Bright
HealthCare
Welcome!
We will get started shortly...

Bright HealthCare

"Can't Miss" Chronic Conditions

Utilizing COZEVA & Risk Adjustment Resources to Address All Relevant Diagnoses

Disclaimer:

- The information presented herein is for information purposes only.
- It is designed to provide accurate and trustworthy information on the subject matter.
- Every reasonable effort has been made to ensure its accuracy.
- Nevertheless, the ultimate responsibility for correct use of the coding system and publication lies with the user.
- The ICD-10-CM code books and the Official Guidelines for Coding and Reporting are certified references for accurate and complete coding.

Today's topics

Can't Miss Chronic Conditions

- Diabetic PVD
- Congestive Heart Failure
- Major Depression
- Smoker's Cough
- Morbid Obesity

Q&A

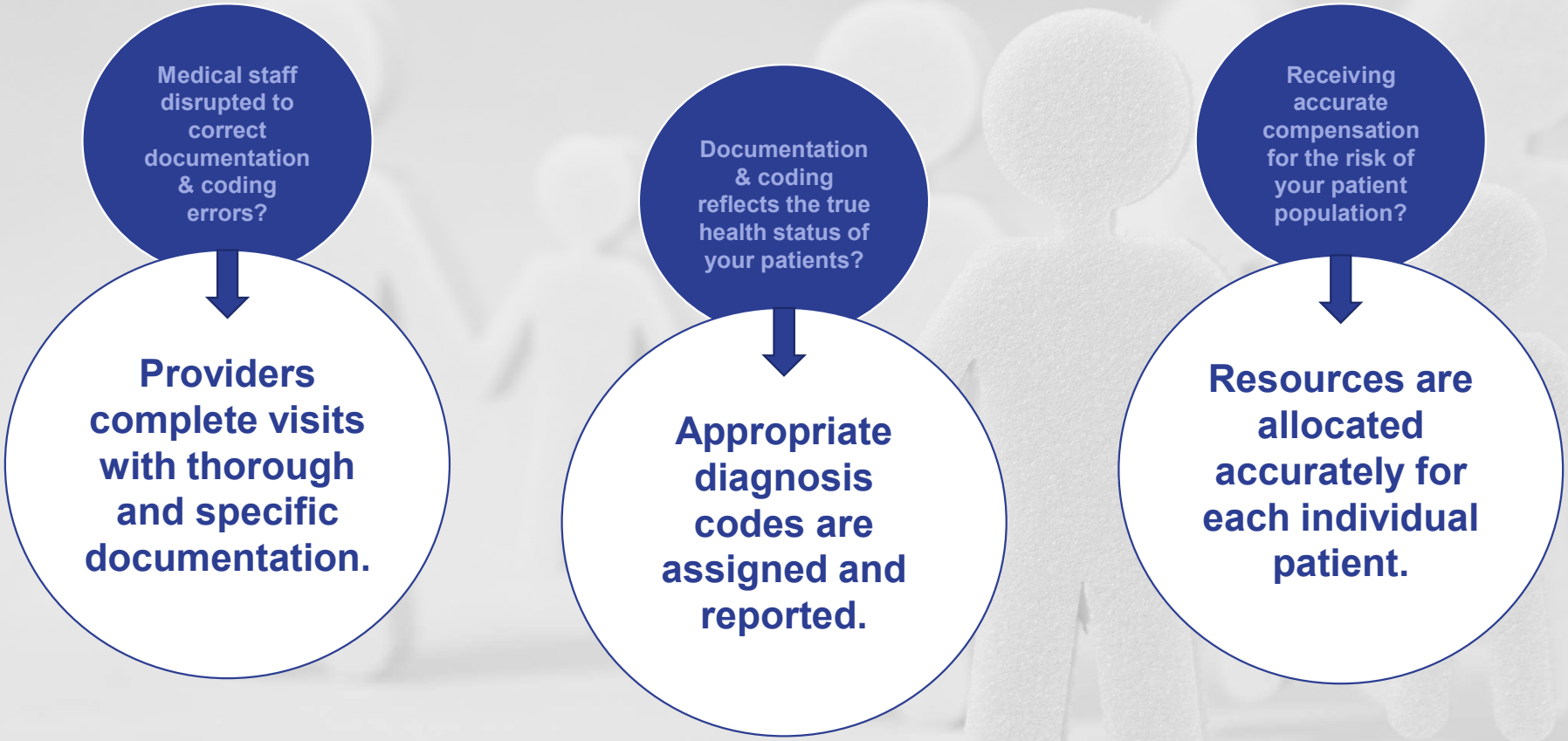
“Can’t Miss” Chronic Conditions

L J X Z W C E Z V M Q U H B F Q W
E M Z E R D Q R D L Z H U D S M I
Q O W O J I M Z R N D Z Q I V T B
S R C F V A Z O F L B H Z A X D E
