



DELAWARE VALLEY ACO
an accountable care organization



HCC MULTISPECIALTY SERIES SESSION



HIERARCHICAL CONDITION CATEGORY

PURPOSE

The Purpose of Hierarchical Condition Category (HCC) Coding

- To accurately reflect the health of your patient population
 - Risk adjustment scores are higher for a patient with a greater disease burden and less for the more healthy patient
 - The diagnosis codes that are reported by your practice on the patient claims determine the patient's disease burden and risk score
 - Chronic Conditions are reported once per year (or more based on visit pattern of the patient and the complexity of their condition)

The Purpose of Hierarchical Condition Category (HCC) Coding (continued)

- There are over 9,700 ICD-10-CM codes that map to one or more of the 86 HCC codes included in the 2021 CMS-HCC Risk Adjustment Model. Examples of Conditions represented include:
 - Amputation
 - Chronic Kidney Disease
 - Chronic Obstructive Pulmonary Disease
 - Coagulation Defects
 - Congestive Heart Failure
 - Diabetes Mellitus
 - Morbid Obesity
 - Peripheral Vascular Disease
 - Others such as MI, CVA, and Fractures

Two Patients, Same Diagnosis, Different Care

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- Patient A is newly diagnosed with influenza and pneumonia
 - Patient A is 35
 - Patient has no chronic diseases
- Patient B is newly diagnosed with influenza and pneumonia
 - Patient B is 72
 - Patient comorbidities:
 - Diabetes, type 2
 - Chronic bronchitis
 - Emphysema

Two Patients, Same Diagnosis, Different Care (continued)

- Capturing the difference is called risk adjustment
 - If the comorbidities are not documented and coded for Patient B, the true cost of the encounter is not captured
 - Comorbidities bring extra risk, requiring extra utilization of resources
 - Erroneously reporting a more complex diagnosis can lead to overpayment

General HCC Principles

- Code for all conditions that affect or influence patient care, treatment or management
- Code to the highest level of specificity
- Code all chronic conditions at least once annually
- Ensure all conditions are updated in patient's chart based on Summary of Care documents received from hospitals or specialty consults
- Limit the number of "Unspecified" or "Other" codes, unless there is not sufficient clinical information to support a more specific code
- Include additional diagnoses to the appropriate primary diagnoses such as: code BMI with obesity, and code long-term insulin use with diabetes
- Up to (12) ICD-10 codes can be submitted on a claim

Neurology HCC Specifics



Dementia

- Dementia is broken into the following ICD-10 code sections:
 - F01.- Vascular Dementia
 - Code first the underlying physiological condition or sequelae of cerebrovascular disease
 - F02.- Dementia in other disease classified elsewhere
 - Code first the underlying physiological condition, such as:
 - Alzheimer's
 - Epilepsy and recurrent seizures
 - Hypercalcemia
 - Hypothyroidism
 - Multiple Sclerosis
 - Parkinson's Disease
 - Pick's Disease
 - Traumatic Brain Injury
 - Vitamin B deficiency

Dementia (cont.)

- F03.-Unspecified Dementia
 - Examples include:
 - Pre-senile dementia NOS
 - Pre-senile psychosis NOS
 - Primary degenerative dementia NOS
 - Senile dementia NOS
 - Senile dementia depressed or paranoid type
 - Senile psychosis NOS
- For all types of Dementia be sure to specify with or without behavioral disturbances.
 - Examples of behavioral disturbances include:
 - Dementia with aggressive behavior
 - Dementia with combative behavior
 - Dementia with violent behavior
- HCC 51 Dementia with complications and HCC 52 Dementia without complications were added to the HCC Risk adjustment model on January 1, 2020

Cerebral Infarction

- Code Cerebral Infarctions to the highest specificity including any residual effects
 - I63.9 Acute Cerebral Infarction
 - This code should be used when a patient is actively experiencing a CVA
 - I69.3- Sequelae of Cerebral Infraction
 - Examples include:
 - Hemiplegia and Hemiparesis
 - Monoplegia
 - Aphasia
 - Dysphagia
 - Z86.73 Personal History of Cerebral Infarction without residual effects

*If a patient is not currently experiencing a Cerebral Infarction and has no residual or late effect from a previous Cerebral Infarction code Z86.73 (personal history of Cerebral Infarction without residual effects). A patient experiencing no residual effects from a previous stroke should never be assigned a current stroke code (I63.9).

HCC Coding Example: The Impact of Specified Coding

Example: 72 year old male presents for a follow up visit for a Cerebral Infarction. The patient has right sided hemiparesis.

ICD-10 Code	Description- Partial Coding	HCC Weight
Z68.73	Personal history of cerebral infarction without residual deficits	0.00
	Demographic Risk Factor (Community, Non Dual, Aged):	0.394
	Total Score:	0.394
	PMPM Payment:	\$315.20
	Medicare expects this patient to cost:	\$3,782.40
ICD-10 Code	Description- Coding Highest Specificity	HCC Weight
I69.351	Hemiparesis following cerebral infarction affecting right dominant side	0.437
	Demographic Risk Factor (Community, Non Dual, Aged):	0.394
	Total Score:	0.831
	PMPM Payment:	\$664.80
	Medicare expects this patient to cost:	\$7,977.60

Peripheral Vascular Disease

- Coding
 - The codes in this category, I70 Atherosclerosis, are classified by type of vessel, by site, and by the severity
 - Code at the highest level of severity when a patient has multiple symptoms of Lower Extremity Atherosclerosis
 - Identify the specific arterial or venous disorder and the site
- The hierarchy from most severe to least severe is as follows:
 - Highest Level
 - Gangrene, with Tissue Necrosis
 - Ulceration, with Non-healing Wound
 - Rest Pain, with Chronic Ischemia
 - Lowest Level
 - Intermittent Claudication, with Ischemia upon exertion

Peripheral Vascular Disease (continued)

- Coding- Ulceration
 - Coding ulcers to the highest specificity. This includes:
 - Location
 - Severity
 - Laterality
 - ❖ Example- L97.423: Non-pressure ulcer of left heel and midfoot with necrosis of muscle

HCC Coding Example: The Impact of Specified Coding

Example: A 90 year old male presents with peripheral vascular disease including an ulcer of the left ankle limited to the breakdown of the skin.

