NATIONAL ASSOCIATION OF Community Health Centers®

2024 Coding and Documentation Webinar Series

Wednesday, February 7, 2024

NACHC's STRATEGIC PILLARS

1

Equity and Social Justice

Center everything we do in a renewed commitment to equity and social justice

2

Empowered Infrastructure

Strengthen and reinforce the infrastructure for leading and coordinating the Community Health Center movement, notably consumer boards and NACHC itself

3

Skilled and Mission-driven Workforce

Develop a highly skilled, adaptive, and mission-driven workforce reflecting the communities served

4

Reliable and Sustainable Funding

Secure reliable and sustainable funding to meet increasing demands for Community Health Center services

5

Improved Care Models

Update and improve care models to meet the evolving needs of the communities served

6

Supportive Partnerships

Cultivate new and strengthen existing mutually beneficial partnerships to advance the shared mission of improving community health

To learn more about NACHC's Strategic Pillars visit https://www.nachc.org/about/about-nachc/

THE NACHC MISSION

America's Voice for Community Health Care

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.

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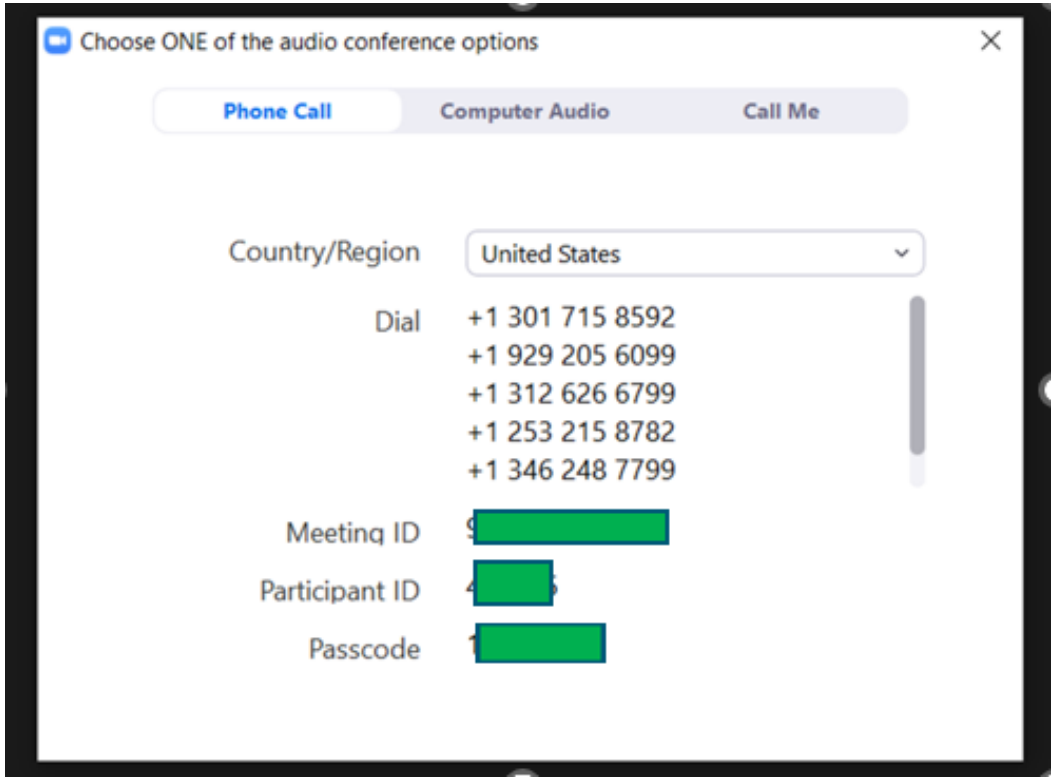

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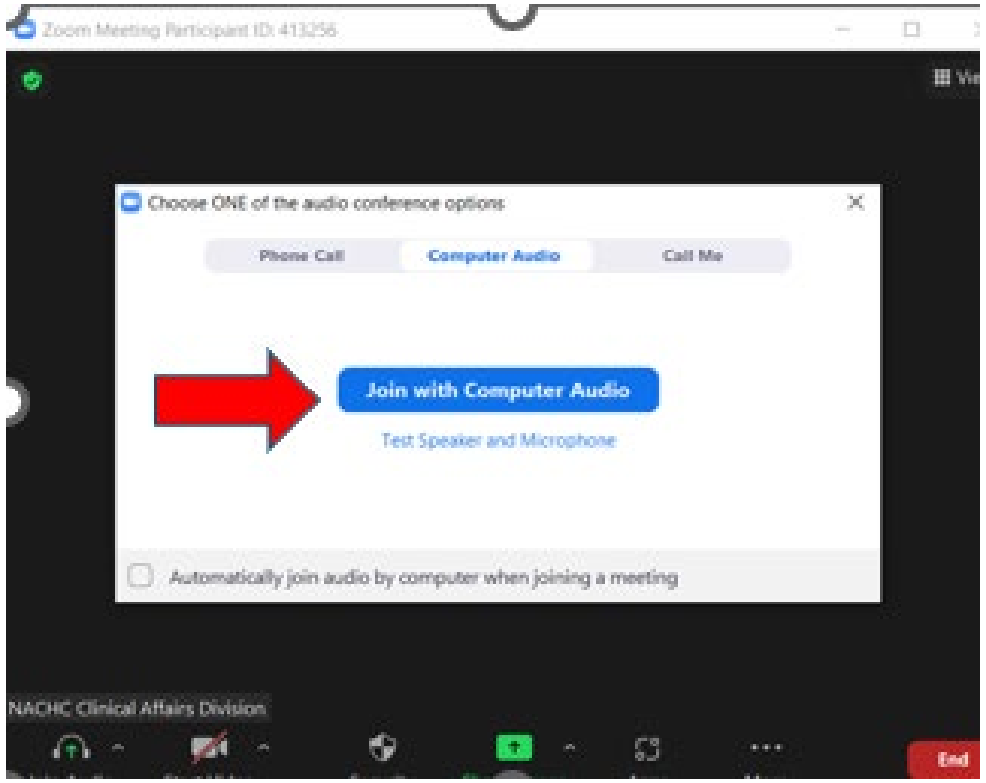