M B O Y A B O Q U F F C G B W B G
O I H C V E D J Y N P O D E A Z G
K D N B I T X E K D H Q P T O T E
E O K X O I C I R D F Z T E V K O
R B A W C C K M M D T M M S G P E
S E U A P P X P B U U T O E G V S
C S T D A V R V Y Q I C Q B F S I
O I E V J D R N O U N J D W K M G
U T N L M K Q E T T A U G V Q W H
G Y S E N I L E P U R P U R A W W
H L A O B Z R G C L U Q W Z Z G E
D N M Q Y P B Q K F V R W P U U X
A M Q F Z Q D W F R B P O D S W A

“Can’t Miss” Chronic Conditions

L	J	X	Z	W	C	E	Z	V	M	Q	U	H	B	F	Q	W
E	M	Z	E	R	D	Q	R	D	L	Z	H	U	D	S	M	I
Q	O	W	O	J	I	M	Z	R	N	D	Z	Q	I	V	T	B
S	R	C	F	V	A	Z	O	F	L	B	H	Z	A	X	D	E
M	B	O	Y	A	B	O	Q	U	F	F	C	G	B	W	B	G
O	I	H	C	V	E	D	J	Y	N	P	O	D	E	A	Z	G
K	D	N	B	I	T	X	E	K	D	H	Q	P	T	O	T	E
E	O	K	X	O	I	C	I	R	D	F	Z	T	E	V	K	O
R	B	A	W	C	C	K	M	M	D	T	M	M	S	G	P	E
S	E	U	A	P	P	X	P	B	U	U	T	O	E	G	V	S
C	S	T	D	A	V	R	V	Y	Q	I	C	Q	B	F	S	I
O	I	E	V	J	D	R	N	O	U	N	J	D	W	K	M	G
U	T	N	L	M	K	Q	E	T	T	A	U	G	V	Q	W	H
G	Y	S	E	N	I	L	E	P	U	R	P	U	R	A	W	W
H	L	A	O	B	Z	R	G	C	L	U	Q	W	Z	Z	G	E
D	N	M	Q	Y	P	B	Q	K	F	V	R	W	P	U	U	X
A	M	Q	F	Z	Q	D	W	F	R	B	P	O	D	S	W	A

