



Welcome!
We will get started shortly...



"Can't Miss" Chronic Conditions

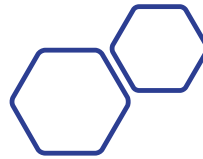
**Utilizing COZEVA & Risk Adjustment Resources to
Address All Relevant Diagnoses**

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

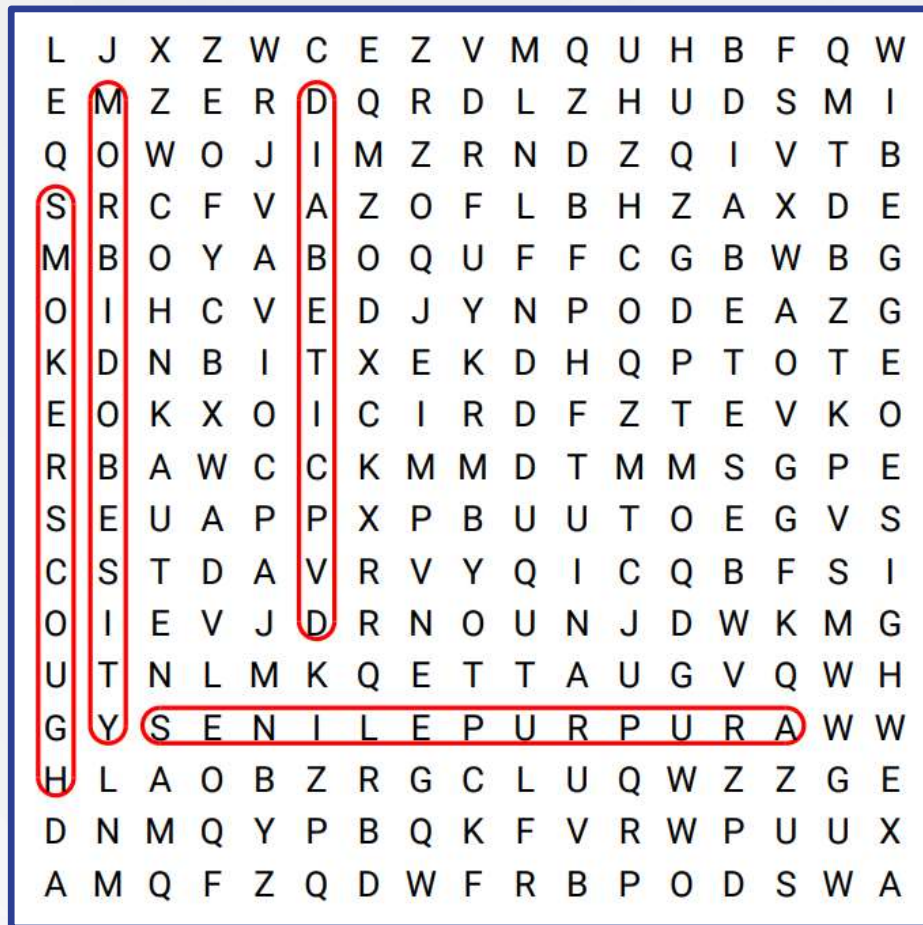
Q&A

"Can't Miss" Chronic Conditions

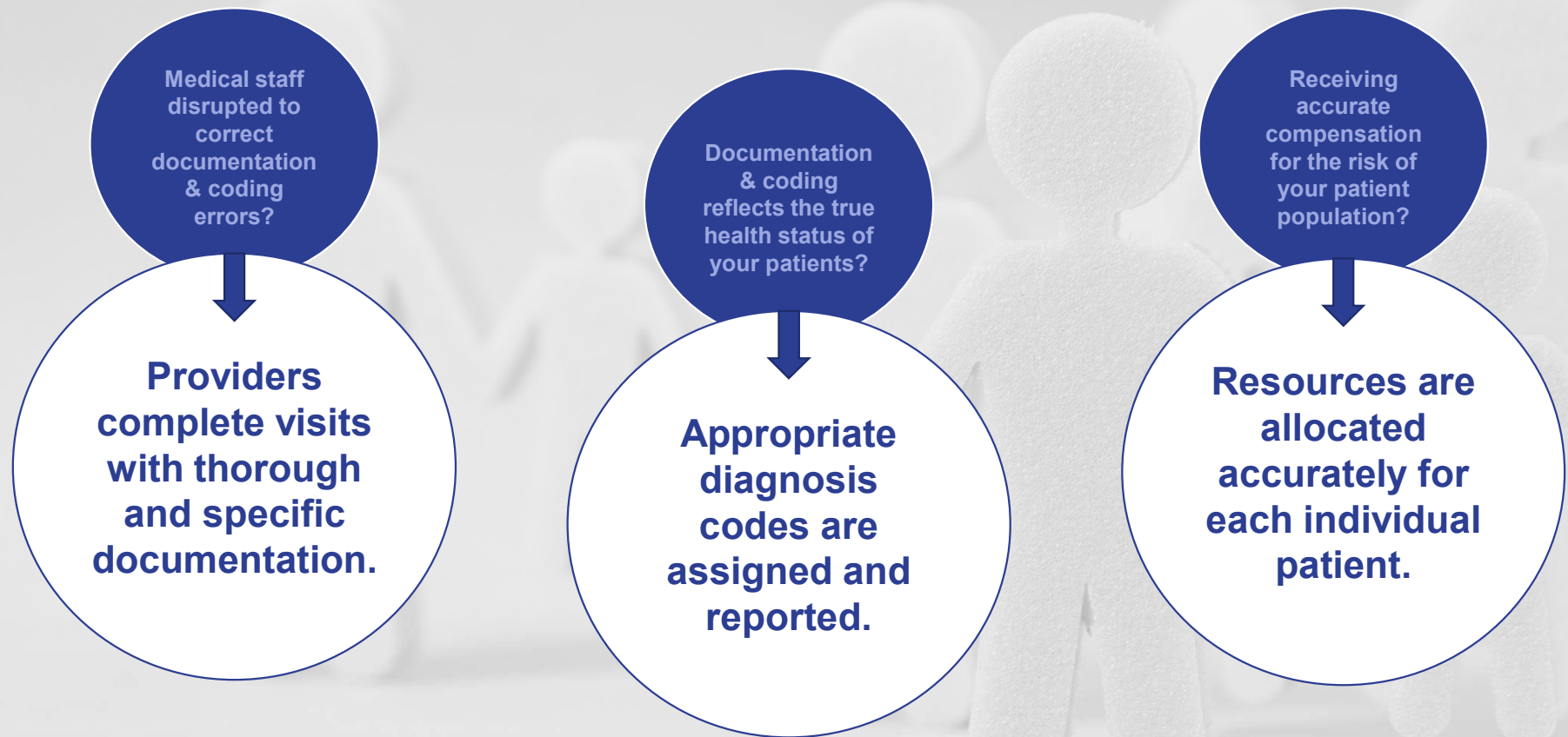
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"Can't Miss" Chronic Conditions