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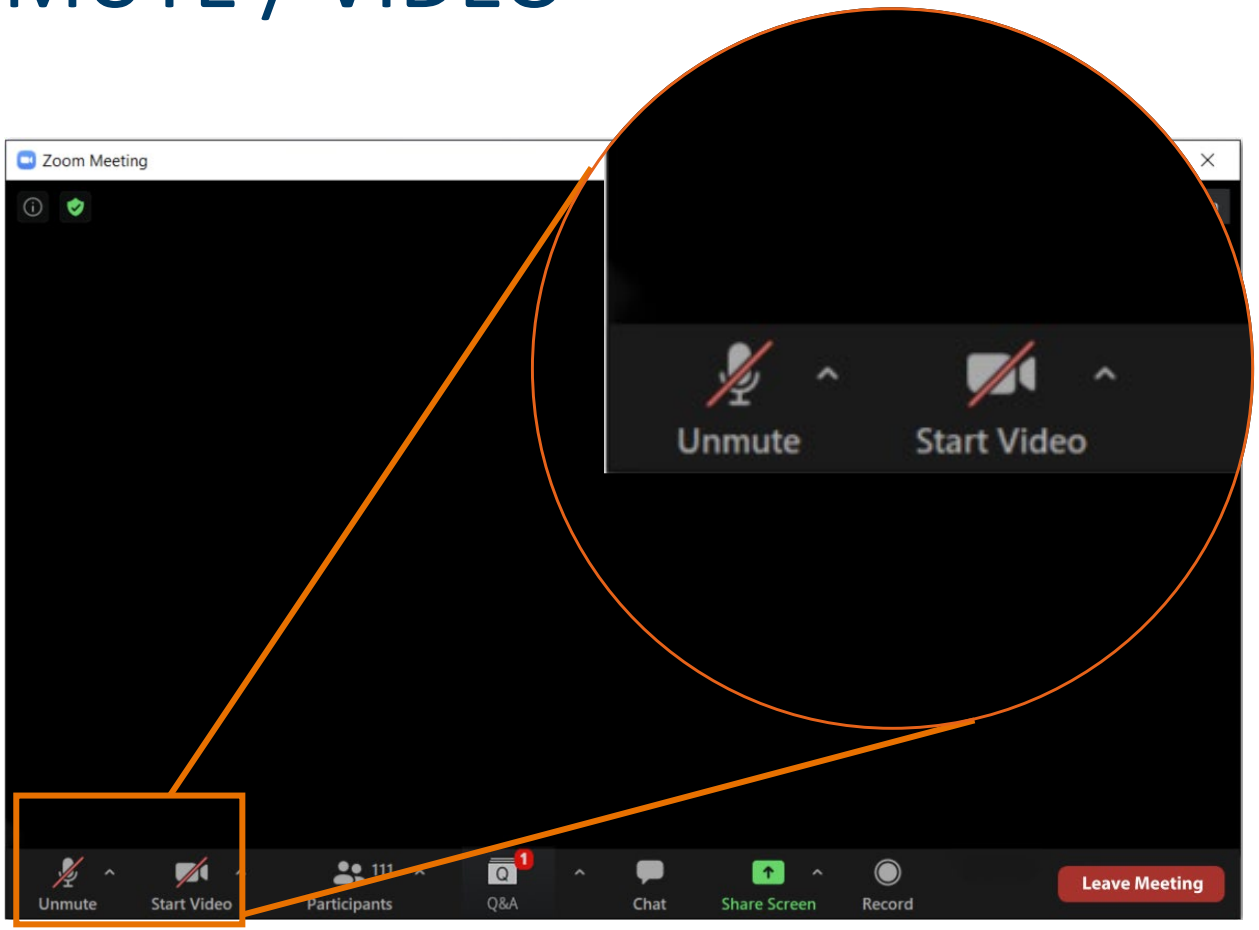

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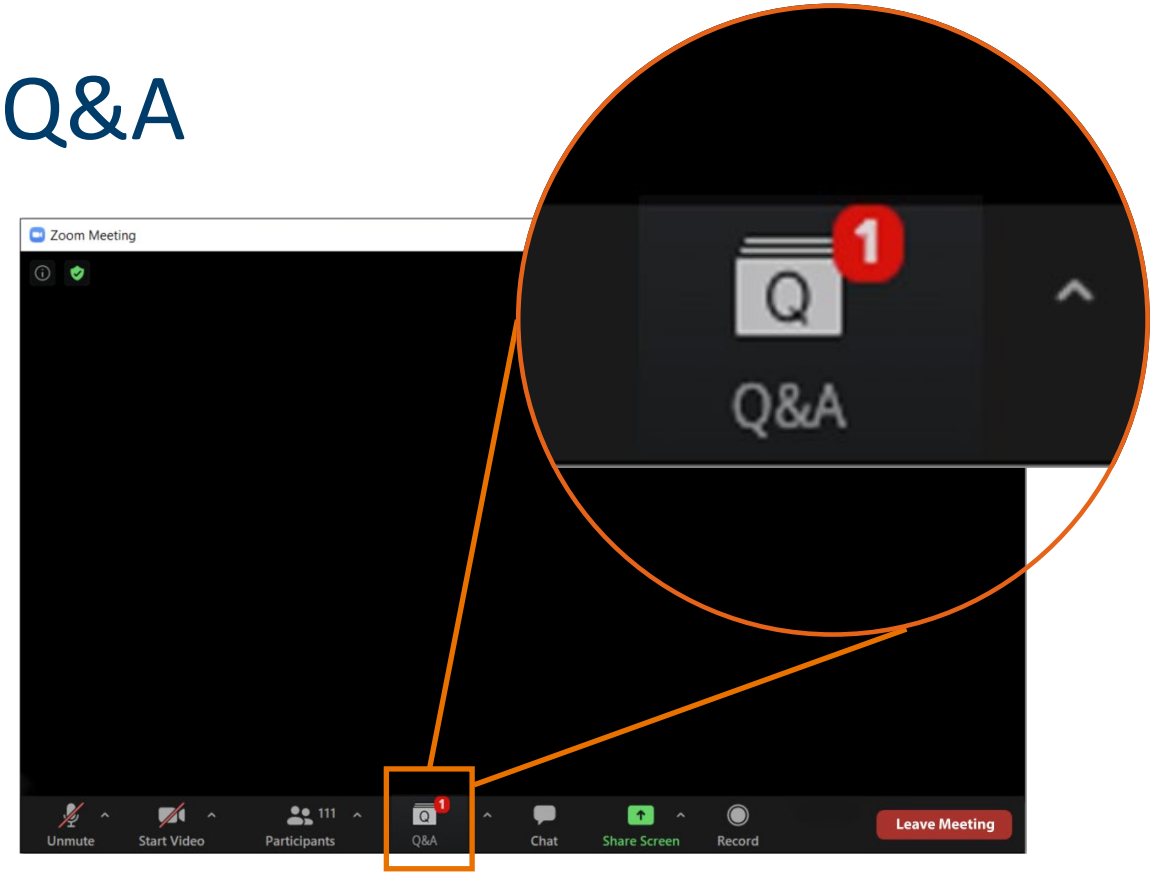
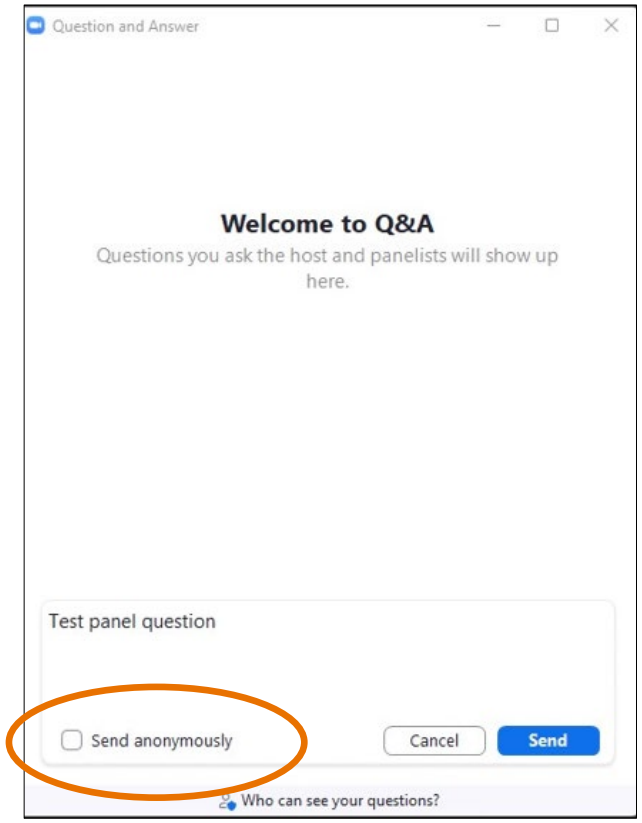
Q&A