Pathway to Successful Risk Adjustment



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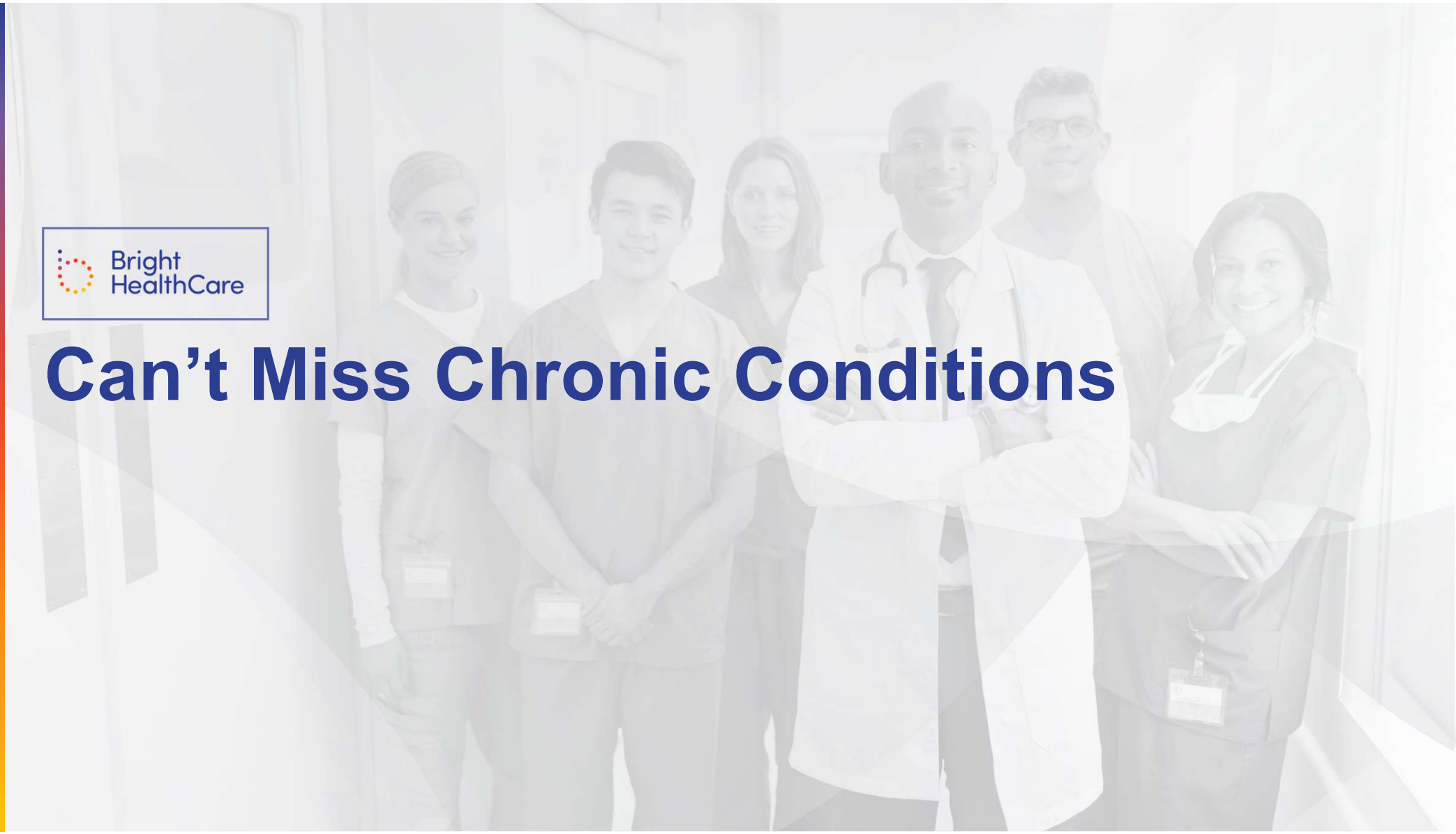

