UCLA Health

Diagnosis Coding & CMS Risk Adjustment

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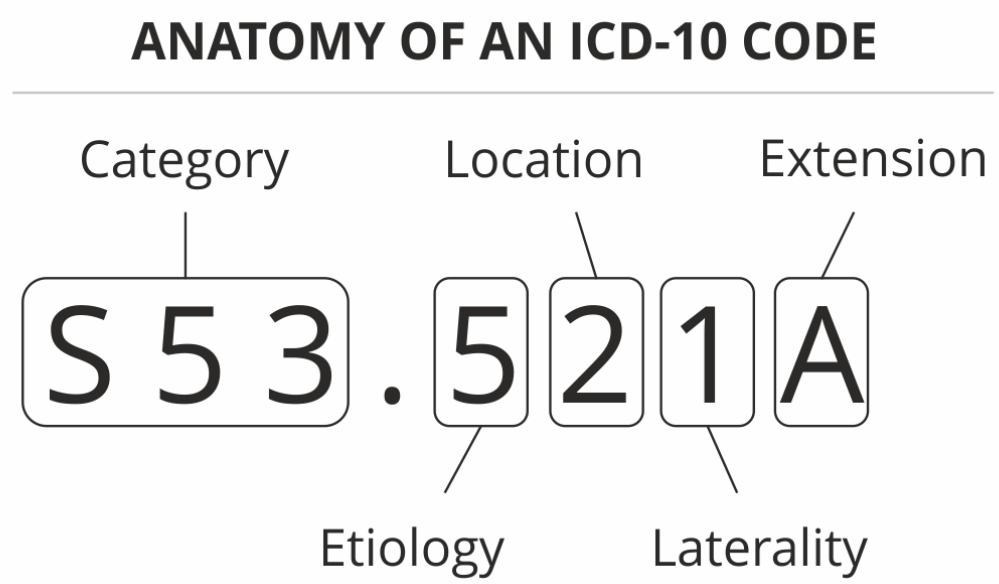
What is ICD-10?

- The International Classification of Disease (ICD) is a standard diagnostic tool created by the World Health Organization (WHO), for monitoring the incidence and prevalence of diseases and related conditions.
- The ICD has diverse clinical applications, and is used not just by doctors but also by paramedic staff, insurance companies, researchers and policy makers. ICD is used to classify diseases and store diagnostic information for clinical, quality and epidemiological purposes and also for reimbursement of insurance claims.

- https://doctors.practo.com/icd-10-codes-important-doctors/

Structure of ICD-10 Codes



ICD-10 code for torus fracture of lower right end of right radius, initial encounter for closed fracture

Why ICD-10 Codes are Important 1/3

- The ICD-10 code system offers accurate and up-to-date procedure codes to improve health care cost and ensure fair reimbursement policies. The current codes specifically help healthcare providers to identify patients in need of immediate disease management and to tailor effective disease management programs.
- ICD-10-CM has been adopted internationally to facilitate implementation of quality health care as well as its comparison on a global scale.
- Compared to the previous version (i.e. ICD-9-CM) ICD-10-CM is more specific and captures public health diseases, particularly diseases related to external injury, e.g. terrorism.

Why ICD-10 Codes are Important 2/3

- ICD-10 codes hold particular significance in research since code-analysis is an essential component of research and development. Code system and logic allows for fewer coding errors that ultimately benefits in the research and development analyses.
- The upgrade version of the ICD code system enhances health policy decision making by providing better data for organizational monitoring and performance.
- The ICD-10 code system is more easily configurable and retrievable into electronic format offering better format than ICD-9, other codes such as SNOMED CT and CPT codes.
- ICD-10 codes have specifically been developed for reimbursement purposes to offer a rational foundation for payment procedures.

Why ICD-10 Codes are Important 3/3

- Alphanumeric formats of the ICD-10 code system provide a better alternative than ICD-9-CM codes offering a more flexible and upgradable version e.g. diabetes mellitus – E10-E14
- Lastly, the ICD-10 coding system helps to:
  - Reduce medication error
  - Improve treatment options and disease outcomes
  - Lower treatment and claim cost
  - Improve health policy and operational and strategic planning
  - Improve payment systems through claims processing
  - Decrease claim submissions

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Importance of Accurate Diagnosis Coding for Quality Clinical Care

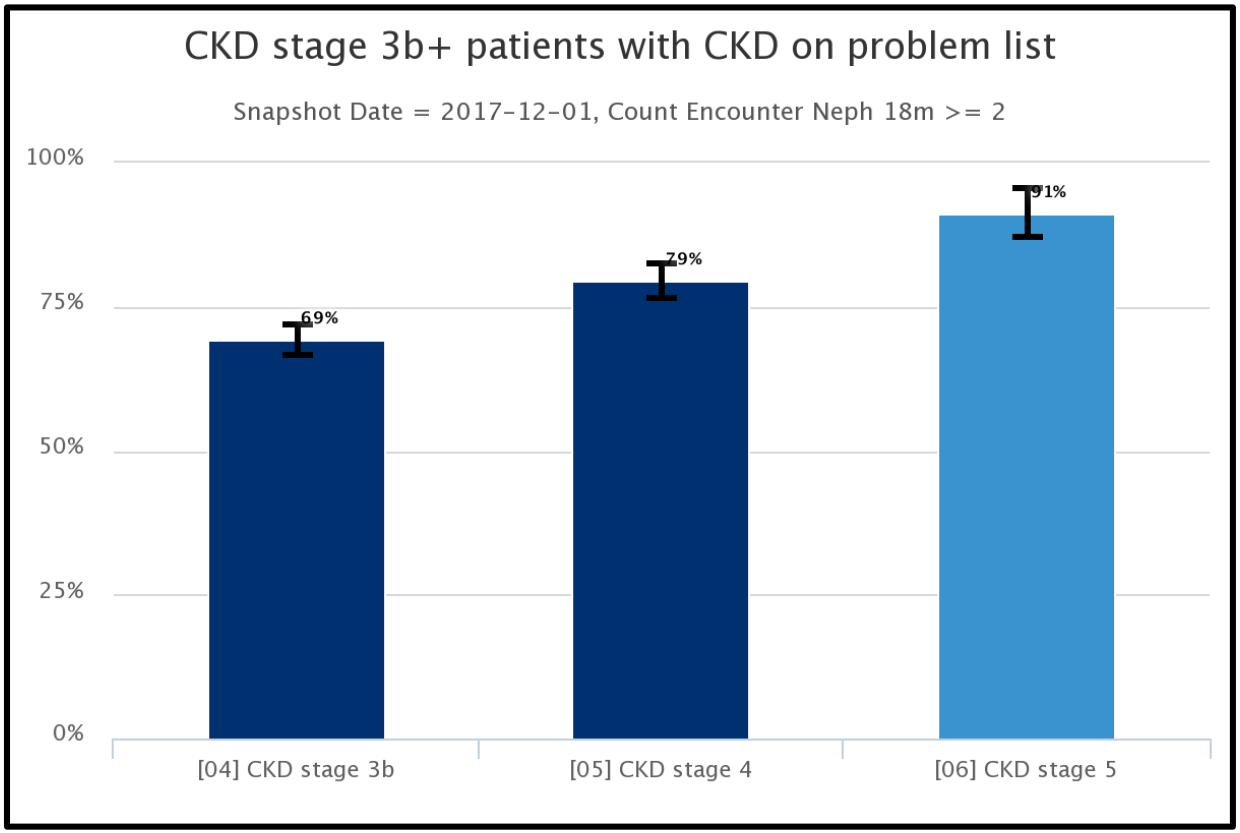
- Leads to **better care**, important clinical issues are noted for care management and not forgotten (e.g. chronic kidney disease)
- **Problem List** in CareConnect populated by ICD-10s
- Drives multiple **reporting** that impacts care assessment (e.g. hospital quality reporting, clinical research, ambulatory quality metrics)
- Used for **"risk adjustment"** by health plans and others to indicate acuity of UCLA's population
- Incorporated in various **reimbursement** methodologies
  - Risk adjustment payments to UCLA
  - Fee-for-service payments in certain CPTs

Easiest Place to Identify ICD-10 Codes

The PROBLEM LIST

UCLA Patients With Incomplete Problem Lists: Chronic Kidney Disease Example

% Seen by Nephrology 2+ Times in 18 Months Without CKD on Problem List



*CKD defined by most recent ambulatory GFR in 2 years or evidence of hemodialysis

Objectives/Agenda

- Provide an overview of Medicare Risk Adjustment
- Review CareConnect tools
- Review best practice documentation guidelines
- Review current UCLA Health initiatives

Disconnect with Risk Adjustment Between Providers & Health Plans

My patients are sicker

These numbers can't be right

Now, which diagnosis risk adjusts?

I know I already documented it

Why can't those doctors document correctly?

Diabetes and COPD don't cure themselves, why aren't they documenting it?

They want more $$ but their patients sure don't appear sicker

That patient has diabetes and CHF, I wonder if there are any underlying conditions?

What is RAF?

In this case, it is not the Royal Air Force

Risk Adjustment Factor

- CMS calculates a score, called Risk Adjustment Factor, that is a measure of the “health” of the patient

- Used to determine the cost of medical expenses for the patient.

