



RHP Insight Education Session

2023 Curriculum

SRHS Value-Based Education Session for MGC Primary Care

Nick Ulmer, MD CPC FAAFP



Regional HealthPlus



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Clinical Applications of Key HCCs in Primary Care

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Value-Based Arrangement Education

The following is required reading as introduction to this educational session. Please pause the slides as you need to allow time to read this information

Value-Based Arrangement Education

This presentation follows our prior correspondence and meetings regarding the new value-based incentive component of the 2023 SRHS Primary Care Compensation Model. The Value-Based Incentive is detailed in the 2023 Primary Care Physician Employment agreement (Exhibit A-6).

Spartanburg Regional Healthcare System has created a Value-Based Enterprise with employed primary care physicians. Through the Value-Based Enterprise, the parties will collaborate to achieve goals for patients in the district service area. These goals include coordinating and managing care, improving the quality of care, and transition in healthcare delivery and payment to mechanisms based on the quality of care and control of cost of care.

The Value-Based Enterprise will achieve these goals through the Value-Based Activities described in the Value-Based Incentive portion of the Physician Employment Agreement. These activities include successful completion of diagnosis code training and accurate diagnosis code utilization as measured through educational chart reviews and other activities.

Value-Based Arrangement Education (cont.)

Appropriate, accurate, and specific diagnosis code utilization is a core component of medical documentation and care coordination. Proper and accurate utilization of diagnosis codes strengthen the medical documentation and ensures the patient's conditions are fully memorialized in the medical record. These activities enhance both quality of care and efforts to coordinate and manage care of patients for the District. This training module is intended to provide additional training background and resources for accurate diagnosis code utilization.

The Value-Based Enterprise reflects a collaborative process, created by regulatory agencies, MGC, and in conjunction with RHP and the Districts Compliance Department, will oversee, monitor and administer the Value-Based Enterprise's activities. Exhibit A-6 of your Physician Employment Agreement describes the governance and operation of the value-based efforts.

Value-Based Arrangement Education (cont.)

As SRHS moves into value-based clinical arrangements, the importance of documentation accuracy cannot be understated. Previous provider educational chart reviews have shown opportunities to better align clinical thought-work with chronic condition documentation of medical necessity in our encounters. The intent of this education is to help educate providers to be more “clinically correct” in the written expression of our work with the patients we care for.



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Objectives

- Understand the details associated with HCC code capture with cancer diagnoses
- Understand the details associated with HCC code capture with diabetes and obesity
- Understand the details associated with HCC code capture with chronic kidney disease
- Understand the details associated with HCC code capture with neurologic (stroke) syndromes

Clinical Condition Management and YOU

- CMS assigns different clinical diagnoses different “weights” to account for varied resource utilization (cost of care) for the management of that condition
- These clinical conditions managed are considered when CMS calculates various quality metrics assigned to providers (hospitals and physicians/NPPs)
- Metrics affected include
 - Per capita costs for Medicare patients attributed to the provider
 - Per capita costs for Medicare patients with specific conditions (DM, COPD, CAD, CHF)
 - Medicare Spending Per Beneficiary (MSPB)
 - All-cause hospital readmissions
- We can provide the payer with an accurate picture of their patients’ disease burden and health status through diagnosis coding at each office visit

HCC Clinical Applications

- Cancer/Oncology diagnoses
- Diabetes and Obesity
- Chronic Kidney Disease
- Neurologic (stroke) Syndromes

- Not going into deep detail, but providing an overview to help guide your diagnostic thinking related to chronic condition capture
- www.ICD10data.com



HCC Clinical Applications

- **Cancer/Oncology diagnoses**
- Diabetes and Obesity
- Chronic Kidney Disease
- Neurologic (stroke) Syndromes

Cancer/Oncology Basics

- Neoplasms are abnormal new growths. Need type
 - *Benign* – localized and usually does not spread; *In situ* – is “in its original place” and has not spread; *Malignant* – is a cancerous growth; or of *uncertain behavior*
- Do not diagnose conditions as “history of” a malignancy when the disease is active – especially with breast, prostate, and colon cancers
 - If there is ANY treatment ongoing (Tamoxifen after mastectomy), then the condition is still active
 - Breast cancer, 9 years post mastectomy with no medications and thyroid CA post thyroidectomy are “history of”
- If there is spread to LN, so note
- If there is leukemia, lymphoma, multiple myeloma, etc. those go *in remission* instead of going “*history of*”