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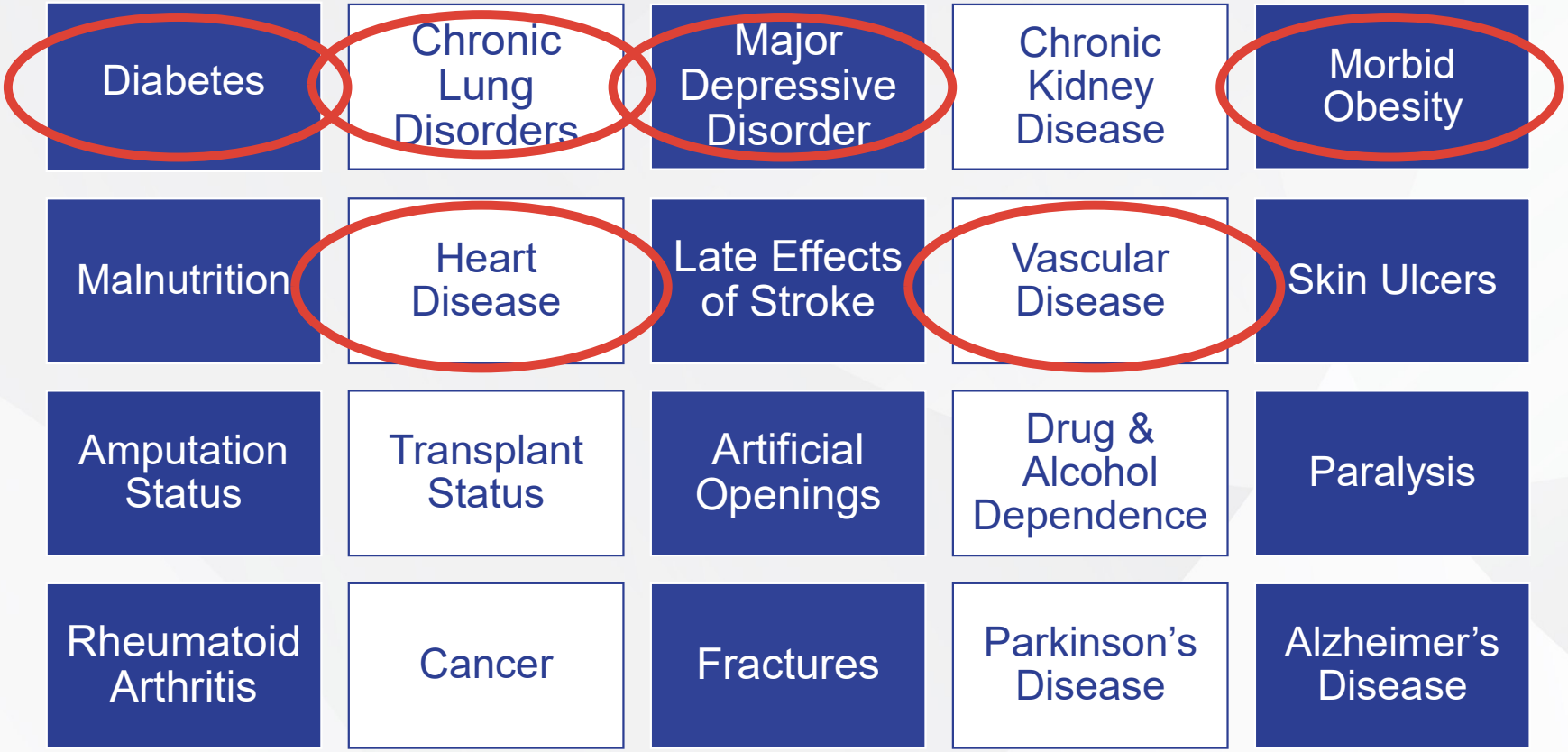
Can’t Miss Chronic Conditions

Common Medicare Risk Adjustment Conditions

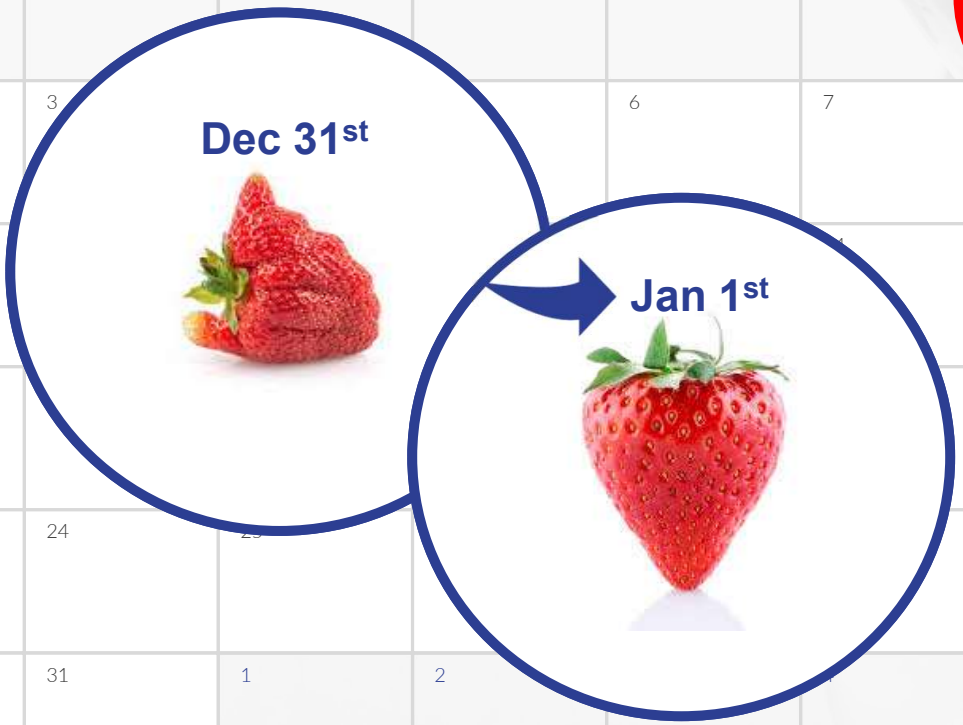
Diabetes	Chronic Lung Disorders	Major Depressive Disorder	Chronic Kidney Disease	Morbid Obesity
Malnutrition	Heart Disease	Late Effects of Stroke	Vascular Disease	Skin Ulcers
Amputation Status	Transplant Status	Artificial Openings	Drug & Alcohol Dependence	Paralysis
Rheumatoid Arthritis	Cancer	Fractures	Parkinson's Disease	Alzheimer's Disease