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Select **Send Anonymously** if you do not want your name attached to your question in the Q&A.

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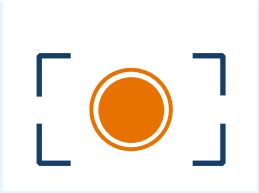

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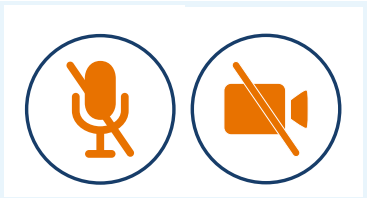

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We encourage you to submit your questions and comments at any time in the **Q&A BOX**. Moderators and presenters will respond to questions as they can.

FAQ

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2. **Are the webinars eligible for Continuing Education credits?** *No, NACHC is not providing CE's for this series. ArchPro will provide CE's to live participants attending a minimum of 60 minutes. Details on obtaining credits will be sent via email a few business days post-event.*

3. **I missed the 1st webinar, how can I listen to the recording or get slides?** *You can access last week's event here [https://www.nachc.org/resource/2024-coding-and-documentation-webinar-series-part-1/]*

NATIONAL ASSOCIATION OF Community Health Centers®

2024 Coding and Documentation Webinar Series

Wednesday, February 7, 2024

ICD-11 Readiness, HCC Risk Adjustment & SDOH Coding

ArchProCoding
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Presenter

Jackie King, MSHI, CCS, CPC, COC, CRHCP
Vice President of Hospital Education
ICD-11 Expert
jking@archprocoding.com

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Agenda

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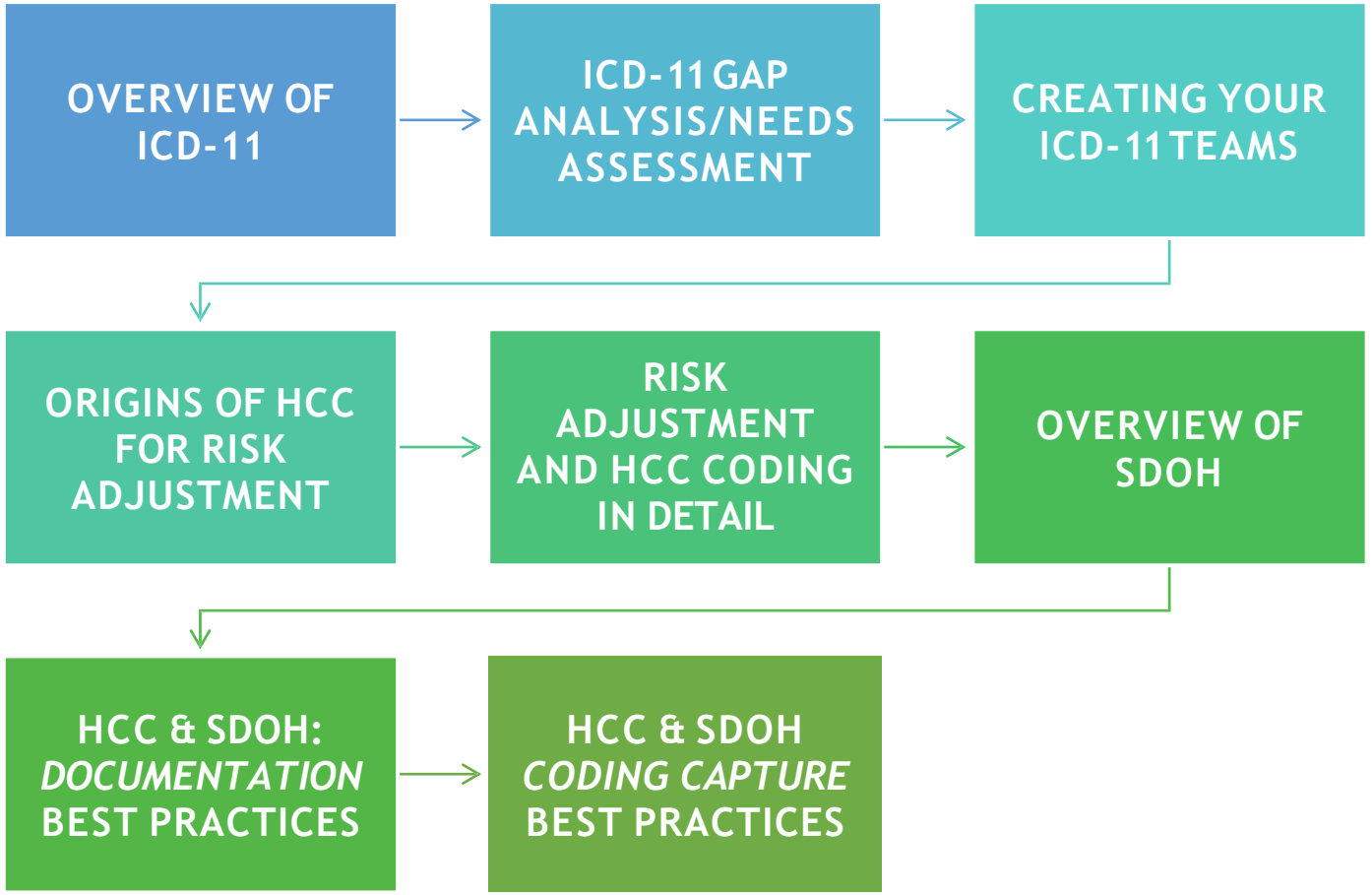

