

Commercial Risk Adjustment Documentation & Coding Best Practices and Guidelines 2022

Florida Blue Provider Education

Florida Blue  

Your local Blue Cross Blue Shield

Five Benefits of Risk Adjustment



Commercial Risk Adjustment Brief Overview

1

The Center for Medicare & Medicaid Services (CMS) risk adjustment models predict medical care cost for Affordable Care Act (ACA) patients.

Note: Risk Adjustment applies to both Medicare and Commercial (ACA), this presentation focuses on the uniqueness of ACA Risk Adjustment.

2

CMS assigns a risk score to each ACA member annually. This risk score is influenced by the member's demographic and health information.

3

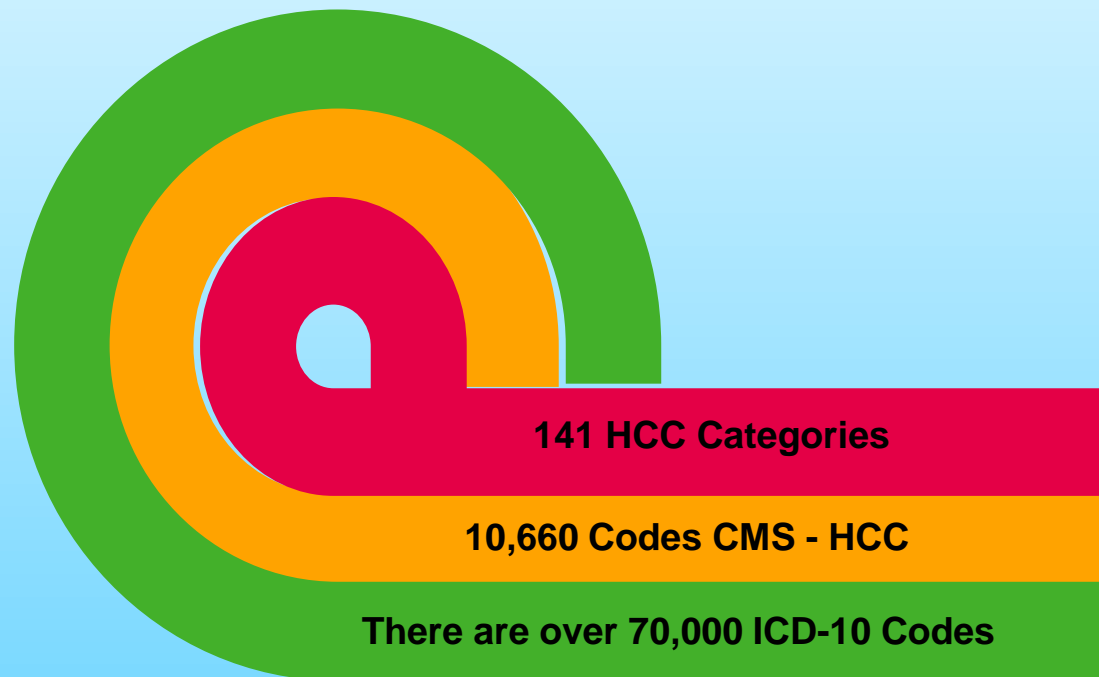
Physician documentation of member visits must be concise and capture all diagnosis