Common Medicare Risk Adjustment Conditions



January 1st Miracle

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
26	27	28	29	30	31	1
2	3			6	7	
9						15
16						22
23	24					29
30	31	1	2			5



Analytically, all members are considered healthy as of Jan. 1st each year.

Case Study

74-year-old female presents with…

- Type 2 diabetes
- Peripheral vascular disease
- Congestive heart failure
- Major depression
- Chronic cough
- History of tobacco dependence
- Bruising on arms
- BMI 36

Open gap in COZEVA

Open gap in COZEVA

Open gap in COZEVA

Key Documentation Requirements

Diagnosis

Clearly document a diagnosis for all conditions (based on your clinical impression)

Status

I.e., Symptoms, Disease progression/regression, Referencing labs/tests, Response to treatment

Plan

I.e., Tests ordered, Medication, Therapies, Referral, Follow-up

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Vascular Disease

HCC 108· Clinical Factor 0.240
Suspect 0.780
Recapture

Current year
Type 2 diabetes mellitus with diabetic peripheral angiopathy without gang... **E11.51**
04/04/2022
+1 more

Past 2 years
Type 2 diabetes mellitus with diabetic peripheral angiopathy without gang... **E11.51**
01/26/2021

Congestive Heart Failure

HCC 85· Clinical Factor 0.276
Suspect 0.670
Recapture

Past 2 years
Heart failure, unspecified **I50.9**
11/18/2021

Clinical Correlation
Diuretic - Loop
FUROSEMIDE 20 MG TABLET **00054429731**
03/30/2022 Unknown
+4 more

Major Depressive, Bipolar, and Paranoid Disorders

HCC 59· Clinical Factor 0.258
Suspect 0.090
New

Current year
Major depressive disorder, recurrent, unspecified **F33.9**
02/11/2022 BERGER, NP, LYNN, NP
+1 more

Clinical Correlation
Ineligible Claim
Major depressive disorder, recurrent, unspecified **F33.9**
03/01/2022

Case Study

74-year-old female presents with…

- Type 2 diabetes
- Peripheral vascular disease
- Congestive heart failure
- Major depression
- Chronic cough
- History of tobacco dependence
- Bruising on arms
- BMI 36

Smoker's cough = mild chronic bronchitis

Senile purpura?

Patient's BMI is over 35 with comorbidities

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Risk Score Calculation

74-year-old female 0.386

Total Risk Score

0.386

Reimbursement

$5,095

*Calculations are based on 2022 Rate Book for San Diego County ($1100 PMPM)
*Numbers are for illustrative purposes; actual values may vary.

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Risk Score Calculation

74-year-old female	0.386
Diabetic PVD	
E11.51 (HCC 18, 108)	0.590

Total Risk Score

0.976

Reimbursement

$12,883

*Calculations are based on 2022 Rate Book for San Diego County ($1100 PMPM)
*Numbers are for illustrative purposes; actual values may vary.

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Risk Score Calculation

74-year-old female	0.386
Diabetic PVD	
E11.51 (HCC 18, 108)	0.590
Congestive Heart Failure	
I50.9 (HCC 85)	0.331

Total Risk Score

1.307

Reimbursement

$17,252

*Calculations are based on 2022 Rate Book for San Diego County ($1100 PMPM)
*Numbers are for illustrative purposes; actual values may vary.