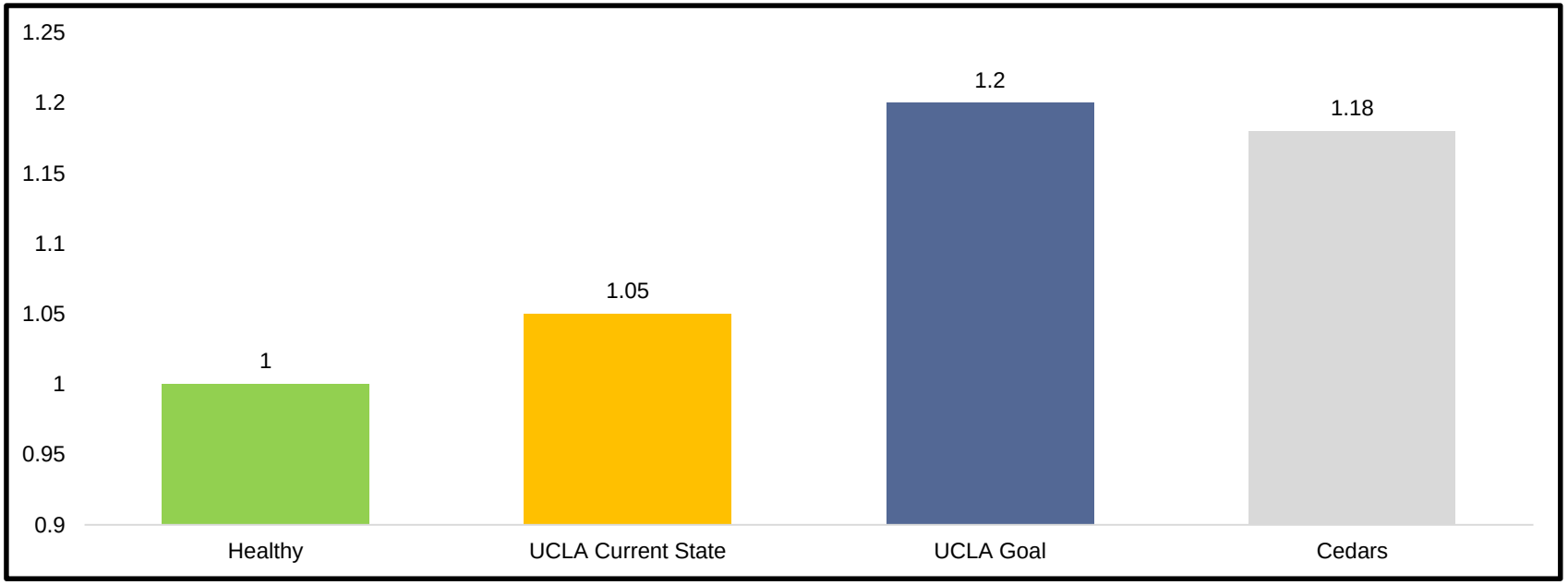
- Based on modifiable and non-modifiable factors:
  - Age, Gender, whether qualifies for Medicaid
  - HCC (Hierarchical Condition Categories) Diagnoses billed in face-to-face visits

CMS Risk Adjustment Facts

- The ICD-10s reset each year in January for risk adjustment
  - Therefore: Every patient must have applicable Dx codes recorded **each year**. This is best done at the time of the yearly exam, but any applicable Dx from any encounter will be used.
- ICD-10 codes for HCC are accepted from physician encounters (e.g. E&M codes), hospital inpatient discharge, and ambulatory surgery
  - This means, all face-to-face encounters are used but excludes laboratory and radiology diagnoses
- Each previously unreported ICD-10 diagnosis can be valued as much as ~ $4,700 per beneficiary per year
  - This payment method uses Dx from clinicians to provide additional funds for pay for the care needed for the more ill patients, but only if the applicable Dx are used as visit Dx at least once yearly.
- The RAF Score, as a sum of the HCC, quantifies the illness burden and expected costs of the populatoin
  - "High Score" = high expected costs due to illness
  - "Low" Score"= lower expected cost, **or, incomplete coding**

UCLA Current RAF vs. Comparison

Currently, UCLA looks as if our population is only 5% “riskier” than a healthy population. Our health plans project that we should be around 20% above healthy/1.0



Correct Coding Helps Provide Resources for Patient Care

The Centers for Medicare & Medicaid Services (CMS) uses ICD-10 diagnoses to assess risk burden of UCLA patients

CMS adjusts payments to UCLA based upon risk to ensure we have enough resources to take care of our high risk patients

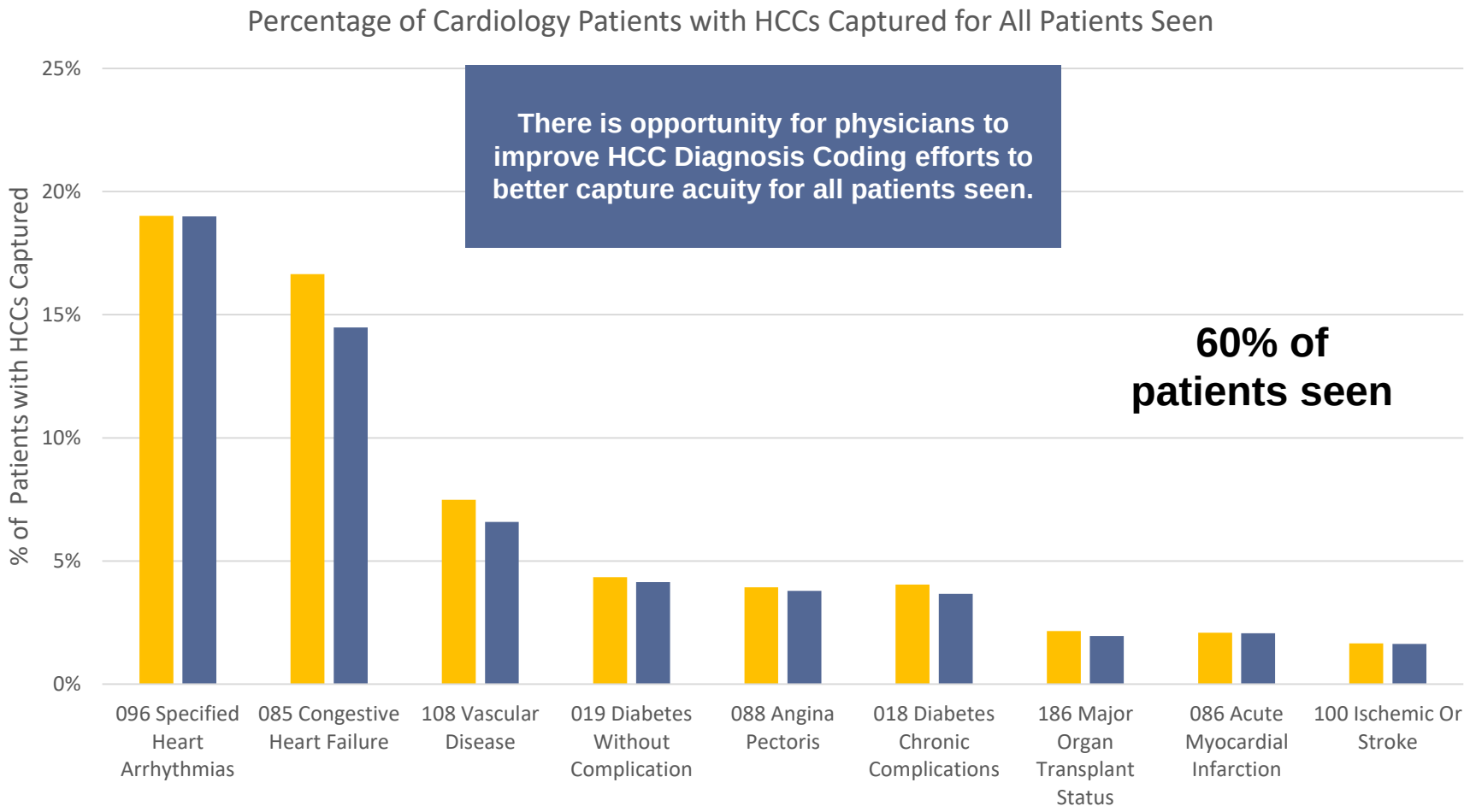
8,000 ICD-10s Map to Risk Adjusted Hierarchical Condition Categories (HCC)

- HCCs are groupings of similar diagnoses that consume similar resources
- Each HCC is assigned a “weight” that impacts the patient’s risk score
  - Some HCCs are hierarchical, where more “severe” aspects of the disease are weighted more (diabetes with complications weight more than diabetes without complications)
  - Some HCCs are additive with disease interactions (weight is greater for a patient with CHF with CKD than a patient with just CHF).
- HCCs must be recaptured each calendar year or are not counted by CMS

Examples of Disease Interaction Diagnoses

- Cancer and Immune Disorders
- Congestive Heart Failure and COPD
- Congestive Heart Failure and Renal Disease
- COPD and Cardiorespiratory Failure
- Sepsis and Cardiorespiratory Failure
- Artificial Openings and Pressure Ulcers