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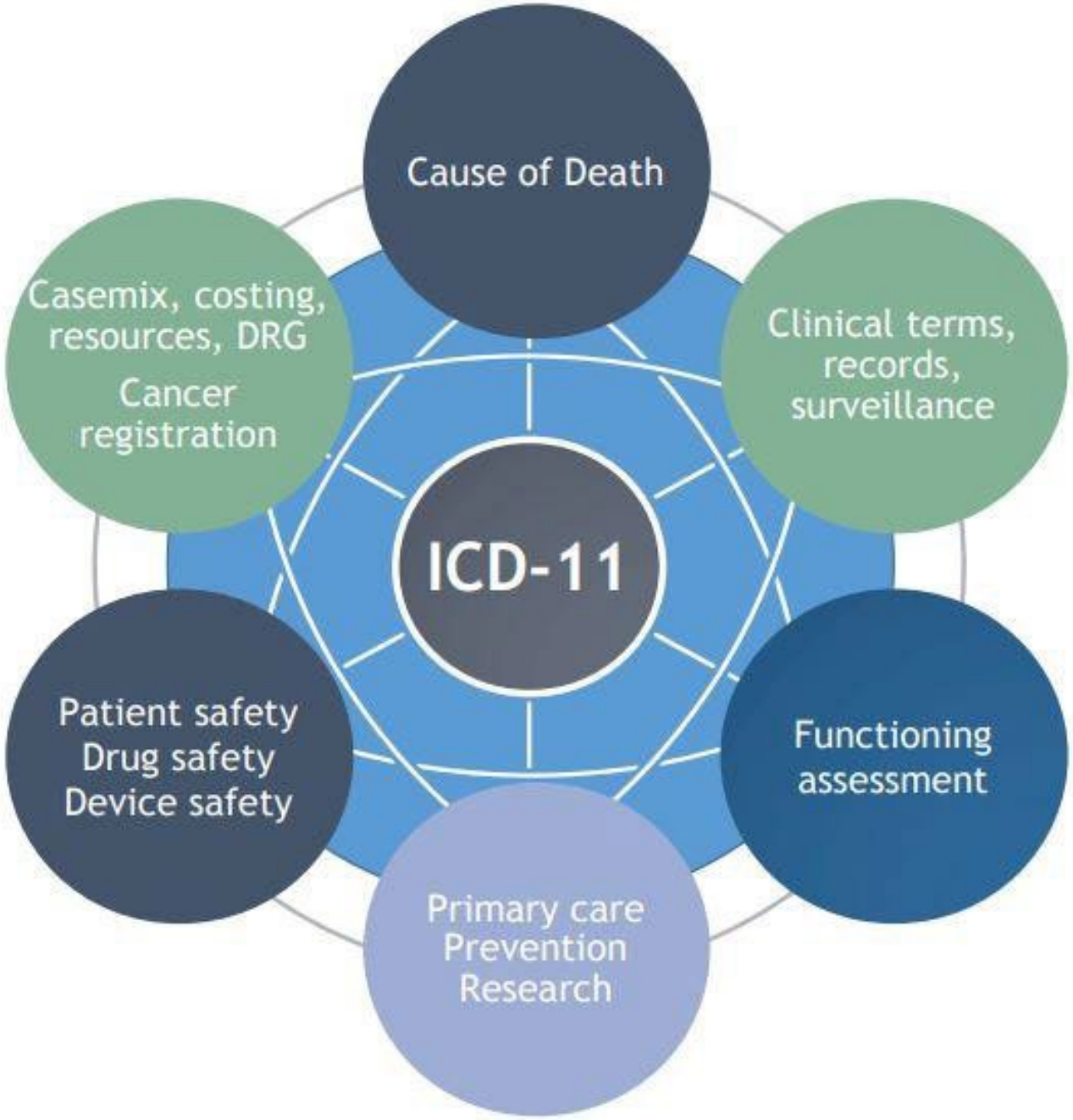
What Exactly is ICD?

The **International Classification of Diseases and Related Health Problems (ICD)** is the international standard for systematic recording, reporting, analysis, interpretation and comparison of mortality and morbidity data. The 11th revision is called ICD-11. The US is currently using version 10 (ICD-10).

ICD Purpose and Uses



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Overview of ICD-11

Global ICD-11 Effective Date

- The new Revision of ICD was endorsed by the World Health Assembly at the 72nd meeting in 2019 and came into effect globally on **January 1, 2022.** From that date, health statistics will be reported to the World Health Organization (WHO) in ICD-11.

- 2022 ~ 35 countries using ICD-11

- While countries are encouraged to follow their commitment documented with their approval of ICD-11 at the World Health Assembly, *there are no sanctions for late implementation*. Each country has its own special environment and systems in place. The US is not prepared to fully implement ICD-11 at this time.

Overview of ICD-11

Revised classification system with much more than diseases

- Reformulated chapter structure and indexing system
- Besides diseases, ICD includes disorders, injuries, external causes, signs and symptoms, substances, medicaments, anatomy, devices, histopathology, severity and much more
- 120,000 clinical terms (and can code millions of terms)
- Thousands of new categories and updated classification schemes
- A health condition may be described to any level of detail, by combining codes. Simple coding can be done, as well as coding of complex clinical detail
- Intended to supersede the 10th Revision, which is now more than 30 years old and clinically outdated

Overview of ICD-11

Digital Format

- Comprising tools and software for using the classification to generate accurate descriptions of health event information.
- Designed to integrate with local health information systems rather than to introduce an additional layer of administration.
- It may be used either online or offline, for example, where internet stability is less reliable.
- Core functionality and support are provided by API ‘out of the box’.

Overview of ICD-11

Digital Format

- Digital health or e-Health compatible and is interoperable with Health Information Systems.

- By integrating with local IT infrastructure, the classification also becomes a data collection system, that is, rather than having multiple steps of transcription from paper, using the Browser to generate a correct code also enables that code to be directly recorded.

- There is no longer a need to search or memorize codes – entering a term into the Coding Tool leads the clinician or the coder to the correct ICD code.

Overview of ICD-11

Chapters and Sections

There are 26 chapters and 2 supplementary sections in ICD-11, of which 24 refer to health conditions similar to those in past ICD versions.
Chapters/Sections not previously in the ICD include:

- Chapter 04 *Disorders of the immune system*
- Chapter 07 *Sleep-wake disorders*
- Chapter 17 *Conditions related to sexual health*
- Chapter 26 *Supplementary Chapter Traditional medicine conditions-Module 1*
- Section V *Supplementary section for functioning assessment*
- Section X *Extension codes*