Commercial Risk Adjustment (ACA) Overview

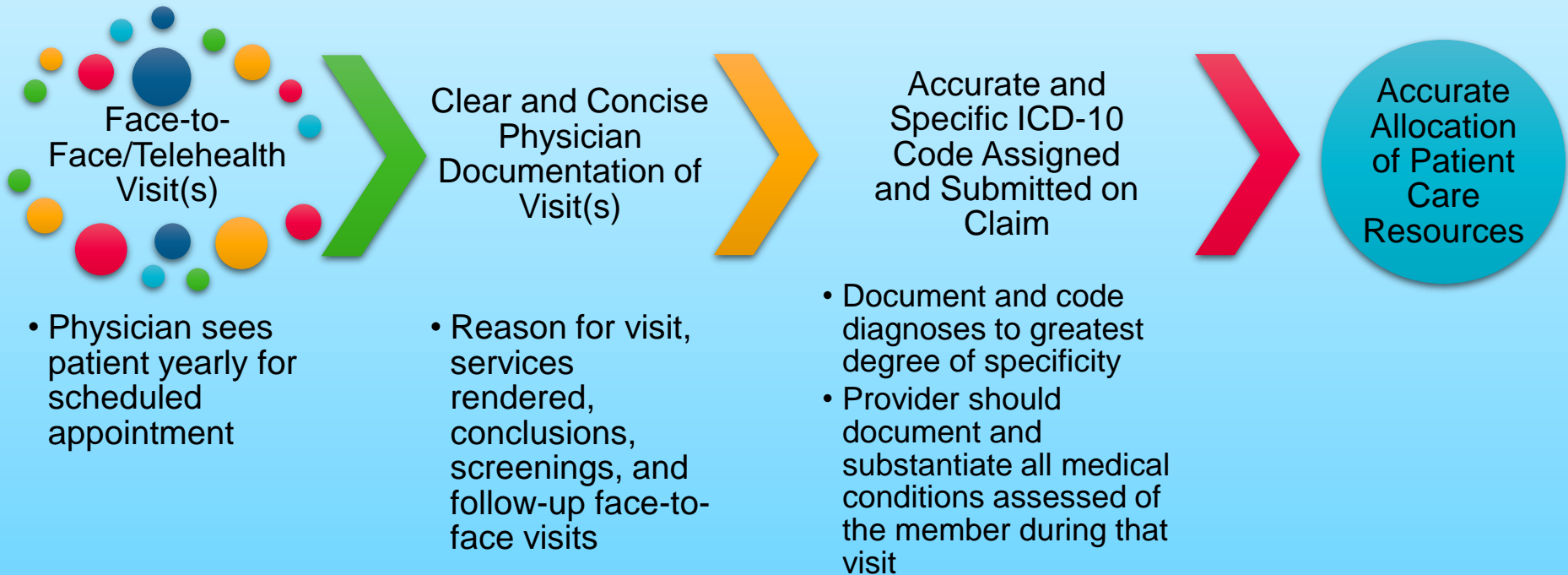
1. Patient's risk score resets every January 1
2. Member's risk score formulated based on Health Assessment captured between January 1 and December 31 each year
3. 141 hierarchical condition categories (HCCs) – Each HCC category value reported and counted annually
4. 10,660 + diagnosis codes fall in 141 HCCs

Hierarchical Condition Categories (HCC)



- HCCs are diagnoses with similar clinical complexity/expected annual care costs
- Enables CMS cost predictions for annual patient care

Commercial Risk Adjustment Process and the Physician's Role



Why is accurate documentation and coding important?



REASONS:

- 1 Improves Medical Record Documentation
- 2 Places patients into appropriate risk category for expected resource utilization
- 3 Improves Quality (HEDIS and STARS)
- 4 Early interventions slows progression of disease
- 5 Ensures monitoring of complex conditions reducing need for emergency care

M.E.A.T. CRITERIA FOR DOCUMENTATION

Accurate, complete MEAT documentation of Chronic Condition diagnoses by clinicians is an essential component of the risk adjustment and HCC process.. Most chronic conditions match to an HCC. To support an HCC, documentation must support the presence of the disease/condition. Additionally, it must also include the clinical provider's assessment and/or plan for management of the disease/condition. Most organizations use the "M.E.A.T." criteria – **Monitoring**, **Evaluation**, **Assessment**, and **Treatment** for their documentation practices. As well as ICD-10-CM diagnosis coding and HCC assignments.

Examples of MEAT

MEAT	Support	Disease Example	Documentation Examples
M onitor	<ul style="list-style-type: none"> • Symptoms • Disease progression/regression • Ordering of tests • Referencing labs/other tests 	CHF DJD, hip Hyperlipidemia	Stable. Will continue same dose of Lasix and ACE inhibitor Pain Controlled with current medication Lipid Profile ordered
E valuate	<ul style="list-style-type: none"> • Test results • Medication effectiveness • Response to treatment • Physical exam findings 	Type 2 DM Decubitus Ulcer	BS log and A1c results of 7.5% reviewed with the patient from lab work 6/4/15 Relay wound measurement in exam
A ssess/ A ddress	<ul style="list-style-type: none"> • Discussion, review records • Counseling • Acknowledging • Documenting status/level of condition 	Peripheral Neuropathy Ulcerative Colitis	Decreased sensation of BLE by monofilament test Stable. Managed by Dr. Smith
T reat	<ul style="list-style-type: none"> • Prescribing/continuation of medications • Surgical/other therapeutic interventions • Referral to specialist for treatment/consultation • Plan for management of condition 	Tobacco Abuse GERD	Advised on risks; smoking cessation counseling No complaints. Symptoms controlled on current medication

Common Coding Errors



Common Coding Errors

Medical record does not contain a legible signature.