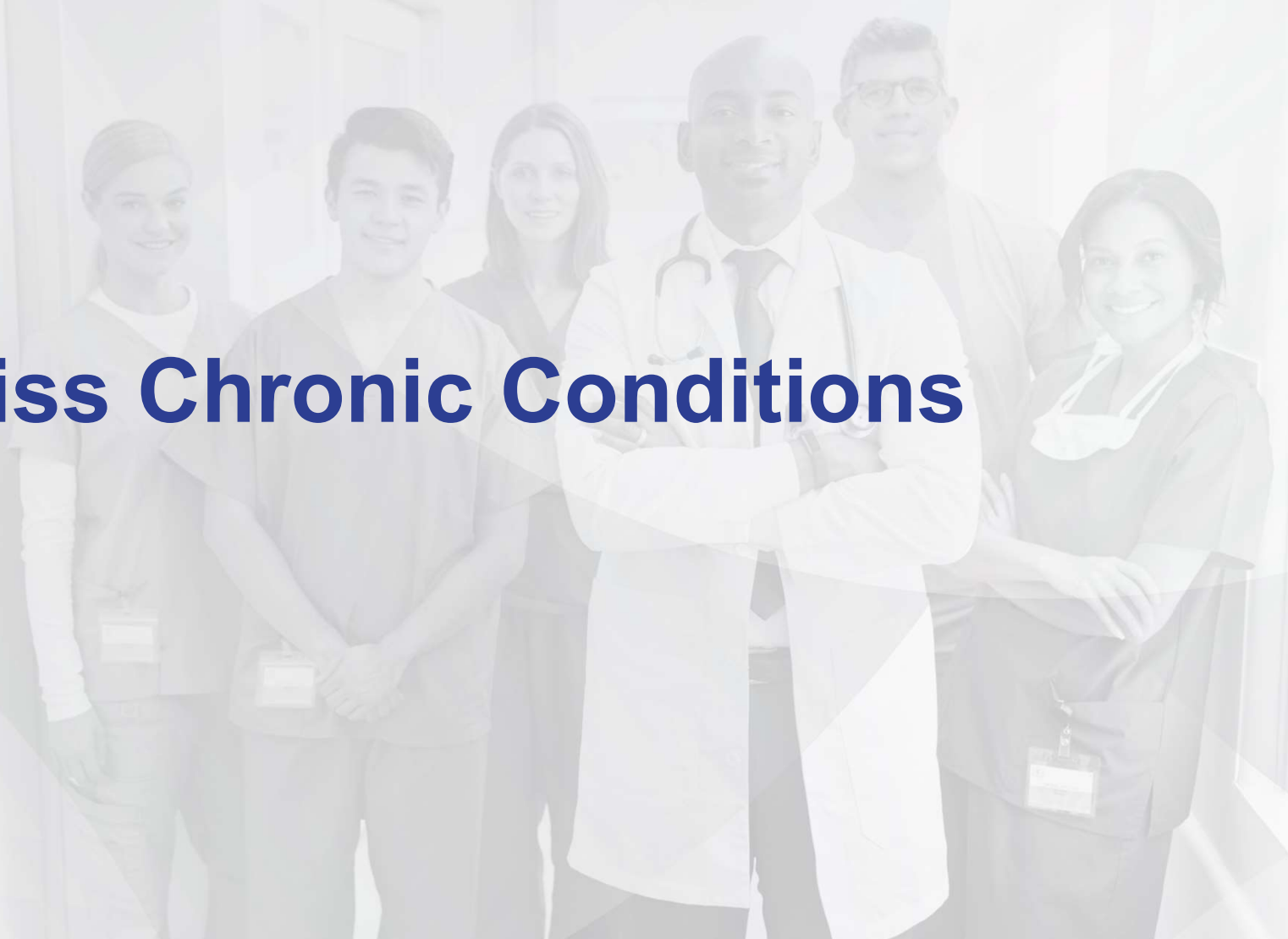


Pathway to Successful Risk Adjustment





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

Diabetes	Chronic Lung Disorders	Major Depressive Disorder	Chronic Kidney Disease	Morbid Obesity
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Rheumatoid Arthritis	Cancer	Fractures	Parkinson's Disease	Alzheimer's Disease

January 1st Miracle

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
26	27	28	29	30	31	1
2	3	Dec 31st 		6	7	8
9						15
16				Jan 1st 		22
23	24	25	26	27	28	29
30	31	1	2	3	4	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




- 
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

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.

Risk Score Calculation

<u>74-year-old female</u>	0.386
Diabetic PVD <i>E11.51 (HCC 18, 108)</i>	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.

Risk Score Calculation

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

Risk Score Calculation

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

Total Risk Score

1.616

Reimbursement

\$21,331

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

*Numbers are for illustrative purposes; actual values may vary.

Risk Score Calculation

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

Total Risk Score

1.951

Reimbursement

\$25,753

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

*Numbers are for illustrative purposes; actual values may vary.

Risk Score Calculation

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

Total Risk Score

2.143

Reimbursement

\$28,287

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

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Risk Score Calculation

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

Total Risk Score

2.393

Reimbursement

\$31,587

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

*Numbers are for illustrative purposes; actual values may vary.

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)

*Numbers are for illustrative purposes; actual values may vary.

Risk Score Calculation

<u>Demographic + Diseases</u>	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.

Risk Score Calculation

<u>Demographic + Diseases</u>	2.393
5 Payment HCCs	0.042
Diabetes + CHF	0.190

Total Risk Score

2.625

Reimbursement

\$34,650

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

*Numbers are for illustrative purposes; actual values may vary.