ICD-10 Code	Description- No Conditions Coded	HCC Weight
Not coded	Peripheral vascular disease	0.00
	Demographic Risk Factor (Community, Non Dual, Aged):	0.841
	Total Score:	0.841
	PMPM Payment:	\$672.80
	Medicare expects this patient to cost:	\$8,073.60
ICD-10 Code	Description- Partial Coding	HCC Weight
I73.9	Peripheral vascular disease, unspecified	0.288
	Demographic Risk Factor (Community, Non Dual, Aged):	0.841
	Total Score:	1.129
	PMPM Payment:	\$903.20
	Medicare expects this patient to cost:	\$10,838.40
ICD-10 Code	Description- Coding Highest Specificity	HCC Weight
I70.243, L97.321	Atherosclerosis of native arteries of left leg with ulceration of ankle limited to breakdown of skin	1.488
	Demographic Risk Factor (Community, Non Dual, Aged):	0.841
	Total Score:	2.329
	PMPM Payment:	\$1,863.20
	Medicare expects this patient to cost:	\$22,358.40

Traumatic Brain Injury

- Coding
 - To code traumatic brain injuries to the highest specify include:
 - With or without loss of consciousness including timeframe
 - Diffuse vs Focal
 - Initial, subsequent or sequela encounter
 - Code subsequent traumatic brain injuries for patients that are receiving active treatment of the condition during the healing or recovery phase
 - Code sequela (late effects) for complications that arise as a direct result of the condition
 - If a patient does not have any late effects or active treatment then a personal history of traumatic brain injury (Z87.820) should be coded to indicate that a previous TBI occurred.

HCC Coding Example: The Impact of Specified Coding

Example: A 60 year old female presents for a follow up for a prior Traumatic Brain Injury. The patient has Post Traumatic Seizures

ICD-10 Code	Description- No Conditions Coded	HCC Weight
Not coded	Traumatic Brain Injury	0.00
	Demographic Risk Factor (Community, Non Dual, Aged):	0.271
	Total Score:	0.271
	PMPM Payment:	\$216.80
	Medicare expects this patient to cost:	\$2,601.60
ICD-10 Code	Description- Partial Coding	HCC Weight
Z87.820	Personal history of traumatic brain injury	0.00
	Demographic Risk Factor (Community, Non Dual, Aged):	0.271
	Total Score:	0.271
	PMPM Payment:	\$216.80
	Medicare expects this patient to cost:	\$2,601.60
ICD-10 Code	Description- Coding Highest Specificity	HCC Weight
S06.2X1S	Diffuse traumatic brain injury with loss of consciousness of 30 minutes or less, sequela	0.044
R56.1	Post traumatic seizures	0.196
	Demographic Risk Factor (Community, Non Dual, Aged):	0.271
	Total Score:	0.511
	PMPM Payment:	\$408.80
	Medicare expects this patient to cost:	\$4,905.60

Depression

- Documentation
 - Ensure that documentation includes whether the episode is a single episode or recurrent.
- The severity should also be documented as one of the following:
 - Mild
 - Moderate
 - Severe without psychotic features
 - Severe with psychotic features
 - In partial remission
 - In full remission
- Specified code example: F32.0 Major depressive disorder, single episode, mild

**Depression NOS (F32.9) is not a part of the HCC Risk Adjustment Model*

Opioid Dependence

- Coding
 - ICD-10 code F11.21 is defined as Opioid dependence, in remission. This includes:
 - Opioid use disorder, moderate, in early remission
 - Opioid use disorder, moderate, in sustained remission
 - Opioid use disorder, severe, in early remission
 - Opioid use disorder, severe, in sustained remission
 - Defining “in remission”
 - When a patient who has previously been diagnosed with opioid abuse or use disorder has stopped abusing opioid recently or over an extended period, it is considered as remission.
 - The use of this code is based on provider documentation of remission.

HCC Coding Example: The Impact of Specified Coding

Example: A 65 year old male presents for a follow up visit for mild depression. The patient is in remission for opioid dependence.

ICD-10 Code	Description- Partial Coding	HCC Weight
F32.9	Depression NOS	0.00
Not coded	Opioid dependence, in remission	0.000
	Demographic Risk Factor (Community, Non Dual, Aged):	0.308
	Total Score:	0.308
	PMPM Payment:	\$246.40
	Medicare expects this patient to cost:	\$2,965.80
ICD-10 Code	Description- Coding Highest Specificity	HCC Weight
F32.0	Major depressive disorder, mild	0.309
F11.21	Opioid dependence, in remission	0.329
	Demographic Risk Factor (Community, Non Dual, Aged):	0.308
	Total Score:	0.946
	PMPM Payment:	\$7,56.80
	Medicare expects this patient to cost:	\$9,081.60

References

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