Electronic medical record (EMR) was unauthenticated (not electronically signed).

Coding a condition as current when it is “History Of”

Highest degree of specificity was not assigned the most precise ICD-10 to fully explain the narrative description of the symptom or diagnosis in the medical chart.

Documentation does not indicate the diagnosis is being monitored, evaluated, assessed/addressed, or treated (MEAT).

Status of cancer is unclear. Treatment is not documented.

Chronic conditions, such as hepatitis or renal insufficiency, are not documented as chronic.

Lack of specificity (e.g., an unspecified arrhythmia is coded rather than the specific type of arrhythmia).

Chronic conditions or status codes are not documented in the medical record at least once per year.

A link or causal relationship is missing for a diabetic complication, or there is a failure to report a mandatory manifestation code.

Top 10 Incorrectly Coded Medical Conditions Found in Florida Blue Provider Quality Audits



Top 10 Incorrectly Coded Medical Conditions

Diabetes (with/without complications)

Asthma

Congestive Heart Failure

Respiratory

Autoimmune Disorders (RA, LUPUS, etc.)

HIV/AIDS

Cancer

Heart Arrhythmias

Major Depressive/Bipolar Disorder

Seizure Disorders and Convulsions

Medical Record Documentation Helpful Tips

All chronic conditions must be documented yearly as diagnoses do not carry over year to year.

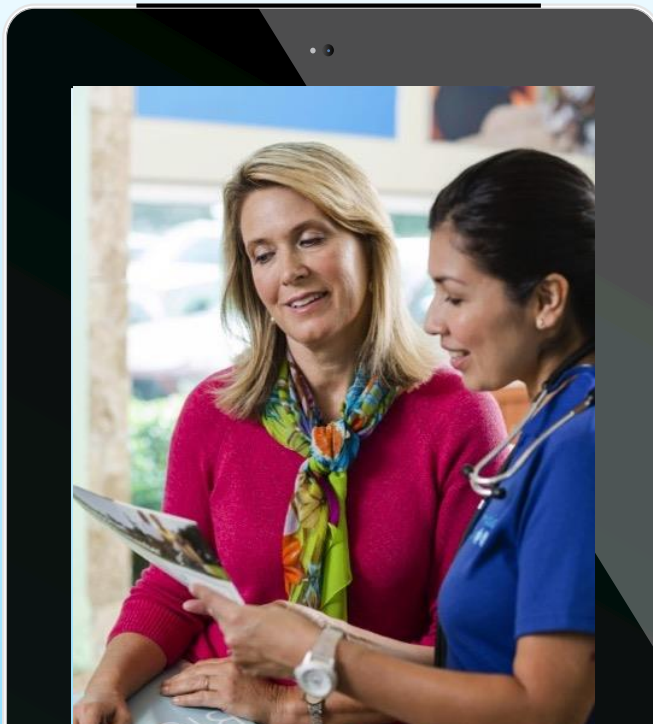
Code condition as many times as patient receives care and treatment for the condition. Do not code for conditions that were previously treated and no longer exist.

If condition is being monitored and treated by a specialist, code condition and status. ex: Patient on Coumadin for atrial fibrillation; followed by **Dr.** Hill”.

Document and code status conditions at least once a year. i.e...Transplant status, amputation status, dialysis status, chemotherapy status, artificial opening status/maintenance.

Do not code unconfirmed diagnoses such as: probable, possible, suspected, working diagnosis.

Be sure diagnosis codes billed are consistent with medical record documentation. Ex...you cannot just state I10 only with no description, you must document the word hypertension.