Risk Score Calculation

<u>Demographic + Diseases</u>	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)

*Numbers are for illustrative purposes; actual values may vary.

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.

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	<ul style="list-style-type: none"> Smoker's cough = mild chronic bronchitis. For patients who are dependent on supplemental oxygen (SpO2 < 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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, antiarrhythmics).
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	
				<ul style="list-style-type: none"> Often missed on radiologic reports. Must have CXR/US/CT scans verifying, document date of exam.

Why is risk adjustment im

What is risk adjustment?

Risk adjustment is a process that predicts healthcare costs based on demographic information to a risk score. When providers use the data to identify what types of programs...

What are fundamental aspects of s



High-quality patient-provider relationship



Accurate medical charting and documentation

Provider Documentation: Diabetes Documentation Tips & Best Practices

Did you know that manifestations is

Establishing the cause of diabetes has caused due to, because of, Documentation con

- Type I or Type II
- Secondary to another condition
- With or without complications
- With ketoacidosis

Provider Documentation: Cancer Documentation Tips & Best Practices

Did you know that cancer should be documented as "history of" been excised or eradicated from its site, with no further treatment?

Documentation components necessary to capture the severity of cancer:
• Primary

Provider Documentation: COPD & Asthma Documentation Tips & Best Practices

Did you know that complete documentation of COPD and asthma can help identify patients for disease management programs?

Documentation components necessary to capture the severity of illness of your patients with COPD, asthma, and other

Provider Documentation: Major Depressive Disorder Documentation Tips & Best Practices

Did you know that documenting the episode, activity, and severity of major depressive disorder is essential to complete and accurate coding?

- Episode: Single or Recurrent
 - Depression is considered recurrent at the second single episode.
 - Depression is recurrent if patient is currently on prescribed medication or receiving therapy services.
- Activity: Current, Partial remission, Full remission
 - Consider "in remission" rather than "history of" if patient was previously diagnosed but is currently without symptoms.
- Severity: Mild, Moderate, Severe with psychotic symptoms

Patient Health Questionnaire-9 (PHQ-9)

PHQ-9 Score	Description
0 - 4	Minimal depression
5 - 9	Mild to moderate depression
10 - 14	Severe depression

Coding and documentation examples

Case study #1: Complete documentation

Gender: M DOB: MM/DD/1975

Admission diagnosis:
Opioid overdose

History of present illness
This a.m. patient was unresponsive; girlfriend reported patient took Oxycodone. EMS were called. Medics gave 2 of Narcan with improvement. Here in ER, patient does not know year, where he is, or what happened. Will get stat CT head, ABG, administer another dose of Narcan.

Exam
General appearance: Alert, awake, conversant
Head/eyes: PERRLA
ENT: Moist mucosal membranes
Neck: Full range of motion, non-tender, no JVD
Cardiovascular: Normal capillary refill, normal heart sounds, regular rate and rhythm
Lungs: Clear to auscultation
Abdominal: Soft, non-tender

Reason for encounter is clearly documented.

Provider clearly states use of substance

Coding and Documentation Guide: Substance Use Disorders

Accurate coding and documentation are fundamental to the risk adjustment process representing each patient's complex health profile. Bright HealthCare's coding guides equip coders and medical staff with the information needed to support accurate coding and documentation.

Documentation best practices

- Documentation must be provided. Coders cannot assume diagnoses exist based on medical orders.

Case study #2: Missed opportunity

Gender: F DOB: MM/DD/1984

Chief complaint: Back pain

History of present illness
The back pain is a chronic problem. Current episode started more than 1 year ago. The problem occurs daily, has been waxing and waning since onset. The pain is present in the lumbar spine; quality of pain is described as stabbing; pain radiates to the left thigh and right thigh, with a severity of 4/10. The symptoms are aggravated by sitting and standing.

Reference Materials for Providers & Support Staff



Questions?

Contact our team with questions:

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Provider Education Series

Documentation & Coding for Risk Adjustment



Today, let's talk about...

Chronic Lung Disease



Today, let's talk
about.....

Major Depressive Disorder



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