Cancer/Oncology Comorbidities

- Several conditions occur with oncology patients
 - Immune suppression
 - Aplastic Anemia
 - Drug-induced polyneuropathy
 - Cardiomyopathy due to chemotherapy
 - Arrhythmias due to chemotherapy
 - Acute or chronic kidney disease due to drugs, radiation, etc.
 - Pulmonary conditions due to drugs, radiation, etc.
 - Cachexia and wasting
 - Major depressive disorders

Oncology: Ostomies (Z93)

- Z93.0 – Tracheostomy
- Z93.2 – Ileostomy
- Z93.5X – Cystostomy
- Z93.1 – Gastrostomy
- Z93.3 – Colostomy
- Z93.6 – Other Artificial Opening Status
- Z93.9 – Artificial Opening Status, Unspecified

- REDOCUMENTATION of these **each year**

HCC Clinical Applications

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HCC Clinical Applications

- Cancer/Oncology diagnoses
- **Diabetes and Obesity**
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Coding the Disease state: Diabetes

- 57% of diabetics have systemic complications¹
 - 43% none
 - 33% one
 - 24% two or more
- Document the Diabetes type
 - DM type I **E10.~~**
 - DM type II **E11.~~**
 - DM drug or chemical induced **E09.~~**
 - DM due to underlying condition **E08.~~**
- State the control status: hypo-/hyperglycemia, not “uncontrolled” or “unspecified”

¹The State of Diabetes Complications in America, Amer.Assoc. Clinical Endocrinologists, 4/2007

Coding the Disease state: Diabetes

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- State the control status: hypo-/hyperglycemia, not “uncontrolled” or “unspecified”
- Complications: nerve, eye, GI, renal, etc.
- Treatment with insulin (Z79.4) – HCC I9

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Diabetes HCC Score

- Diabetes with acute complication 0.302
- Diabetes with chronic complication 0.302
- Diabetes with no complication 0.105
 - *43% of the time*
- “Impaired glucose tolerance” wA1c 6.7 **0.000**

Correct Coding BMI Capture with Obesity

- Need the diagnosis (Morbid Obesity) ***and*** the BMI # (BMI 40+)
 - Recall BMI > 40 shows severity of the population we care for
 - BMI of 40.0-44.9 is Z68.41; BMI of 45.0-49.9 is Z68.42, etc.
- “Morbid Obesity” with BMI of 35-39.9 with obesity-related chronic conditions
 - Use E66.01 for ***morbid obesity*** but also list the associated chronic conditions. Morbid Obesity is a clinical diagnosis, but have documentation to support how conditions and BMI affect clinical state ... “Class III Obesity” is now the accepted term.
 - CDC lists ***obesity-related health conditions*** as HTN, DM-2, CAD, CVA, dyslipidemia, and others (see link and search for obesity-related chronic conditions)

<https://www.health.harvard.edu/diet-and-weight-loss/bmi-calculator>

<https://www.cdc.gov/>

HCC Clinical Applications

- Cancer/Oncology diagnoses
- Diabetes and Obesity
- **Chronic Kidney Disease**
- Neurologic (stroke) Syndromes

Disease State: CKD

- Avoid “Chronic Kidney Disease, unspecified” if stage is known
- CKD is defined as
 - Kidney damage: pathologic abnormalities or markers of damage, including blood/urine tests (microalbumin-sensitive dipstick), or imaging studies
 - GFR: At least 2 eGFRs < 60 cc/min/1.73m² for > 3 months
- Stage I normal, eGFR > 90 ml/min
- Stage II mild, eGFR 60-89ml/min
- *Stage III** *mod* *eGFR 30-59 ml/min* *+.069**
- *Stage IV* *severe* *eGFR 15-29 ml/min* *+.289*
- *Stage V* *kid.failure with eGFR < 15 ml/min* *+.289*