Current HCC Diagnosis Coding May Not Capture Acuity for All Patients Seen



Source: CareConnect Professional Billing

System Revenue Opportunities Through Appropriate Coding: 1 Patient Example

76 Year Old Medi-Medi Female with Diabetes, Vascular Disease, & CHF...

All conditions coded appropriately		Some conditions coded – poor specificity		Conditions not coded	
76 year old female	.468	76 year old female	.468	76 year old female	.468
Medicaid eligible	.177	Medicaid eligible	.177	Medicaid eligible	.177
Diabetes w/vascular complications (HCC 15)	.302	Diabetes w/o complications (HCC 19)	.105	No diabetes coded	
Vascular disease w/complications (HCC 104)	.515	Vascular disease w/o complications (HCC 105)	.288	No vascular disease coded	
CHF (HCC 80)	.331	CHF not coded		CHF not coded	
Disease Interaction (DM + CHF)	.204	No Disease Interaction		No Disease Interaction	
Total HCC RAF	**1.997**	**Total HCC RAF**	**1.038**	**Total HCC RAF**	**.645**
Annual Payment	**$21,179**	**Annual Payment**	**$11,289**	**Annual Payment**	**$7,015**

Patient demographics captured by health plan

Conditions requiring capture by the physician every year

Financial impact to UCLA

To Health Plans, UCLA Appears to Have Fewer Patients with Complex Conditions

HCC	UCLA Prevalence	Medicare National Prevalence	SCAN Prevalence	Total # of Additional UCLA Members Expected in Medicare and SCAN Population	Financial Impact
018 Diabetes Chronic Complications	**11.80%**	**13.80%**	**34.40%**	**2,482**	**$5,099,100**
019 Diabetes Without Complication	**6.70%**	**9.30%**	**6.10%**	**939**	**$1,807,094**
022 Morbid Obesity	**3.30%**	**4.50%**	**10.60%**	**1,031**	**$1,818,879**
085 Congestive Heart Failure	**9.80%**	**10.10%**	**15.20%**	**489**	**$846,836**
088 Angina Pectoris	2.70%	2.30%	9.20%	360	$325,891
108 Vascular Disease	11.80%	11.70%	47.90%	2,729	$1,833,117

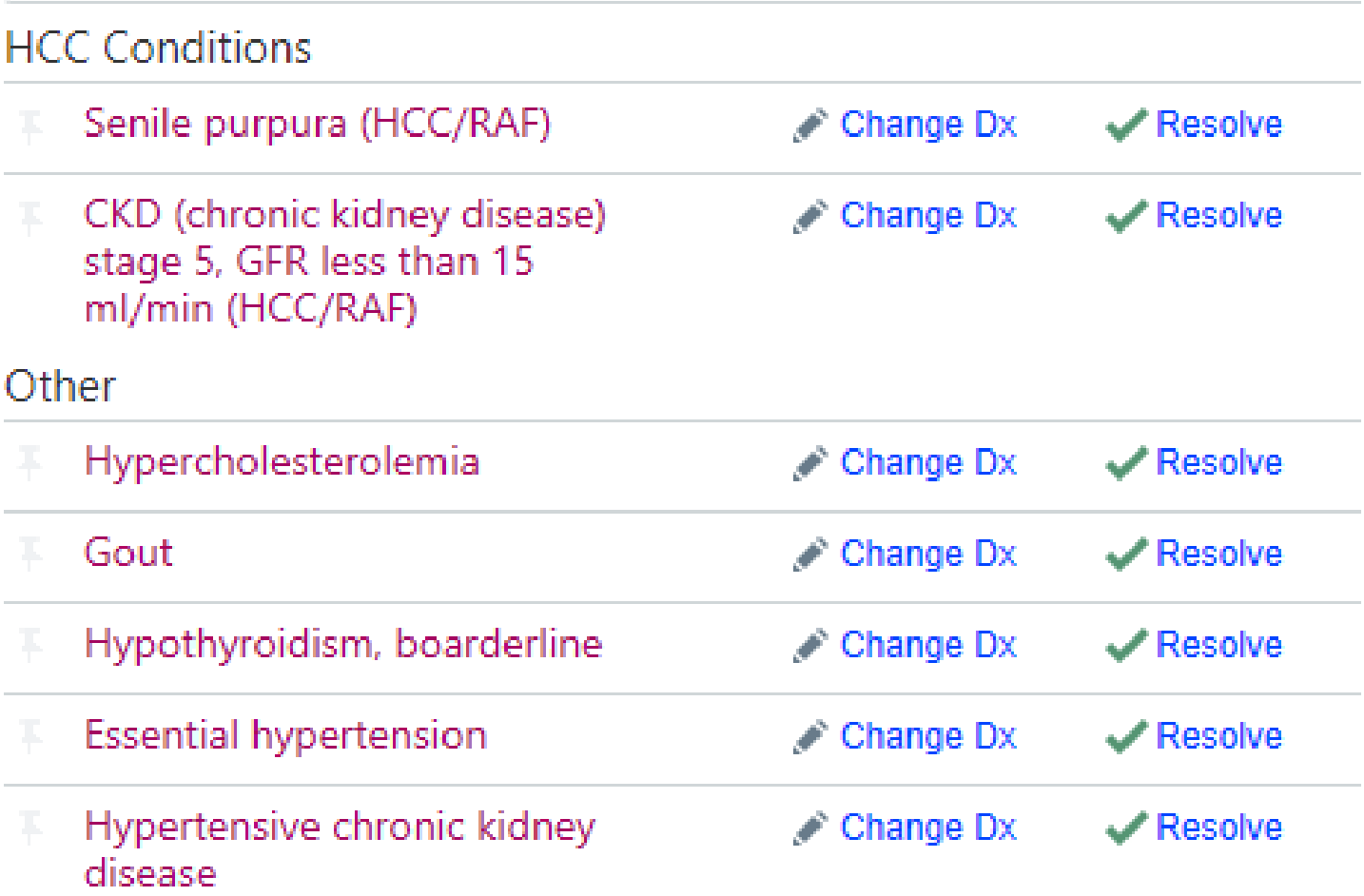
For these conditions alone, the financial impact is more than **$18,000,000**

HCC	UCLA Prevalence	Medicare National Prevalence	SCAN Prevalence	Total # of Additional UCLA Members Expected in Medicare and SCAN Population	Financial Impact
111 COPD	7.10%	11.00%	20.70%	2,491	$5,278,306
048 Coagulation, Hematological	5.40%	3.80%	19.30%	482	$688,262
137 CKD, Severe (Stage 4)	0.70%	0.70%	1.90%	79	$121,456
055 Drug/Alcohol Dependence	2.90%	1.90%	10.50%	201	$496,212
058 Major Depression, Bipolar, Paranoid	9.30%	6.30%	25.80%	174	$444,826

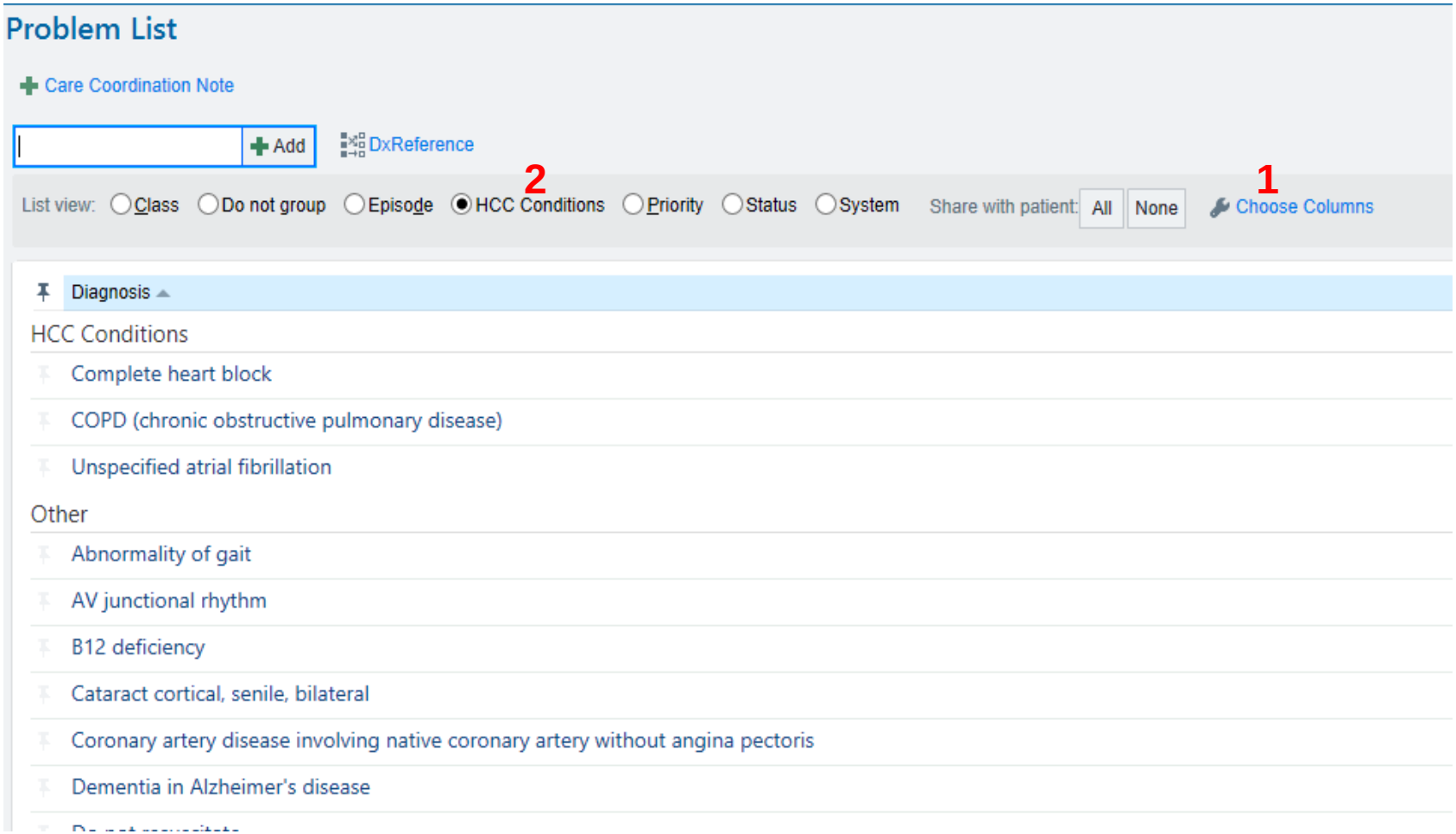
How Can We Ensure Appropriate Risk Adjustment Coding?