ICD-11 Chapters and Sections

01 Certain infectious or parasitic diseases

02 Neoplasms

03 Diseases of the blood or blood-forming organs

04 Diseases of the immune system

05 Endocrine, nutritional, or metabolic diseases

06 Mental, behavioral, or neurodevelopmental disorders

07 Sleep-wake disorders

08 Diseases of the nervous system

09 Diseases of the visual system

10 Diseases of the ear or mastoid process

11 Diseases of the circulatory system

12 Diseases of the respiratory system

13 Diseases of the digestive system

14 Diseases of the skin

15 Diseases of the musculoskeletal system or connective tissue

16 Diseases of the genitourinary system

17 Conditions related to sexual health

18 Pregnancy, childbirth, or the puerperium

19 Certain conditions originating in the perinatal period

20 Developmental anomalies

21 Symptoms, signs, or clinical findings, not elsewhere classified

22 Injury, poisoning or certain other consequences of external causes

23 External causes of morbidity or mortality

24 Factors influencing health status or contact with health services

25 Codes for special purposes

26 Supplementary Chapter Traditional Medicine Conditions - Module I

V Supplementary section for functioning assessment

X Extension Codes

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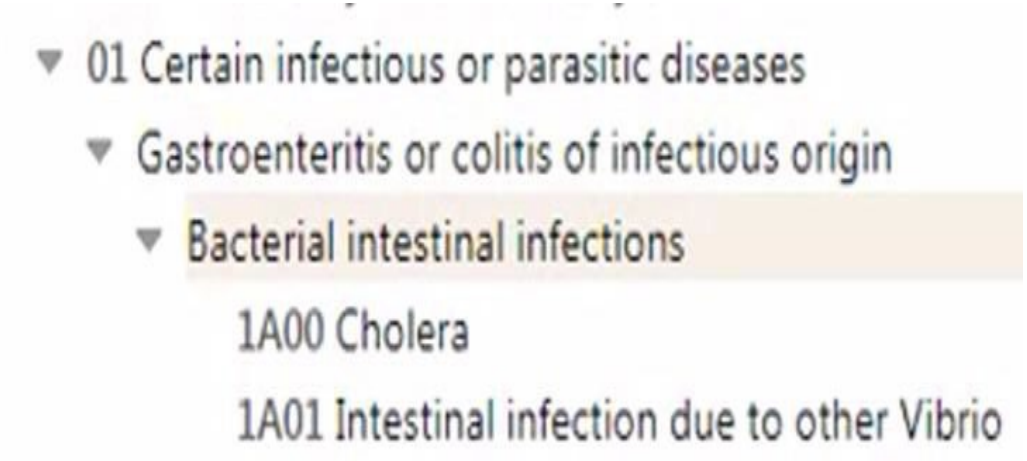
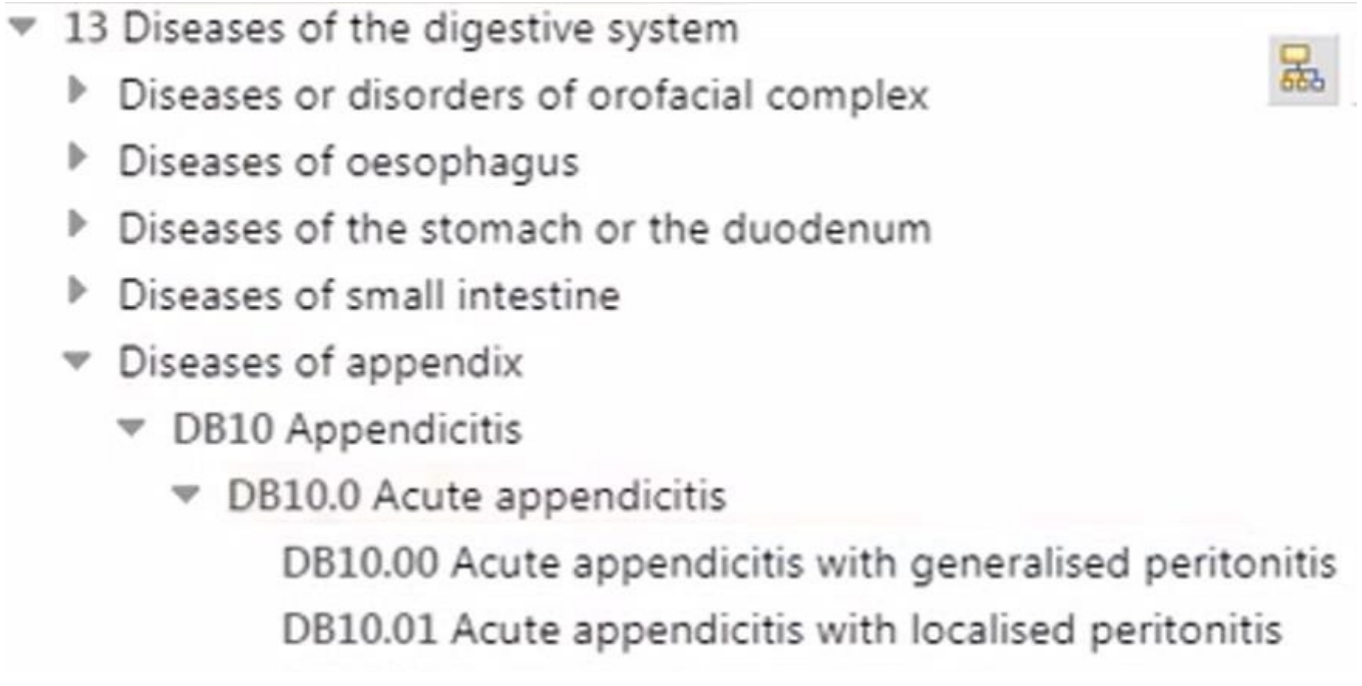
Overview of ICD-11

ICD-11 codes are alphanumeric

- First character relates to the chapter. It may be a letter or a number. The entire code range for that chapter has the same character in the first position.
- Second character is a letter
- Hierarchical relations are retained at the 4-character code level

The letters ‘O’ and ‘I’ have been omitted to prevent confusion with the number ‘0’ and ‘1’





Advantages of ICD-11

Up-to-date Scientific Knowledge

✓1900 ~ First Edition-179 categories
✓2016 ~ Tenth Revision-12,000 categories
✓2022 ~ Eleventh Revision-17,000 categories!

- Flexible and Accurate-resulting health information can be used in a variety of applications:
  - Improving patient outcomes
  - Patient safety and quality analysis
  - Population health reporting
  - Integrated care
  - Strategic planning
  - Delivery of healthcare services
- Ontological Structure

Improvements of ICD-11

Improvements and Additions

- New primary care concepts for application in settings where simple diagnoses are made

- A section on the documentation of patient safety events has been fully overhauled and systematically tested. It allows for all necessary detail and complies with the WHO patient safety framework

- Coding for Antimicrobial Resistance, which was missing in ICD-10, to enable data documentation and analysis consistent with the WHO Global Antimicrobial Resistance Surveillance System (GLASS)

- HIV coding has been updated with new subdivisions and removal of outdated detail, as well as codes for differentiating 'HIV with malaria or tuberculosis'

- New supplementary section for Functioning Assessment. This section allows monitoring of functional status through the recording before and after the intervention, and permits the calculation of a summary functioning score using the WHO Disability Assessment Schedule 2.0 (WHODAS 2.0) or the WHO Model Disability Survey (MDS) (both a domain specific or an overall summary score)

Improvements of ICD-11

Improvements and Additions

›Incorporated all rare diseases. Only a few of these have an individual code, but all have their own Uniform Resource Identifier (URI), allowing rare Disease Registries and researchers access to detailed epidemiological data on conditions of interest

›The use of the URI facilitates linkage with other information interchange products and terminologies

›Traditional Medicine is an integral part of health services provided in many countries, such as China, India, Japan, and the Republic of Korea. It has not been based on standard classification, nor been possible for health authorities to monitor or compare internationally or regionally. A new Supplementary Chapter for Traditional Medicine provides standardized descriptions for data capture and allows for country-level monitoring through dual documentation alongside mainstream practice, as well as international comparison

Improvements of ICD-11

Ease of Use

›More straightforward coding

›Digital structure allows the Coding Tool to be embedded into the local digital record and IT systems either locally or the web-based version via the WHO Application Programming Interface (API). This allows a search using natural or preferred terminology-then relates this to the correct technical code without requiring the coder or clinician to memorize the codes.