Commercial Risk Adjustment Case Example

Patient: Sally Jones

DOB: 12/1/72

DOS: 10/11/20

Patient is a 48-year-old female with UTI symptoms. Patient c/o fatigue, low energy and poor appetite. Patient is status post MI 18 months ago. Patient appears frail and with mild malnutrition. Has lost 23 pounds in the last 4 months. Patient has been complaining of pain with urination, weakness, and has had dry, itchy skin for the past several months. U/A done today shows WBC's, leukocyte esterase, and microalbuminuria. Serum creatinine is 1.5.

PMH Type II diabetes, chronic kidney disease secondary to diabetes, history of BKA skin intact at stump, no erythema, History of MI. Previous UTI four months ago with a serum creatinine of 1.6. Lab results at that time revealed stage 2 CKD.

A/P Diabetes-Metformin 500 mg b.i.d., Bactrim for UTI. Malnutrition- Ensure b.i.d. and nutrition consult, RTC in six weeks, Referral made to Dr. Smith (Nephrologist) for CKD.

Commercial Risk Adjustment Case Example(continued)

Coding Example 1: Typically submitted ICD-10-CM codes for the office visit

ICD-10-CM Code	Condition	HCC
E11.9	DM w/o Complication Type II	21 (HCC-C)
N39.0	Urinary Tract Infection	Does not risk adjust

Coding Example 2: Opportunities for additional risk adjustment code reporting

ICD-10-CM Code	Condition	HCC
E11.22	DM Type II with Chronic Kidney Disease	20 (HCC)
N18.2	CKD Stage II	Does not risk adjust*** but still code**
E44.1	Malnutrition of mild degree	23 (HCC)
N39.0	Urinary Tract Infection	Does not risk adjust
I25.2	Old MI/ History of MI	Does not risk adjust
Z89.519	Amputation, below knee	254 (HCC)

Submitting Supplemental / Additional Diagnoses: 99080

1

Submit a second, original claim, and use procedure code 99080

2

Use a zero (0) charge or penny charge on the supplemental line.

If the claim is electronic, use frequency code "0"

3

Submit supplemental claims within 180 days of original E&M date of service to meet timely filing limit deadlines

When your practice management system will not allow you to bill all the diagnosis codes on an original claim you will need to submit a supplemental claim to include the additional diagnoses.

Key Points to Remember

Diagnoses must be coded according to ICD-10-CM guidelines

Support for diagnoses must be documented according to the CMS guidelines

CMS-HCCs are derived from ICD-10 codes

Acceptable data sources – hospital inpatient/out-patient facilities, and physicians

Slate is wiped clean every January 1

Diagnoses must be documented from a face-to-face visit or telehealth

Code all conditions affecting patient care

Florida Blue Commercial Risk Adjustment Activities

Retrospective Review Audit

1

Provider groups undergo random audits throughout the year, via statistically valid samples of submitted claims and member charts

Coding Opportunities (ProviderVista)

2

This indicates opportunities for providers. Shows conditions they may need to assess or treat or may have previously assessed/treated for a patient, but recent documentation may not have captured. Coding Opportunities will be updated once monthly, based on analysis of claims and other supplemental data sources. This application will consist of all members with suspect, dropped or captured conditions, inclusive of pharmacy.

Chart Procurement

3

- Operational service to retrieve medical records for risk adjustment and quality
- Medical records are scanned, retrieved, processed from various sources into/from electronic medical record systems

- 1 Retrospective Review Audit
- 2 Coding Opportunities (Provider Vista)
- 3 Chart Procurement

Connect with us...

- For information about risk adjustment, visit the floridablue.com provider webpage.
- Learn documentation/coding best practices
 - See on-demand webinars/education courses at
 - availability.com
 - Please send any questions to
CRAProviderEducationTeam@bcbsfl.com

Appendix

[CMS.gov](https://www.cms.gov)

[AHA Coding Clinic for ICD-10](#)

American Academy of Professional Coders (AAPC)

American Health Information Management Association (AHIMA)

[ICD-10 Official Guidelines for Coding Reporting FY 2020](#)

[CMS Medicare Risk Adjustment Information](#)

Please send any questions to:

Commercial Risk Adjustment Provider Educator Team:

CRAProviderEducationTeam@bcbsfl.com

Florida Blue is an Independent Licensee of the Blue Cross and Blue Shield Association.