- Recapture Previously Captured HCC Codes – *Reassess from the Problem List*
- Optimize Specificity in Coding
- Appropriately Identify & Capture New Risk Adjustable ICD-10s

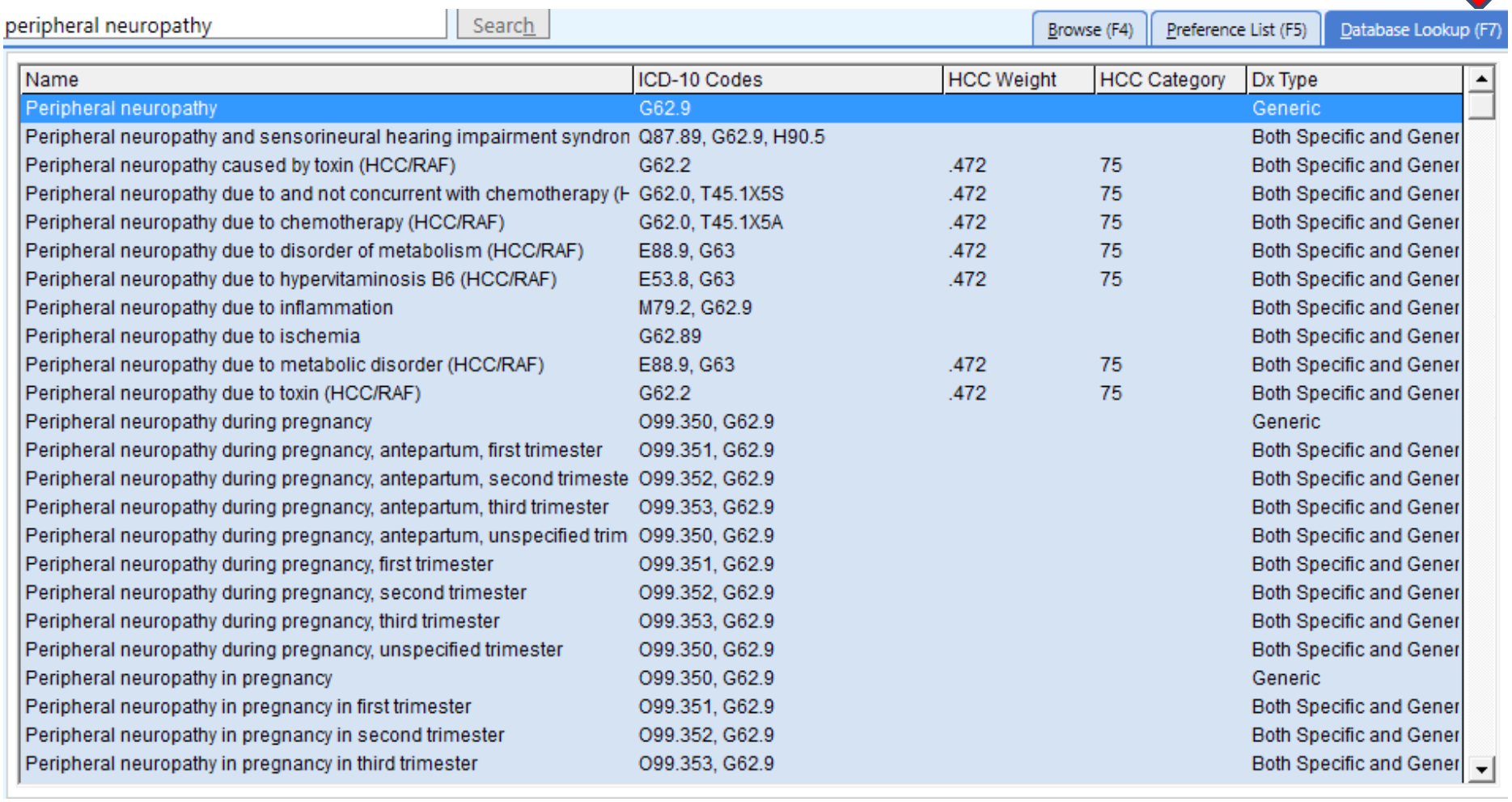
Default the Problem List with HCC at top if there is not a Specialty Default Set