›Integration combines recording with coding, reducing required steps for complete documentation and increasing user compliance as lowering costs and times for training

›Ontological core of ICD-11 can be quickly expanded for new terms, synonyms and concepts in all language versions

›For situations where paper-based documentation is used, a printed index or relevant subsets can provide quick access to the code

Improvements of ICD-11

Multiple Applications

- Address growing public health data needs:
  - primary care reporting for all levels of resource settings
  - epidemiology and population health
  - research
  - health system performance
  - patient safety and quality
  - case mix or activity-based funding

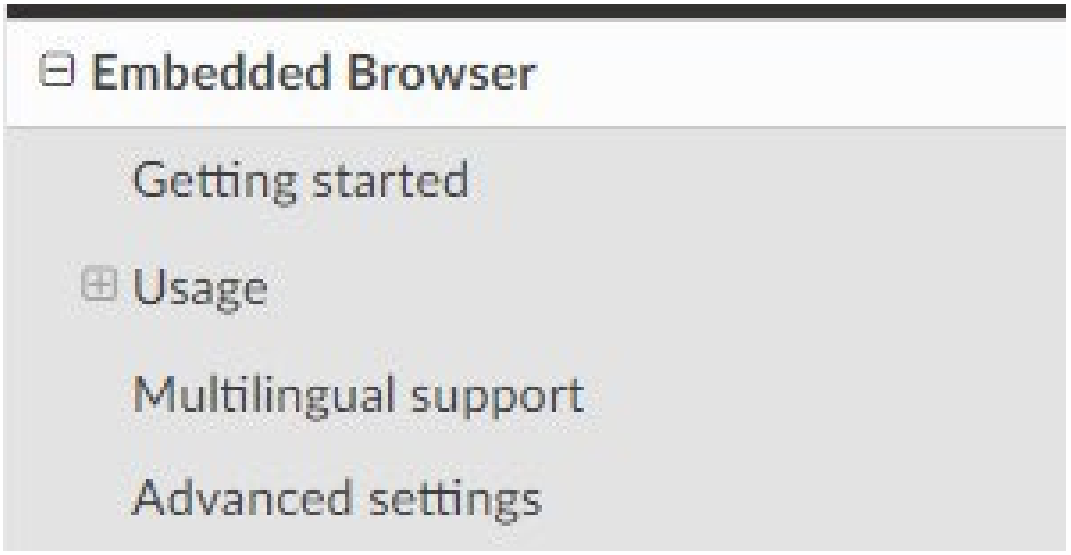
- Previous revisions of the ICD have responded to these needs in an ad-hoc way and are therefore limited, inflexible or outdated in their application. In contrast, the ICD11 has been developed from the outset to address these uses and to allow the most accurate and best quality capture of morbidity data

- Documentation may be produced to the broadest or most detailed level of specificity for epidemiological, case mix or other management purposes. This is facilitated by combining codes of the core classification ‘stem codes’ and adding optional codes in the form of ‘extension codes’, as for anatomy, histopathology, medicaments, severity, or injury research.

The ICD-11 Package

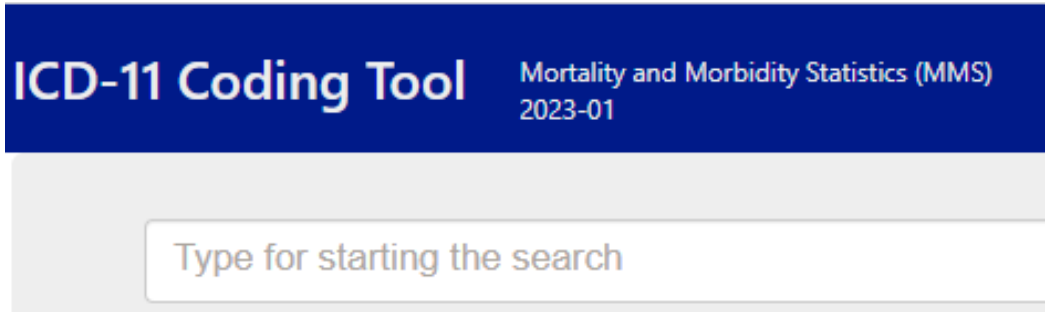
ICD-11 Web-based Browser Tool

- Allows user to retrieve concepts by searching terms, anatomy or other elements of the ICD-11
- Includes context sensitive help via an icon on the screen
- Allows users to contribute to updates and continuous improvement of ICD via a proposal platform



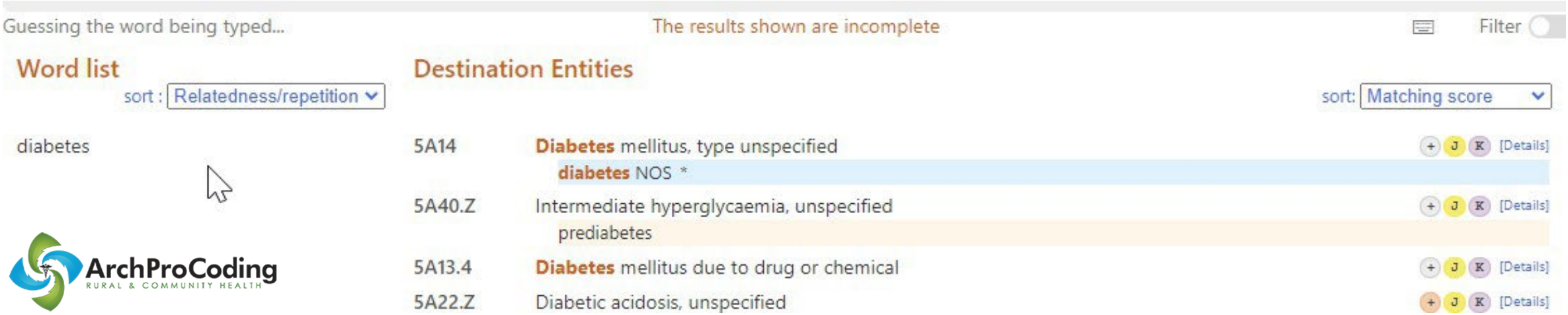
ICD-11
icd.who.int

The ICD-11 Package



ICD-11 Coding Tool

- Works by searching ICD content as the user types in a term, for example "diabetes."
- Generates and dynamically updates three different outputs: a word list; matched entities with a link to the Browser; the chapters associated with the target term