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Risk Score Calculation

74-year-old female	0.386
Diabetic PVD	
E11.51 (HCC 18, 108)	0.590
Congestive Heart Failure	
I50.9 (HCC 85)	0.331
Major Depression, Recurrent	
F33.9 (HCC 59)	0.309

Total Risk Score

1.616

Reimbursement

$21,331

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Risk Score Calculation

74-year-old female	0.386
Diabetic PVD	
E11.51 (HCC 18, 108)	0.590
Congestive Heart Failure	
I50.9 (HCC 85)	0.331
Major Depression, Recurrent	
F33.9 (HCC 59)	0.309
Smoker's Cough	
J41.0 (HCC 111)	0.335

Total Risk Score

1.951

Reimbursement

$25,753

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Risk Score Calculation

74-year-old female	0.386
Diabetic PVD	
E11.51 (HCC 18, 108)	0.590
Congestive Heart Failure	
I50.9 (HCC 85)	0.331
Major Depression, Recurrent	
F33.9 (HCC 59)	0.309
Smoker's Cough	
J41.0 (HCC 111)	0.335
Senile Purpura	
D69.2 (HCC 48)	0.192

Total Risk Score

2.143

Reimbursement

$28,287

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Risk Score Calculation

74-year-old female	0.386
Diabetic PVD	
E11.51 (HCC 18, 108)	0.590
Congestive Heart Failure	
I50.9 (HCC 85)	0.331
Major Depression, Recurrent	
F33.9 (HCC 59)	0.309
Smoker's Cough	
J41.0 (HCC 111)	0.335
Senile Purpura	
D69.2 (HCC 48)	0.192
Morbid Obesity	
E66.01 (HCC 22)	0.250

Total Risk Score

2.393

Reimbursement

$31,587

*Calculations are based on 2022 Rate Book for San Diego County ($1100 PMPM)

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Risk Score Calculation

Demographic + Diseases 2.393

Total Risk Score

2.393

Reimbursement

$31,587

*Calculations are based on 2022 Rate Book for San Diego County ($1100 PMPM)
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Risk Score Calculation

Demographic + Diseases	2.393
5 Payment HCCs	0.042

Total Risk Score

2.435

Reimbursement

$32,142

*Calculations are based on 2022 Rate Book for San Diego County ($1100 PMPM)
*Numbers are for illustrative purposes; actual values may vary.

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Risk Score Calculation

Demographic + Diseases	2.393
5 Payment HCCs	0.042
Diabetes + CHF	0.190

Total Risk Score

2.625

Reimbursement

$34,650

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Risk Score Calculation

Demographic + Diseases	2.393
5 Payment HCCs	0.042
Diabetes + CHF	0.190
CHF + COPD (Smoker's cough)	0.155

Total Risk Score

2.78

Reimbursement

$36,696

*Calculations are based on 2022 Rate Book for San Diego County ($1100 PMPM)
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Complete Office Support

Pre-visit
Medical Support Staff

- Evaluate gap lists, Rx drugs, hospital records, lab results, & provider notes.
- Communicate with provider via chart prep or other methods.

During Visit
Provider

- Ensure all chronic or new conditions are reviewed & properly documented.
- Ensure all pertinent lab/test results are reviewed & documented.

Post-visit
Coding Staff

- Review coding & documentation to ensure accuracy & completeness.
- Provide coding & documentation feedback when appropriate.

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HCC Documentation & Coding Reference Guide

If your patient has any of these problems, document the diagnosis, assessment, and plan (DSP), and report the corresponding code at least annually.

Includes documentation & coding tips for over twenty different condition categories!