(1) Click the Wrench on Problem List
(2) Choose the HCC Conditions Button

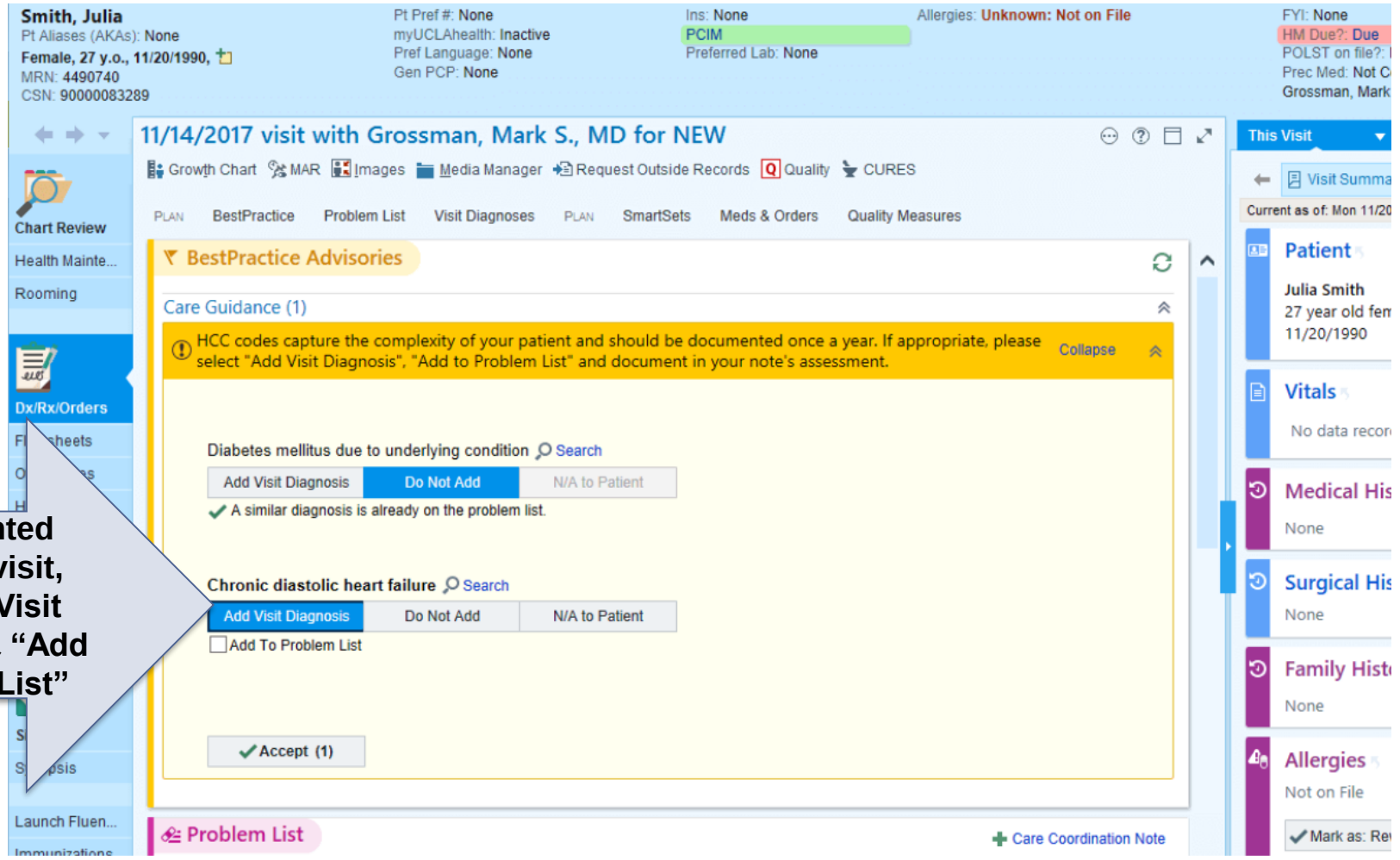


Selecting Diagnoses under Database Lookup: Preference List Shows HCC ICD-10s



Name	ICD-10 Codes	HCC Weight	HCC Category	Dx Type
Peripheral neuropathy	G62.9			Generic
Peripheral neuropathy and sensorineural hearing impairment syndron	Q87.89, G62.9, H90.5			Both Specific and Gener
Peripheral neuropathy caused by toxin (HCC/RAF)	G62.2	.472	75	Both Specific and Gener
Peripheral neuropathy due to and not concurrent with chemotherapy (H	G62.0, T45.1X5S	.472	75	Both Specific and Gener
Peripheral neuropathy due to chemotherapy (HCC/RAF)	G62.0, T45.1X5A	.472	75	Both Specific and Gener
Peripheral neuropathy due to disorder of metabolism (HCC/RAF)	E88.9, G63	.472	75	Both Specific and Gener
Peripheral neuropathy due to hypervitaminosis B6 (HCC/RAF)	E53.8, G63	.472	75	Both Specific and Gener
Peripheral neuropathy due to inflammation	M79.2, G62.9			Both Specific and Gener
Peripheral neuropathy due to ischemia	G62.89			Both Specific and Gener
Peripheral neuropathy due to metabolic disorder (HCC/RAF)	E88.9, G63	.472	75	Both Specific and Gener
Peripheral neuropathy due to toxin (HCC/RAF)	G62.2	.472	75	Both Specific and Gener
Peripheral neuropathy during pregnancy	O99.350, G62.9			Generic
Peripheral neuropathy during pregnancy, antepartum, first trimester	O99.351, G62.9			Both Specific and Gener
Peripheral neuropathy during pregnancy, antepartum, second trimeste	O99.352, G62.9			Both Specific and Gener
Peripheral neuropathy during pregnancy, antepartum, third trimester	O99.353, G62.9			Both Specific and Gener
Peripheral neuropathy during pregnancy, antepartum, unspecified trim	O99.350, G62.9			Both Specific and Gener
Peripheral neuropathy during pregnancy, first trimester	O99.351, G62.9			Both Specific and Gener
Peripheral neuropathy during pregnancy, second trimester	O99.352, G62.9			Both Specific and Gener
Peripheral neuropathy during pregnancy, third trimester	O99.353, G62.9			Both Specific and Gener
Peripheral neuropathy during pregnancy, unspecified trimester	O99.350, G62.9			Both Specific and Gener
Peripheral neuropathy in pregnancy	O99.350, G62.9			Generic
Peripheral neuropathy in pregnancy in first trimester	O99.351, G62.9			Both Specific and Gener
Peripheral neuropathy in pregnancy in second trimester	O99.352, G62.9			Both Specific and Gener
Peripheral neuropathy in pregnancy in third trimester	O99.353, G62.9			Both Specific and Gener

New Best Practice Alert: Click to Add Previously Addressed Diagnoses to Visit Dx & Problem List



If documented during the visit, click "Add Visit Diagnosis" & "Add to Problem List"

CareConnect e-learning link:
https://lms.ccnet.ucla.edu/elearning/HCC100

Best Practice Alert Key Components

Which HCCs	• All diagnoses submitted in the prior 3 years by a UCLA provider in any type of encounter which have not yet been "recaptured" this calendar year
What triggers BPA	• Fires if 5 HCCs were billed as a visit diagnosis in prior 3 years by a UCLA provider but not recaptured this **calendar year**
If you click "Do Not Add"	• BPA will continue to display in future encounters unless addressed by another physician. Choose "N/A to Patient" if not relevant to patient

BPA is "satisfied" when the diagnosis is coded somewhere within UCLA

Documentation Guidelines

- Code all documented conditions that coexist, and which affect patient care, treatment, or management

- Example #1
  - Patient with urinary tract infection also is diabetic. Does the presence of diabetes affect the treatment provided?
  - **Code Diabetes**

- Example #2
  - Patient with an ankle sprain also has atrial fibrillation
  - Does the presence of warfarin or direct oral anticoagulants affect treatment, possible limitation of NSAIDs? **Code atrial fibrillation**

T.E.A.M.

Each diagnosis must be documented in the **Assessment,** and each diagnosis must show that the provider is **T**reating, **E**valuating, **A**ssessing/addressing, and **M**onitoring the condition.

A simple list of diagnoses is not acceptable or valid per official coding guidelines, nor does a simple list meet the definition of ASSESSMENT and PLAN.

Documentation must indicate how the physician is treating, managing, or addressing the chronic conditions.

T.E.A.M

- Treating– medications, therapies, other modalities
  - Continue furosemide for edema; Add tiotropium for COPD
- Evaluating– test results, medication effectiveness, response to treatment
  - Cardiac rate is controlled, Edema improved
- Assessing/Addressing– ordering tests, discussion, review records, counseling
  - Stable; Controlled; Worsening; Unchanged; Uncontrolled
- Monitoring– signs, symptoms, disease progression, disease regression
  - Weight stable, HgbA1c 6.7, comment on lipids, etc.

Sample Language

Assessment

- Stable
- Improved
- Controlled
- Tolerating Meds
- Deteriorating
- Uncontrolled

Example: Type 2 Diabetes Mellitus with renal manifestations, stable and well controlled on meds.

Plan

- Monitor
- D/C meds
- Continue current meds
- Obtain labs/studies
- Refuses/Declines Treatment
- Refer

Example: CHF, stable on meds; check BNP, BMP; monitor home weights.

Some Diagnoses are found Incidentally
Ex: Aortic Atherosclerosis

XR Chest PA And Lateral

Status: Final result

Order-Level RadPath Link:

There are no order-level radpath link.

Study Result

EXAM: XR CHEST PA AND LATERAL on Apr 11, 2013 12:00:00 AM

COMPARISON DATE: March 13, 2013

INDICATION: Follow Up Lung Nodule

IMPRESSION:
1. Previously noted nodule in right lower zone, is nipple and marked with a nipple marker.

2. Cardiac silhouette remains stable with mildly tortuous thoracic aorta. No evidence for pulmonary hypertension. No new infiltrates.

3. Mild degenerative disease of spine in the form of osteophyte formation possibly at T9-T10 level.

Other Common HCC Chronic Conditions

Obesity, BMI ≥ 40, or BMI > 35 with serious comorbidity	
Alcohol Disorders Benzodiazepine or Opiate Use	• Moderate or severe; Active or in remission • Prior history of alcoholism (alcohol misuse)
Marijuana Dependence	• Marijuana dependence, in remission • Marijuana dependence, continuous • Marijuana dependence, episodic
Dementia	• Alzheimer's • Old age Dementia • Parkinson's' Dementia

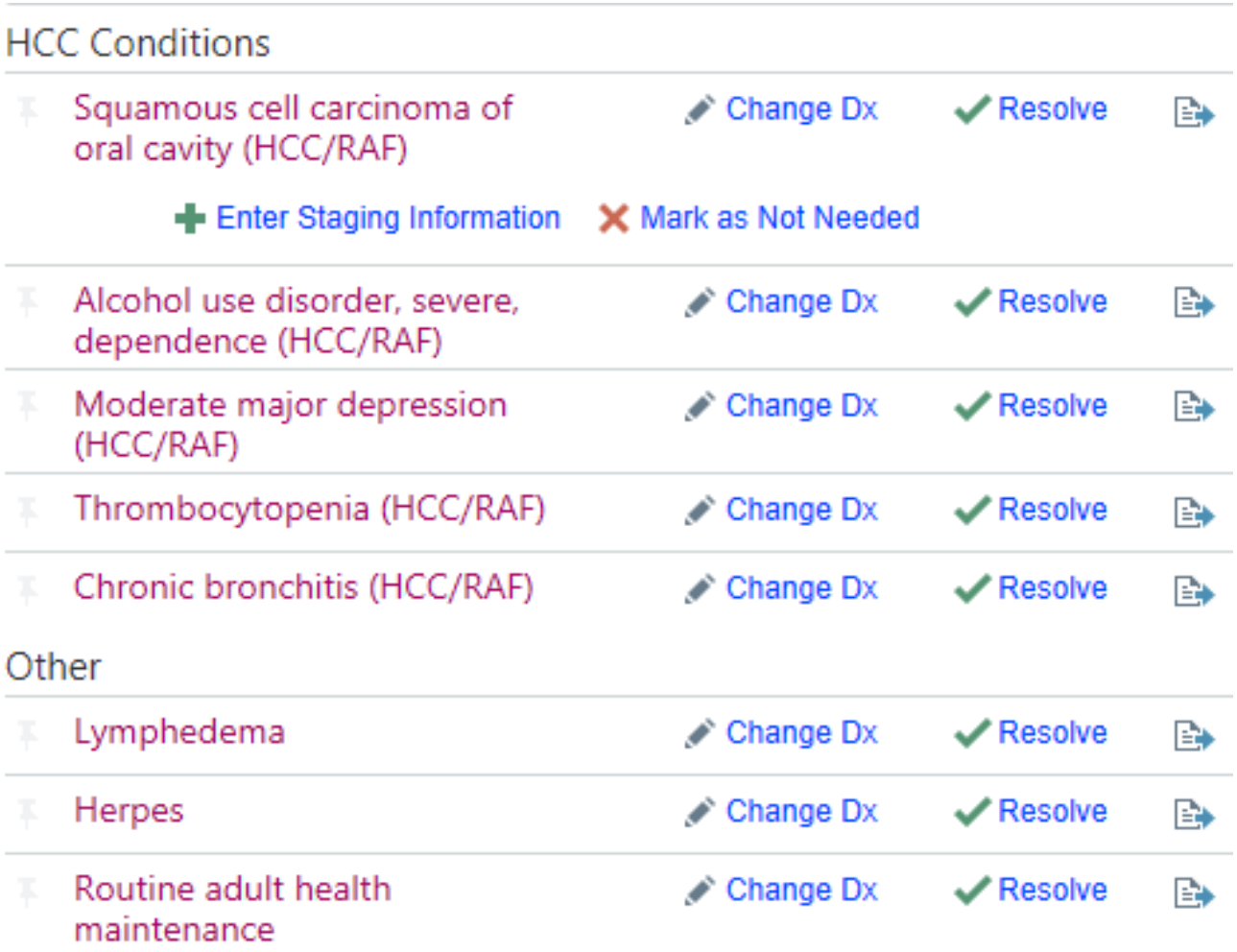
Remember - Patients who were 18 during the Summer of Love, 1968,…

