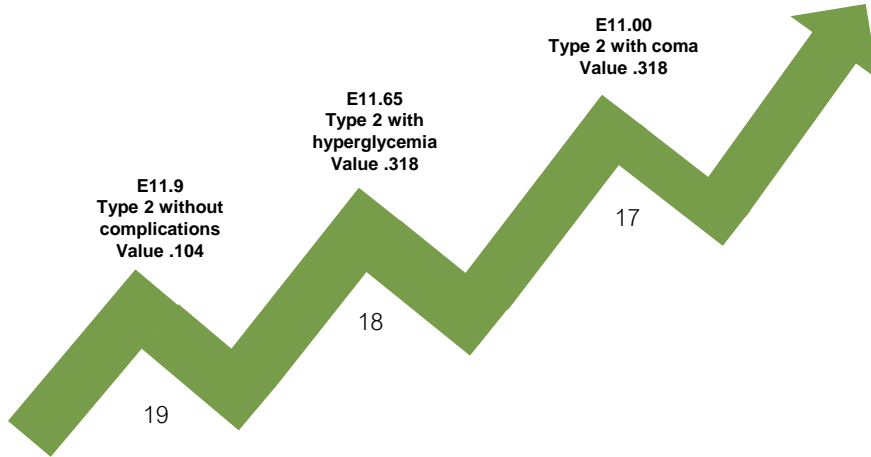## Good   Much Better

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MEAT

- *__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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Additional factors in Risk calculation

- Age

- Gender

- Socioeconomic status

- Disability status

- Insurance status (Medicare, Medicaid, dual eligible, etc.

- Claims data elements such as procedures, place of service

- Special conditions (hospice, ESRD, etc.)

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Code Hierarchy

E11.00
Type 2 with coma
Value .318

E11.65
Type 2 with
hyperglycemia
Value .318

E11.9
Type 2 without
complications
Value .104

17

18

19

Getting technical

If this HCC….	Group Label	…..then drop these
8	Metastatic cancer and acute leukemia	9, 10
9	Lung, Upper Digestive Tract, and other severe cancers	10
10	Lymphatic, head and neck, brain and other severe cancers	
17	Diabetes with acute complication	18,19
18	Diabetes with chronic complications	19
19	Diabetes without complication	

Calculated Annually Beginning

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What is your strategy regarding HCC coding?

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RA Case Review

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.

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Which road to take?

ICD-10	Description	RAF
J44.9	COPD	.328
E11.9	DM Unspec	.104
Total risk=		**.432**

ICD-10	Description	RAF
J44.9	COPD	.328
Z99.81	Oxygen Dep	
J96.11	Chronic Resp Failure w/ hypoxia	.302
E11.65	DM w/ hyper-glycemia	.318
Total optimized risk=		**.948**

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RA Case Review

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

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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**

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RA Case Review

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.

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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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RA Case Review

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.

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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	.571
Total optimized risk=		**.571**

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RA Case Review

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.

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Which road to take?

ICD-10	Description	RAF
L03.114	Cellulitis of L upper ext	
I48.91	Unspec afib	.268
Total risk=		**.268**

ICD-10	Description	RAF
L03.114	Cellulitis of L upper ext	
I48.2	Chronic afib	.268
Z79.01	Long term anticoag therapy	
Z94.4	Liver transplant status	1.00
Total optimized risk=		**1.268**

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RA Case Review

Patient for follow-up of major depression, improving. New med started 6 weeks ago.

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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	.395
Total optimized risk=		**.395**

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Overlooked RA Codes

Amputations	Specified psychiatric codes	Cancer status
Ostomies	Pressure Ulcers (3/4)	Protein-Calorie Malnutrition
Neurologic disorders	HIV Status	Hepatitis and Cirrhosis
Underlying conditions	CHF	Drug/Alcohol Dependence
Stable Angina	Pneumonia	Paralysis Status
DVT/PE (chronic)	Morbid Obesity	Other openings
Kidney Disease (4/5)	Transplants	PAD with ulceration
Dialysis	Chronic Skin Ulcers*	Atherosclerosis

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Workflow and coding ideas

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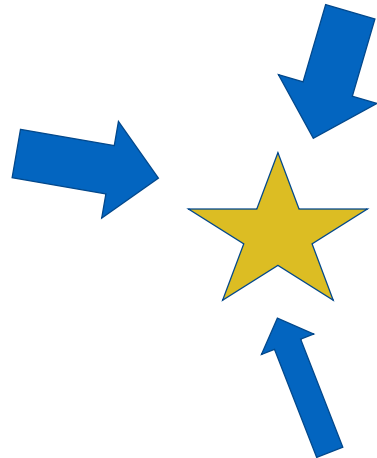
Annual Wellness Visit

- Patients seen annually (via IPPE or AWV)

- Provides opportunity address patient's plan of care for the year across all specialties and diagnoses (risks)

- Zero patient financial liability, recurring payments to your office

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Chronic Care Management 99490

- Patients followed through CCM

- Update charts during CCM service delivery

- Address other quality metrics

- Generate revenue while performing otherwise costly tasks

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Prolonged Services,
Non-Face-to-Face - 99358/9

- Must be in conjunction with E/M visit

- Charting and billing can be separate (but must still be related)

- Add Dx codes from record

Pre-visit planning

- Huddles or care team note preparation

- Look for active conditions (or ones that screen out and should be active)

Scribes

- Can help with room efficiency for prescriptions, appointments, visit charting, etc.

- With guidance, the scribe assistant can follow code screen guidance to drop in codes under the direction of the provider

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Final Crash Prevention Tips

- Code only has to be used once per year (regardless of provider)
- Condition must be active*
- Not all codes are risk adjusted
- Code accurately and describe broadly

- Notes should tell the story
- Code your best!
- Review HCC/RA codes
- Implement workflow changes
- Resets January 1

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Questions

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