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New in 2023 ICD-11 Release

Multiple Applications

- Multilingual: All tools and APIs are available in:
  - Arabic, Chinese, English, French, Russian, Spanish and Turkish.
  - 23 more languages are underway!
- New and improved coding support and maintenance platform
- Updated mapping tables and reference guide
- Covid-19 Vaccines, and SARA-COV-2 subtypes added as well as new “mpox” synonym for monkeypox
- .Currently 64 Member States are in different stages of ICD-11 implementation globally

Current ICD-11 Events

https://ncvhs.hhs.gov/membership/workgroup-on-timely-and-strategic-action-to-inform-icd-11-policy/

Current ICD-11 Events

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Agency Participation

- Agency for Healthcare Research and Quality, Center for Financing, Access and Cost Trends (AHRQ/CFACT)
- Agency for Healthcare Research and Quality (AHRQ) Center for Quality Improvement and Patient Safety (AHRQ/CQuIPS)
- Centers for Disease Control and Prevention, Center for Injury Prevention & Control (CDC/CIPC)
- Centers for Medicare and Medicaid Services, Center for Medicare (CMS/CM)
- Centers for Medicare and Medicaid Services, Office of Burden Reduction & Health Informatics (CMS/OBRHI)
- Health Resources and Services Administration, Federal Office of Rural Health Policy (HRSA/FORHP)
- National Center for Health Statistics (NCHS)
- National Library of Medicine, Computational Health Research Branch (NIH/NLM)
- Office of the National Coordinator (ONC)
- National Institutes of Health/National Institute of Mental Health (NIH/NIMH)

https://ncvhs.hhs.gov/membership/workgroup-on-timely-and-strategic-action-to-inform-icd-11-policy/

Current ICD-11 Events

NCVHS Workgroup on

Timely and Strategic Action to Inform ICD-11 Policy

Submissions in Response to the RFI

(Received as of July 27, 2023)

	Organization	Signatory

RFI Responses -NCVHS Workgroup to Inform ICD-11 Policy

ICD-11 Readiness: What is a Gap Analysis?

Examine and Assess:

- Where are we now?
- Where do we want to be?
- What can we do to close the gap in performance?

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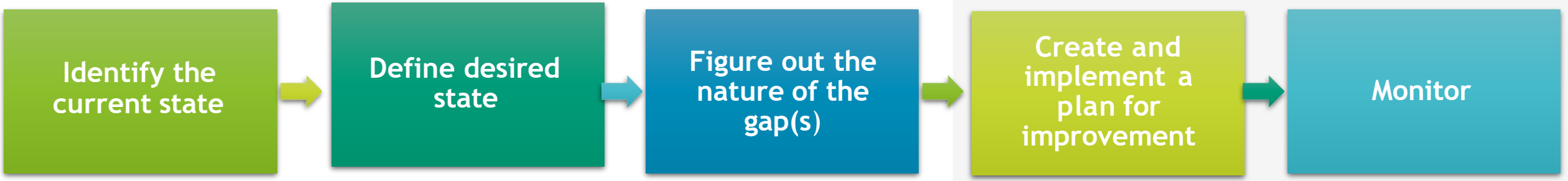
Steps to Perform a Gap Analysis



Gap Analysis/Needs Assessment

Take inventory of existing policies

- Review internal processes
- Which policies may be impacted
- Don’t wait until the last minute to update documents

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Gap Analysis/Needs Assessment

Clean up backlogs

- Coding
- Billing
- Secure additional help to resolve past claims prior to implementation date

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Gap Analysis/Needs Assessment

Prepare for potential financial disruption

- Transitioning to ICD-11 will not be as intense but revenue cycle delays are possible
- Create contingency plans

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Gap Analysis/Needs Assessment

Make coder and provider education a priority

- Timing considerations
  - Current codes in use vs new codes and conventions
  - Coders should familiarize themselves with ICD-11 structure and guidelines
- Provider documentation improvement is an ongoing process regardless of the version of ICD

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Creating Your ICD-11 Teams

Strategic planning

- Administration
- Coding Manager
- Billing Manager
- Patient Access Manager
- Medical Staff Representative(s)

Creating Your ICD-11 Teams

Project Management

- Administrative Lead
- Project Manager
- Subject Matter Experts
  - ✓Coders
  - ✓Billers
  - ✓Information Technology, Informatics
  - ✓Ancillary Department Managers (Lab, Imaging, Precertification)
  - ✓Clinical Documentation Improvement (CDI)
  - ✓Nursing & Clinical Support Staff

Create a Plan

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- Meeting frequency and attendee list
- Goals/Measures
- Outside training needs
- Grant funds available ICD-11 Readiness

HCC Risk Adjustment & SDOH Coding

Guidance for Getting Documentation and Coding Right the First Time

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What is a Hierarchical Condition Category?

Why is it Important to Your Organization?

How to Get it Right.

Origins of Hierarchical Condition Category Risk Adjustment

- Traditional Fee for Service Payment Model-Very Expensive
- Shift in Focus: Healthcare Spending versus Outcomes and Quality of Care (Value Based Reimbursement model)
- Medicare Part C-Medicare Advantage Plans
- Risk-Adjustment Model-uses HCCs assess the disease burden of its enrollees using RAF scoring.

What is a RAF Score?

RAF Score = Risk Adjustment Factor Score

Predictive reimbursement model- estimates a healthcare organization's cost to care for a patient

HCC codes - primary driver

Demographic and program enrollment information also considered (ESRD, Dual Eligible, etc.)

Risk Adjustment Factor (RAF) Scores

Risk Adjustment is a process for quantifying an individual's health (or sickness) into a *Risk Adjustment Factor* or risk score.

CMS calculates the risk score so that the average risk of the population is 1.0

- A Risk Score of <1.0 would signify:
  a) Healthy beneficiary without any chronic conditions.
  b) Beneficiary **with** chronic conditions that were not reported accurately to reflect his/her accurate health status.
- Risk Score >1.0 would signify:
  a) Multiple chronic conditions documented/reported

RAF Score Example

Condition	John Smith, Age 85, Male	Jane Smith, Age 65, Female
Age- Gender Component	0.686	0.323
Specified Hearth Arrhythmias	0.268	0.268
Cirrhosis of Liver	0.363	-
Morbid Obesity	-	0.25
Diabetes with Chronic Complications	-	0.302
Total RAF	**1.317**	**1.143**

What is an “HCC”?

Hierarchical Condition Categories or HCCs are groups of similar diagnoses that consume similar resources. They are conditions known to be a clinical disease burden.

Similar to MS-DRGs, each HCC is assigned a specific “weight” that impacts each patient’s risk score, along with demographic factors such as age and gender.

HCCs are grouped in disease hierarchies (i.e., Diabetes Mellitus is grouped in several HCCs depending on whether the disease has complications or is controlled/uncontrolled, etc.) and are often chronic disease conditions.

What is an “HCC”?