Are 70 years old now

Take Advantage of Time at the Annual Exam as a PCP or Annual Follow up as a Consultant

Jacobus CONSULTING

But Don't Always Wait until the Annual Exam – the patient may not always return annually



General Tips

1. Check Imaging – is there calcification of the aorta?
2. Check Depression screen (PHQ-9) – is there any prior Depression with PHQ-9>4?
3. Check Labs – look at the eGFR and HgbA1c
4. Check the medications – anything that would indicate chronic medication use of a disease in remission
   - SSRI for depression; Gabapentin or Pregabalin for neuropathy
5. Does the patient have a BMI $\geq$ 40 or BMI $\geq$ 35 with comorbidity
6. Does the patient have a malignancy that is either present or recently treated?
7. Does the patient have a sequelae of a stroke, ostomy status, etc.?
8. Does the patient have a history of prior alcoholism – Alcohol misuse in remission?

Joe Bruin's Diagnoses

79 y.o. male with history of ulcerative colitis. Has been maintained on Prednisone 20 mg alternating with 30 mg daily for 6 months as intolerant of other agents. Has h/o hypertension and hyperlipidemia and osteoarthritis of the knee. His eGFR is 55. He has some claudication with ambulation and decreased pedal pulses.

HCC

- Ulcerative Colitis
- Immunosuppression due to chronic steroids
- Peripheral vascular disease

Not HCC

- Hypertension
- Hyperlipidemia
- Osteoarthritis
- CKD Stage 3

Sally Smith

76 year old female recently moved to Los Angeles and wishes to establish care. She has a history of COPD and Type 2 Diabetes Mellitus. She complains of a burning sensation in the feet, which has been gradually worsening over 18 months. She has tried several medications in the past without much success. She has been using THC/CBD oil daily for 6 months which she thinks may be helping.

Current medications include Metformin, Januvia, and aspirin. She also has been on Sertraline for 10 years due to a few episodes of major depression. She quit smoking in 2010, with a prior 50 pack year history. She used to drink heavily but quit in 1992.

Ms. Smith's Exam

Examination reveals:

- BP 130/76
- Weight 223 lbs., Height 5'2", BMI 40.8
- Pulse 62, regular
- Decreased pedal pulses noted. Decreased sensation using monofilament. Mild edema with stasis dermatitis noted in the feet.
- Affect cheerful

Sally Smith: Final HCC Diagnoses

1. COPD
2. Type 2 Diabetes Mellitus with neurological manifestations
3. Marijuana Use, continuous
4. Major Depression, in remission
5. Morbid Obesity
6. Alcohol use, in remission

Possible additional diagnoses:

7. Type 2 DM with vascular manifestations
8. Peripheral vascular disease

Paul Jones

82 y.o. male with h/o CAD, Hypertension, CKD-3, CHF, COPD. He has major depression with OCD. He has Type 2 Diabetes Mellitus. He also has burning feet from peripheral neuropathy and peripheral vascular disease. He is s/p Aortic Valve Replacement, has a chest x-ray indicating a tortuous and calcified aorta, and has hypothyroidism. He has mild Alzheimer's.

Non-HCC	HCC
CAD	Aortic Atherosclerosis
HTN	HTN Dz w/CHF
CKD-3	DM-2 w/kidney dz
Periph Neurop.	DM-2 w/neuropathy
Alzheimer's	DM-2 w/PVD
s/p AVR	Major Depression (OCD)
Hypothyroid	Peripheral Vascular Disease COPD

Billy Bear

67 y.o. male with prostate cancer who has opted for watchful waiting. He had an echo due to a mild murmur that showed 4.4 cm aneurysmal dilatation of the aortic root. His ejection fraction is 45%. He has HTN, NIDDM, and obstructive sleep apnea and uses CPAP. BMI=41. His eGFR is 28, HgbA1c is 7.1%. Medications: Losartan, Sertraline, Metoprolol, Atorvastatin, ASA. He has been on Sertraline x 3 years due to a prior h/o depression, now well controlled.

What are the

HCC Diagnoses?

What are the non-HCC

Diagnoses?

Greta Grizzly

68 y.o. female with a history of breast cancer s/p lumpectomy and XRT 2 years ago. During adjuvant chemotherapy she had a CVA which left her with mild left hand weakness but otherwise neurologically intact. She had been moderately depressed since her diagnosis and her PHQ-9 was 15 but now, on Escitalopram 10 mg daily, it is 3. Her other medications include Anastrazole 1 mg daily, and Atorvastatin 20 mg daily which was started because aortic calcifications were noted in the abdominal aorta on CT done as part of her metastatic evaluation. Her physical examination is unremarkable.

Greta Grizzly

68 y.o. female with a history of breast cancer s/p lumpectomy and XRT 2 years ago. During adjuvant chemotherapy she had a CVA which left her with mild left hand weakness but otherwise neurologically intact. She had been moderately depressed since her diagnosis and her PHQ-9 was 15 but now, on Escitalopram 10 mg daily, it is 3. Her other medications include Anastrazole 1 mg daily, and Atorvastatin 20 mg daily which was started because aortic calcifications were noted in the abdominal aorta on CT done as part of her metastatic evaluation. HCC Diagnoses:

Breast Cancer

Hemiparesis from CVA

Major Depression, Moderate in Remission

Aortic Atherosclerosis

Common Diagnoses Either Underspecified or Underdiagnosed

Condition	HCC (-)	HCC (+) additional payments for care
Common Diagnoses That Are Underspecified		
Chronic Kidney Disease	**N189**: Chronic Kidney Disease, **unspecified**	**N184**: Chronic kidney disease, stage 4 (severe) **N185**: Chronic kidney disease, stage 5
Hypertension	**I10**: Essential (primary) hypertension **I119**: Hypertensive heart disease without heart failure	**I110**: Hypertensive heart disease with heart failure **I509**: Heart failure, unspecified **I5020**: Unspecified systolic (congestive) heart failure
Depression	**F328**: Other depressive episodes **F329**: Major depressive disorder, single episode, **unspecified**	**F320**: Major depressive disorder, single episode, mild **F330**: Major depressive disorder, recurrent, mild **F3340**: Major depressive disorder, recurrent, in remission, unspecified
Morbid Obesity	**E663:** Overweight **E669**: Obesity, unspecified	**E6601:** Morbid (severe) obesity due to excess calories **E662:** Morbid (moderate-severe) obesity with comorbidity **Z6841**: Body mass index (BMI) 40.0-44.9, adult
Common Diagnoses That Are Underdiagnosed		
Diabetes	N/A	298 total ICD-10s. Following codes indicate specificity: **E1040:** Type 1 diabetes mellitus with diabetic neuropathy, unspecified **E10311:** Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema

Diabetes Mellitus Type 2 (E11.xx): Specificity is Key

Diabetic Eye Disease: E11.3x	Diabetic Neuropathy: E11.4x	Diabetic Vascular Disease: E11.5x	Diabetes with joint, skin, ulcers: E11.6	Diabetes with unspecified complications: E11.8
• Retinopathy • Cataracts	• Peripheral Neuropathy • Gastroparesis	• Peripheral Vascular Disease • Coronary Artery Disease • Cerebrovascular Disease • Carotid Disease	• Dermatitis • Arthropathy (charcot joint) • Foot and other ulcers	• Need to specify the complication in the notes as it relates to Diabetes

Note: Diabetes without complications: E11.9 should only be used if patient truly does not have any comorbidities. The HCC weight is only about 1/3 of the diabetes with complications HCC

Congestive Heart Failure (I50.xx)

- Chronic condition. May be “controlled” and asymptomatic
- Best to be as specific as possible

Systolic		Acute
Diastolic		Chronic
Combined		Acute on Chronic
Unspecified		

- There are interactions with other disease states such as Hypertension, Chronic Kidney Disease and Diabetes Mellitus which are additive
  - CHF due to Hypertension
  - CHF due to Hypertension and CKD

