

Closing Gaps & Meeting Metrics

Coding Tips & Best Practices

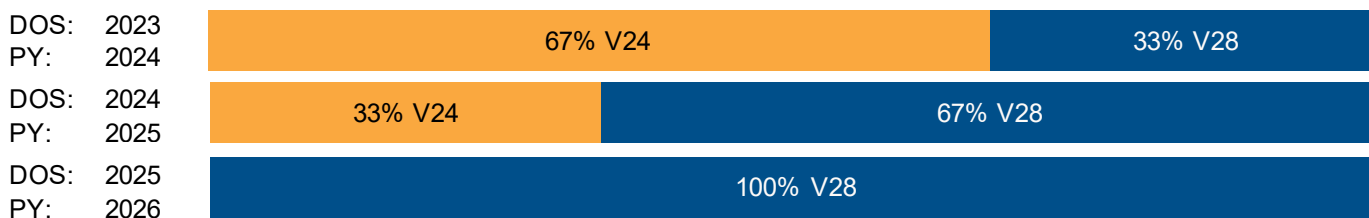
February 2024

CMS-HCC Model V28 Perinatal and Congenital Code Changes

On March 31, 2023, the Centers for Medicare & Medicaid Services, or CMS, published the Rate Announcement that included changes for calendar year 2024 Medicare Advantage plan capitation rates and Part C and Part D payment policies. A new version of the CMS Hierarchical Condition Category (CMS-HCC V28) risk adjustment model is scheduled to take effect in calendar year 2024, applying to 2023 dates of service.

The modifications to the risk adjustment program will be phased in over three years.

$$\text{Risk Score} = \% \text{ V24 (2020 CMS-HCC)} + \% \text{ V28 (2024 CMS-HCC)}$$



New Diagnosis Codes

Significant changes in the V28 HCC model include 268 new diagnosis codes. Several of these new diagnosis codes are found in *Chapter 16 Certain Conditions Originating in the Perinatal Period (P00-P96)* and *Chapter 17 Congenital malformations, deformations, and chromosomal abnormalities (Q00-Q99)* in the ICD-10-CM coding manual. It is important to be familiar with these coding guidelines and assign more specific diagnosis codes to efficiently capture the proper level of illness severity of the patient.

Chapter 16 Certain Conditions Originating in the Perinatal Period (P00-P96)

ICD-10-CM Guidelines Section I.C.16.A.4

Should a condition originate in the perinatal period and continue throughout the life of the patient, the perinatal code should continue to be used regardless of the patient's age.

Example 1*

A 69-year-old patient is seen in the office for the treatment of severe persistent asthma, which is attributed to intrauterine exposure to maternal tobacco smoke. Symptoms include wheezing and shortness of breath. Nebulizer treatment completed; patient is stable.

Diagnosis

- J45.51 Severe persistent asthma with (acute) exacerbation
- P04.2 Newborn affected by maternal use of tobacco

Rationale

Intrauterine exposure to maternal tobacco smoke remains important as it is the underlying cause of the patient's active condition, severe persistent asthma. The diagnosis codes in this chapter can be applied to any age.

Example 2*

Patient comes in today for follow-up visit. Patient is being evaluated by cardiologist and diagnosed with cardiovascular disease due to excessive intrauterine exposure to glucocorticoids medications taken by his mother. Medical records were reviewed with patient. Patient says he is not experiencing shortness of breath, chest pain. Schedule to follow up with cardiologist within two weeks.

Family History

- Father: Chronic kidney disease
- Mother: Systemic lupus erythematosus

Diagnosis

- I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris
- **P04.18 Newborn affected by other maternal medication**

Rationale

Intrauterine exposure to glucocorticoids medications remains important as it is the underlying cause of the patient’s active condition, cardiovascular disease. The diagnosis codes in this chapter can be applied to any age.

Chapter 17 Congenital Malformations, Deformations, and Chromosomal Abnormalities (Q00-Q99)

ICD-10-CM Guidelines Section I.C.17

Codes from Chapter 17 may be used throughout the life of the patient. If a congenital malformation or deformity has been corrected, use a personal history code to identify the history of the malformation or deformity. Although present at birth, a malformation, deformation, or chromosomal abnormality may not be identified until later in life. Whenever a provider diagnosed the condition, it is appropriate to assign a code from codes Q00-Q99.

Example*

A 72-year-old female with chronic symptoms of recurrent constipation and recurrent abdominal pain for over nine months comes in today to review diagnostic reports. CT showed dilated sigmoid colon and descending colon. Barium enema showed dilated large colon with corn shaped transition zone proximal to a narrow segment. Histological examination revealed rudimentary aganglionic cells.

Diagnosis

- **Q43.1 Hirschsprung's disease**

Plan/Treatment

Patient referred to Gastroenterologist and GI surgeon for further evaluation. Urgent referral requested.

Rationale

Diagnosis code Q43.1 Hirschsprung's disease is assigned because this condition is classified as a congenital disease even if it does not cause symptoms until later in the patient’s life. The diagnosis codes in this chapter can be applied to any age.

**The examples provided are intended solely for educational and informational purposes. Physicians are responsible for independently assessing each patient and providing a diagnosis based on individual medical circumstances.*

Risk Adjustment Best Practices

Accurate Documentation	Ensure comprehensive and accurate documentation of patient conditions to reflect their true health status.
Coding Compliance	Adhere to coding guidelines and stay updated on code changes to accurately capture diagnosis.
Regular Training	Provide continuing education for coders, clinicians, and staff to improve coding and documentation practices.
Clinical Documentation Improvement (CDI) Programs	Implement CDI programs to connect communication gaps between coders and clinicians, enhancing documentation quality.
Data Validation Audits	Conduct regular audits to validate accuracy and identify areas for improvement in coding and documentation.
Risk Adjustment Technology	Leverage technology solutions to streamline coding processes and identify potential gaps in documentation.
Stay Informed	Stay informed about regulatory changes, industry updates, and advancements in risk adjustment methodologies to adapt practices accordingly.

Accuracy of risk adjustment depends on the specificity of documentation and diagnostic coding. HCC model V28 places an enhanced emphasis on precise documentation and code assignment to effectively capture the proper level of illness severity in Medicare Advantage patients.

Earn CEUs Through Coding Webinars

Florida Blue offers on-demand webinars that detail how to support diagnoses per CMS and U.S. Department of Health and Human Services guidelines. These courses are updated with current codes and guidelines and are eligible for continuing education unit credits.

Topics include:

- Medicare’s annual wellness visit
- Atrial fibrillation
- Cancer
- Chronic kidney disease
- Chronic obstructive pulmonary disease
- Congestive heart failure
- Deep vein thrombosis
- Diabetes
- Major depression
- Mental health
- Rheumatoid arthritis



Register today at [Availity.com](https://www.availity.com)¹.

Resources

[NCBI.NLM.NIH.gov](https://www.ncbi.nlm.nih.gov)

[CMS.gov/Medicare/Coding-Billing/ICD-10-Codes/2024-ICD-10-CM](https://www.cms.gov/Medicare/Coding-Billing/ICD-10-Codes/2024-ICD-10-CM)

[CMS.gov/Medicare/Payment/Medicare-Advantage-Rates-Statistics/Risk-Adjustment](https://www.cms.gov/Medicare/Payment/Medicare-Advantage-Rates-Statistics/Risk-Adjustment)

¹Availity, LLC is a multi-payer joint-venture company. To register, visit [Availity.com](https://www.availity.com).

Florida Blue is an independent licensee of the Blue Cross and Blue Shield Association.