* 2019

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 - *Stage V* *kid.failure with eGFR < 15 ml/min* *+.289*
- Prove stability before assigning condition
 - Add ICD10 Dx code to problem list
 - Educate patients as to the “why”
 - If comorbid, add to base code (DM)
 - Reassess each year to insure correct
 - ESRD: (N18.6) Stage 5 w dialysis

* 2019

HCC Clinical Applications

- Cancer/Oncology diagnoses
- Diabetes and Obesity
- Chronic Kidney Disease
- **Neurologic (stroke) Syndromes**

Neurologic Syndromes

- Review the Medical Necessity Session, Part III
 - Encephalopathy, TIA, and Stroke
 - Assessment for diagnosis capture and hospital care
- In Ambulatory space, we need to capture the correct clinical condition – correct diagnosis of “stroke” syndromes is a national concern with CMS
- Stroke: a persistent, new neurologic deficit that is associated with new intracranial findings. The deficits persist beyond the observation period. Often, physical or occupational therapies are needed to help with rehabilitation.
 - Use of the “acute stroke” diagnosis is therefore incorrect.

ICD-10-CM Code Specificity: CVA/Stroke

ICD-10-CM Code Category	ICD-10 Description
I61.9XX*	CVA due to hemorrhage, unspecified
I63.3XX*	CVA due to thrombosis
I63.9	Cerebral infarction, unspecified
G45.X	Transient cerebral ischemic attack

** For I63 4th and 5th digits identify location and cause*

- Subsequent Care Following discharge from the acute care setting, report any sequelae (late effects) related to the CVA: I69.xx**
 - Sequelae of cerebral infarction **5th and 6th digits identify nature of late effect
- In the absence of sequelae, report:
 - Z86.73 Personal history of TIA and CVA without residual deficits

HCC Condition Watch: Strokes

- Common error as “acute stroke” from the hospital never goes away
 - I63.9 is the most common stroke “go to”, but once acute condition is gone, then the code should not continue.
 - “History of CVA” is more appropriate (and “history of” carries no HCC)
- Residual Effects of CVA should be our focus
 - Dysphagia (I69.321) or mentation issues (I69.31x) need to be captured - no HCC
 - Monoplegia (one extremity) hemiplegia (one side) or hemiparesis (weakness) yes for HCC
 - Needs to be documented with side (L/R), location (upper/lower) and dominance or not – yes for HCC

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HCC Condition Watch: Strokes

Contrast these two examples:

- D “History of CVA with left arm weakness”: A historical condition (in the past, the patient had a CVA with associated left arm weakness, but today no stroke and not sure if the arm weakness is related.....).
- D “Residual left non-dominant arm weakness due to past CVA” : A current extremity weakness due to past CVA.

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Key Areas *Not* to Miss (Yearly)

- Amputations (AKA, BKA, toes) and how it affects functional state
- BMI, especially 40+ with a plan to address
- Asthma and pulmonary conditions
- CHF: specifying type (systolic or diastolic) and condition (acute/chronic)
- Ostomy: urostomy, cystostomy, tracheostomy, ileostomy, gastrostomy with a status/condition
- Transplanted organs: heart, liver, lung, pancreas, bone marrow (not kidney!) and status
- Immunosuppressive meds and effects of such
- Functional quadriplegia: complete inability to move due to disability (not neuro)
- Stage III, IV, and V kidney disease
- DM acute/chronic complications (nephropathy, retinopathy, neuropathy, etc.)
- Rheumatoid Arthritis

What are the most OVERdocumented HCCs...?

- Surgically corrected conditions (AAA repair)
- Malnutrition that is now not, Stage of CKD that is not ...
- Strokes that are not acute
- Embolic diseases (DVT) - post thrombotic syndrome w ulcer, yes
- Vascular diseases (abnormal ABI, no treatment/symptoms noted)
- Cancers that are no longer (thyroid cancer post removal)

Closing comments

- Clinically Correct Documentation to Capture Severity...
- OUR JOB: Be **CLINICALLY CORRECT** in our documentation capture and in our medical management of the patients we care for

Thanks for viewing the Clinical Applications of Key HCCs

- There is a post test. You will be allowed one attempt.
- You may view this educational session again as needed prior to taking the 10-question, multiple-choice quiz.
- Handouts are available in the “Resources” folder and can be used as reference for the session. These were designed to help you in patient management as well and will be updated as needed.

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