Examples	ICD-10	CMS	RAF Value	Documentation and Coding Notes
Chronic Lung Disease				
Chronic respiratory failure	J96.10	84	0.282	• Smoker's cough = mild chronic bronchitis. • For patients who are dependent on supplemental oxygen (Sp02 < 87% on RA), consider chronic respiratory failure diagnosis.
Smoker's cough	J41.0	111	0.335	
COPD, unspecified	J44.9	111	0.335	
Chronic obstructive pulmonary disease (COPD), other	J44.X	111	0.335	
Emphysema	J43.X	111	0.335	
Pulmonary fibrosis	J84.10	112	0.219	
Neurologic Disease / Cerebrovascular Accident (CVA)				
Sequelae and late effects of stroke (hemiplegia, hemiparesis)	I69.XXX	103	0.437	• For sequelae and late effects of stroke, document cause-and-effect relationship of CVA and specific related deficits. • Acute CVA (ICD-10 I63.XXX) should only be documented during the initial episode of care. Post-discharge, document "history of CVA" with or without residual or late effects. History of CVA without residual effects (ICD-10 code Z86.73) has no RAF value. For patients with a history of CVA with residual effects, utilize the appropriate ICD-10 code(s) from codeset I69.XXX.
Parkinson's disease	G20	78	0.606	
Multiple sclerosis	G35	77	0.423	
Paralysis	G83.9	104	0.331	
Seizure disorder	G40.909	79	0.220	
Cardiac Disease				
CHF	I50.9	85	0.331	• Consider: a patient's CHF may be controlled and remain stable with medications or surgical interventions (ACEI's, ARB's, diuretics, BBs, digoxin, ICD's, valve replacements, etc.). • Consider: a patient's a-fibb may be controlled and remain in NSR with surgery, procedures, or medications (cardioversion, ablation, BBs, CCBs, antiarrythmics).
Atrial fibrillation	I48.91	96	0.268	
Coronary artery disease with angina	I25.119	88	0.135	
Angina	I20.9	88	0.135	
Unstable angina	I20.0	87	0.195	
Pulmonary hypertension	I27.20	85	0.331	
Cor pulmonale	I27.81	85	0.331	
Cardiomyopathy	I42.9	85	0.331	
Abdominal aortic aneurysm	I71.4	108	0.288	
Aortic atherosclerosis/calcifications	I70.0	108	0.288	• Often missed on radiologic reports. Must have CXR/US/CT scans verifying, document date of exam.

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Why is risk adjustment im
What is risk adjustment?
What are fundamental aspects of s
High-quality patient-provider relationship
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Provider Documentation: Diabetes
Documentation Tips & Best Practices
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Provider Documentation: Cancer
Documentation Tips & Best Practices
Bright HealthCare
Provider Documentation: COPD & Asthma
Documentation Tips & Best Practices
Bright HealthCare
Provider Documentation: Major Depressive Disorder
Documentation Tips & Best Practices
Reference Materials for Providers & Support Staff
Bright HealthCare
Coding and Documentation Guide: Substance Use Disorders
Documentation best practices
Case study #2: Missed opportunity
Gender: F DOB: MM/DD/1984
Chief complaint: Back pain
History of present illness
Coding and documentation examples
Case study #1: Complete documentation
Gender: M DOB: MM/DD/1975
Admission diagnosis:
Opioid overdose
History of present illness
Exam
Reason for encounter is clearly documented.

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Questions?

Contact our team with questions:

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Thank you!

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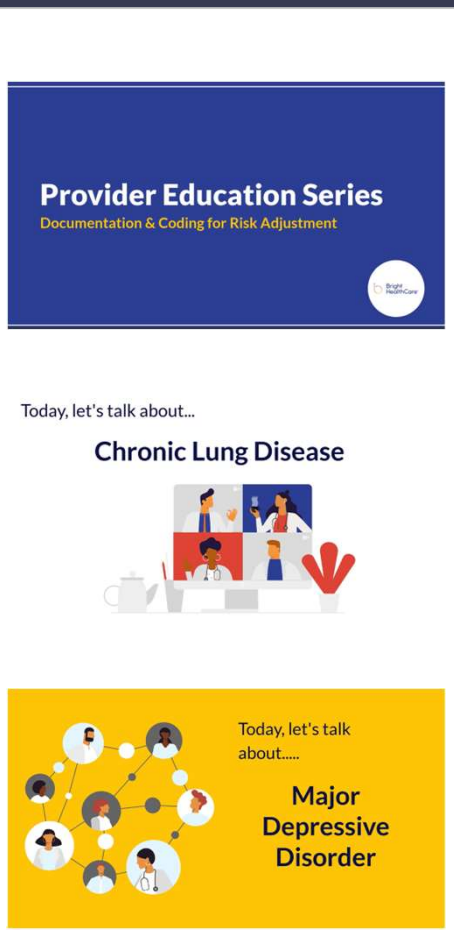

New On-Demand Provider Education Series!

Documentation & Coding for "Can't Miss" Chronic Conditions

- 5-minute, condition-specific videos
- Concise, animated, & provider-centric

Please deploy within your organizations!

- New videos released monthly
- Links are easy to share & embed