Atherosclerosis and Peripheral Arterial Disease (I70 & I71): Quick Tips

- **Aortic Atherosclerosis**
  - Look at Chest X-ray or CT scans
  - Tortuous Aorta
  - Calcified Aorta or Calcified Vessels
- **Peripheral Arterial Disease**
  - Ankle Brachial Index (ABI)
  - Absent Pulses – clinical diagnosis
- **AAA without rupture**
  - Any enlargement of aorta noted
- **Atherosclerosis of Native Artery with Ulceration**
  - Presence of ulcerations related to PAD is additive

Major Depressive Disorder (F32 & F33): Most Frequently Miscoded HCC

- **F32.9 does not risk-adjust.**
  - Depression
  - Major Depression (no other descriptors)
  - Major Depression, single episode
  - Melancholia
  - Depressed State
  - Postpartum Depression
  - Reactive Depression

DO NOT USE if alternative is more appropriate

Major Depressive Disorder (F32 & F33): Appropriate HCC In Most Cases

- HCC Weight = 0.33
- Severity , including remission, determines the code

SEVERITY			REMISSION STATUS	
.0	Mild		.4	Partial
.1	Moderate		.5	Full
.2	Severe, no psychosis		.8	Other
.3	Severe, with psychosis		.9	Unspecified

- F32.0 – Mild Major Depression
- F32.2 – Severe Major Depression, no psychotic features
- F33.1 – Recurrent Major Depression, moderate
- F33. 45 – Recurrent Major Depression, in Remission
- F33.9 – Recurrent Major Depression, unspecified

Chronic Lung Disease (J41-44)

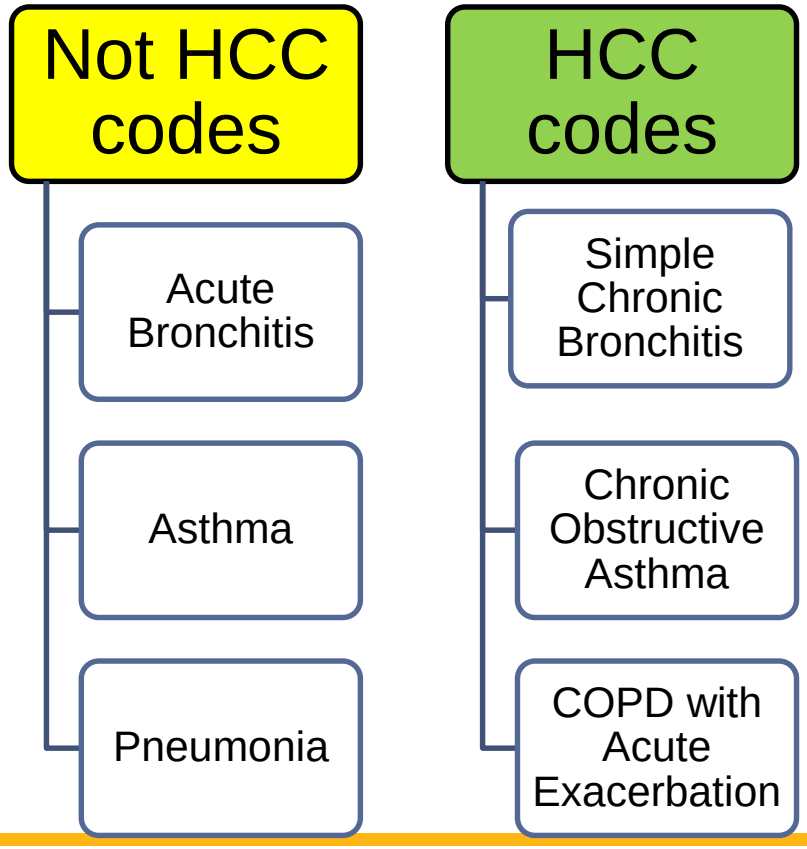
These conditions don't resolve. They may be well controlled and patient may be asymptomatic, but they still have the underlying chronic lung disease.

When you think bronchitis, what do you mean?

- Simple Chronic Bronchitis (Smokers Cough)
- Unspecified Chronic Bronchitis
- Emphysema (need location, panlobar, unspecified)
- COPD
  - With pneumonia
  - With acute exacerbation
  - Chronic Obstructive Asthma

Chronic Lung Disease (J41-44)

These conditions don't resolve. They may be well controlled and patient may be asymptomatic, but they still have the underlying chronic lung disease.



Malignancy

- General rule of thumb – able to code malignancy if it is:
  - Currently present
    - Currently undergoing treatment
    - Metastatic disease
    - Prostate cancer under observation
  - During the 1st five years following treatment
    - If not currently present now and previously treated more than 5 years ago, should code as “history of cancer” rather than coding the actual cancer diagnosis
  - Do not use “history of” if the cancer is currently present or if during the first 5 years following treatment

Chronic Kidney Disease – 4 & 5 are HCC but all may have disease interactions

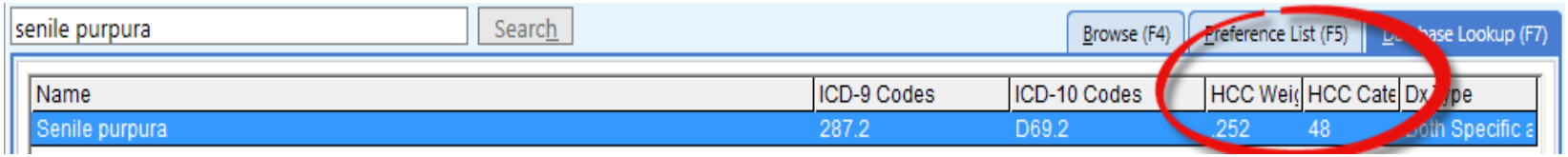
Stage 1	• **normal GFR (GFR > 90 mL/min)** • **may be noted on imaging or Proteinuria**
Stage 2	• **GFR = 60-89 mL/min**
Stage 3	• **3A – GFR = 45-59 mL/min** • **3B – GFR = 31-44 mL/min**
Stage 4	• **GFR = 15-30 mL/min**
Stage 5	• **GFR < 30mL/min**

Sequelae of Chronic Conditions

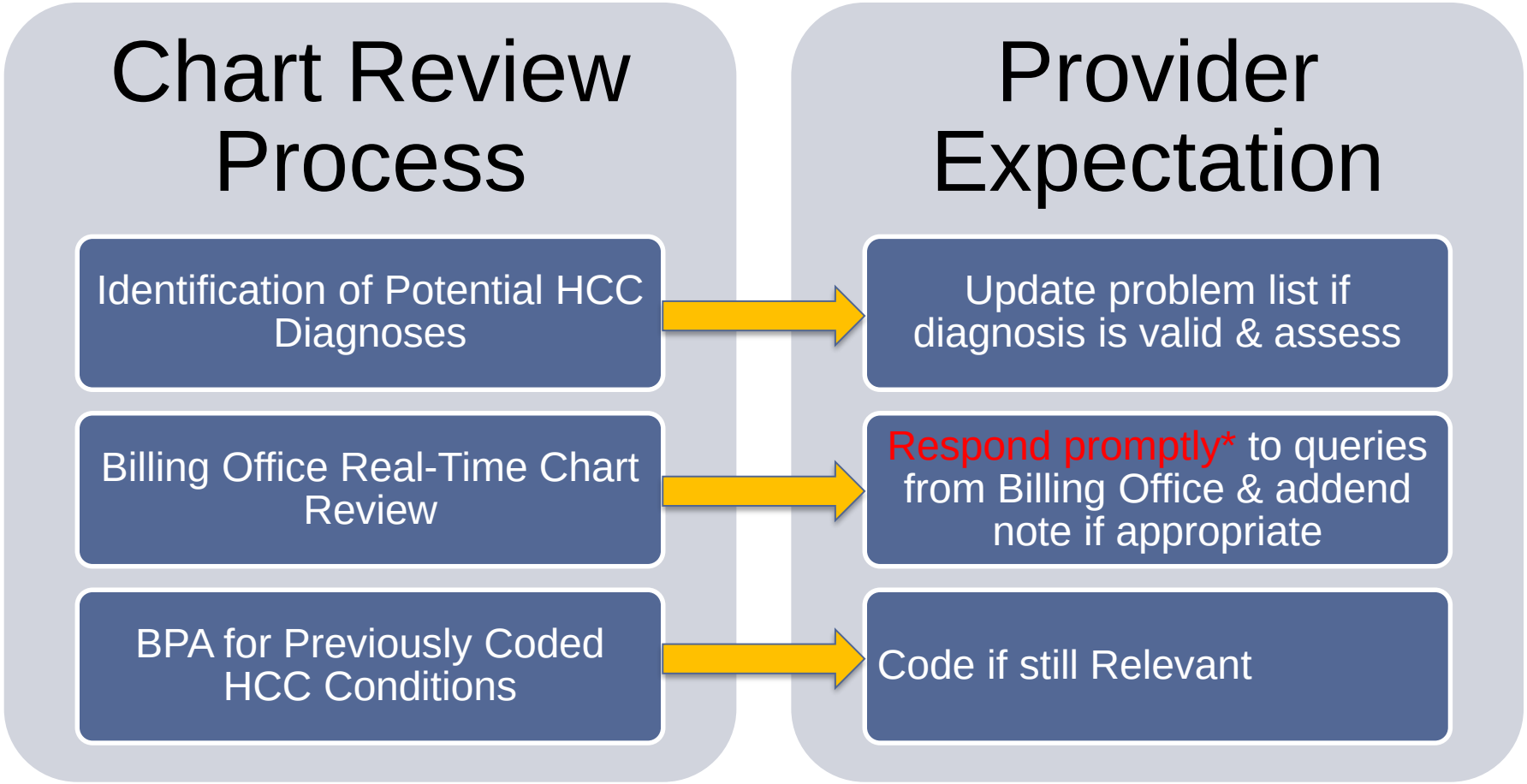
Sequelae of Stroke	• Hemiparesis • Hemiplegia • Cerebellar Ataxia (use of walker after stroke)
Amputation of any digit or extremity except fingers (not thumb)	• Toe, Mid-foot, Leg • Thumb, Hand, Arm
Ostomy status	• Colostomy, gastrostomy, J-tube status all have HCC diagnoses
Respirator dependent	
Dialysis status	

Common Skin Condition

- Senile Purpura – just because it is common doesn't mean that it may not be a risk adjusting diagnosis



UCLA Coding Improvement Initiatives

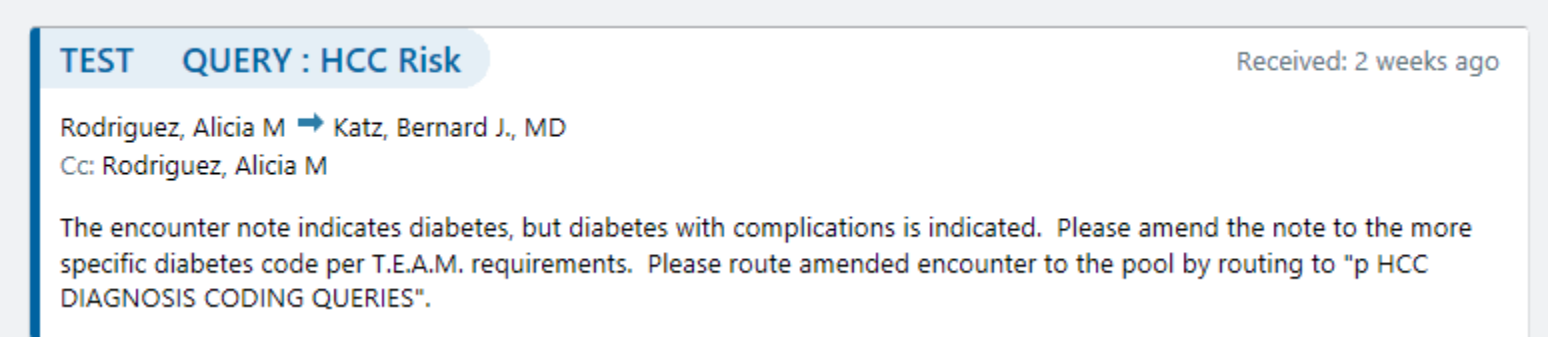


UCLA Health

* within 9 calendar days

Billing Office Initiatives

- CPC queries will be routed to a designated in-basket pool for the physicians. The query will prompt physicians to route any addenda back to the CPC for review.



- Charge sessions with outstanding queries will be pended by CPC for a period of 10 calendar days. If no addenda or response received from the billing physician within 10 calendar days, charges will be filed with original code.

PLEASE RESPOND PROMPTY TO THE QUERIES – within 9 calendar days

One Approach – Review the Chart

This is the workflow I routinely use when seeing a patient:

1. Click on **Care Gaps** to see what is due and place orders if applicable for the visit
2. Look at the **chief complaint** for the visit.
3. Review **prior visit** with the patient to refresh on the care
4. Review the patient's **meds** and **vital signs**
5. Review the patient's **Problem List** to see if there are any chronic conditions and "assess" them to add them to the **Visit Diagnosis**.
6. Review **HCC BPA** if present and click if appropriate

Additional Suggested Actions 1/2

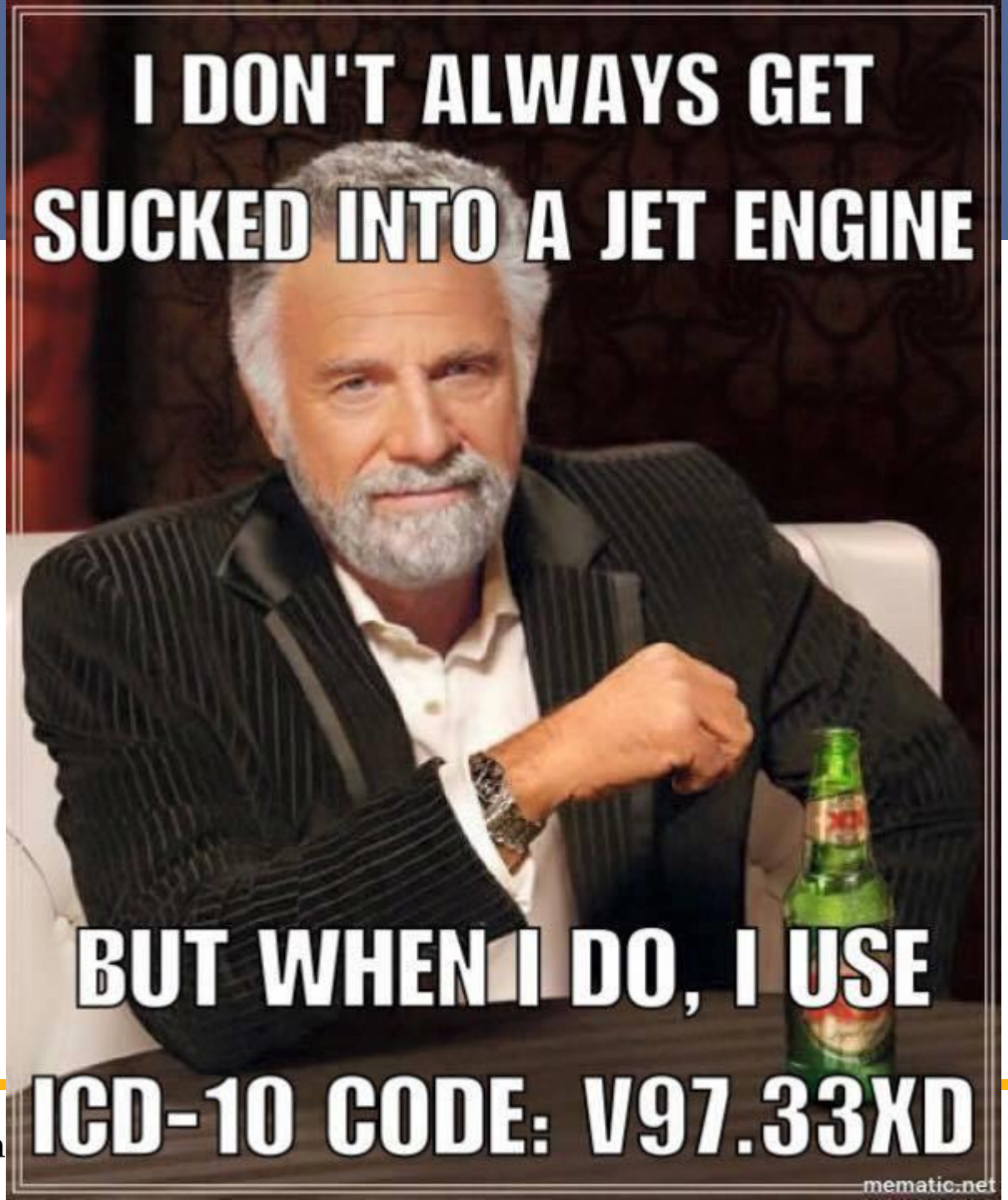
1. Look at old Chest X-ray or CT abdomen/pelvis to see if any **Aortic Atherosclerosis** is present
2. Look at patient's **Creatinine**. Does the patient qualify for CKD 3, 4, or 5?
3. Review Problem List and if Depression is present then consider changing, if appropriate, to **Major Depression, Recurrent, (mild, moderate, severe, remission)**
4. If Diabetes Mellitus is listed, be sure that any complications are included or at least use **"Diabetes Mellitus with complications"**

Additional Suggested Actions 2/2

1. If patient is on an anti-depressant medication, what diagnosis is listed? Is **Major Depression** appropriate?
2. If patient is on Gabapentin or Pregablin, does the patient have **Peripheral Neuropathy**?
3. If the patient is on DOAC, Warfarin, or Clopidogrel what condition is causing the patient to require anticoagulation or antiplatelet medication?
4. Is the patient being treated for **CHF** without it being on the problem list?
5. If **malignancy**, how recent? Is it still present? Monitored?

Take Aways

1. Recapture Diagnoses from Prior Years
   A. BPA
   B. Quality Link
   C. Problem List
2. Consider Sequelae of Chronic Conditions
3. Look at Imaging and Labs as well as Meds for Diagnoses
4. Code as specific as possible
5. Certain conditions are “Chronic” and won’t resolve even if they are “Under Control” or “In Remission”
6. Comment (at least briefly) on each diagnosis, just don’t list the diagnoses


I DON'T ALWAYS GET
SUCKED INTO A JET ENGINE
BUT WHEN I DO, I USE
ICD-10 CODE: V97.33XD
mematic.net