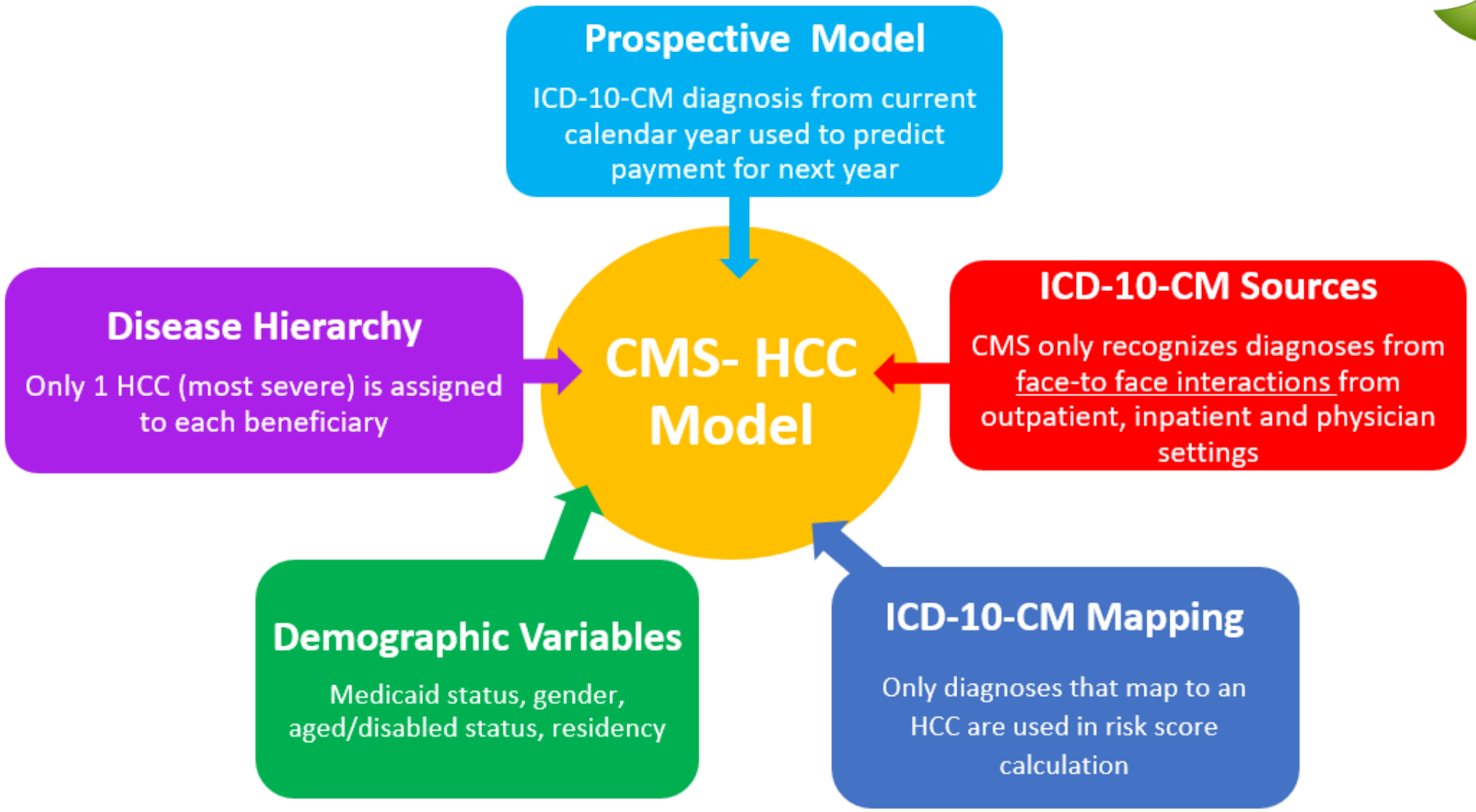
HCCs were developed as a way of accounting for and expressing the health status (i.e., major risk factors) of any individual Medicare enrollee, focusing on the greater costs and longer-term care associated with patients needing care for chronic conditions.

HCCs can be used to identify and close care gaps for providers and patients.

HCCs are updated annually

Medicare Managed Care Manual

What determines the HCC?



HCC Helpful Hints

Face-to-Face Patient Visit

Visit Types
- Hospital Inpatient & Outpatient
- Physician Office

Exclusions:
- Hospice
- SNF
- Home Health
- Free Standing ASC

- Patients missing HCCs do not have visits scheduled
- Lack of tools to identify patients and coordinate scheduling

Physician Addresses & Documents Diagnoses

Providers
- Physicians
- NP, CRNA
- Psychologist/Psychiatrist

Services Excluded:
- DME
- Laboratory
- Diagnostic Radiology

- During visit not all HCC-diagnoses are captured/documented
- Providers lack data and insight into missing HCC diagnoses

Diagnoses Coded and in Visit Claim

Requirements
- Each HCC diagnosis submitted in a claim once per calendar year
- Must be supported by documentation in visit note

- Physician documents an HCC-diagnosis but does not code for it
- Providers trained to code diagnoses to support Pro-Fee billing not for HCC capture

Matching ICD-10-CM codes to HCC scores

For 2024: ~11,680 ICD-10-CM codes map to 189 HCCs

Diagnosis Code	Description	CMS-HCC Model Category V24
E1165	Type 2 diabetes mellitus with hyperglycemia	18
E1169	Type 2 diabetes mellitus with other specified complication	18
E118	Type 2 diabetes mellitus with unspecified complications	18
E119	Type 2 diabetes mellitus without complications	19
E1300	Other specified diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)	17
E1301	Other specified diabetes mellitus with hyperosmolarity with coma	17
E1310	Other specified diabetes mellitus with ketoacidosis without coma	17
E1311	Other specified diabetes mellitus with ketoacidosis with coma	17
E1321	Other specified diabetes mellitus with diabetic nephropathy	18

2024 Initial ICD-10 HCC Mappings

HCC-RAF Payment Methodology: Prospective

2016 Risk Adjustment Factor (RAF) Score Diagnoses documented/billed during visits in 2016	
Demographic score: 2016	0.442
HCC 18: Diabetes w/retinopathy	0.368
HCC 22: Morbid Obesity	0.365
HCC 40: Rheumatoid arthritis	0.374
HCC 85: Dilated cardiomyopathy	0.368
HCC 111: COPD	0.346
HCC Interaction Score: CHF—COPD	0.259
HCC Interaction Score: Diabetes—CHF	0.182
Total RAF Score	**2.704**

2017 Risk Adjustment Factor (RAF) Score Diagnoses documented/billed during visits in 2017	
Demographic score: 2017	0.458
HCC 18: Diabetes w/retinopathy	0.312
HCC 22: Morbid Obesity	0.268
Total RAF Score	**1.038**

Weights of missing diagnoses	**1.055**

Capitated Payment Per Member Per Month (PMPM):

- $800 PMPM x 2.704 RAF = $2,163
- $800 PMPM x 1.055 RAF = $844

–$10,128 Annual

ICD-10-CM Codes:

Outpatient and Professional Services Claims

- CMS 1500 (837P) – Allows up to 12 ICD-10-CM codes
- Older software/claims scrubbers only allow *4-update your software*
- CMS 1450 or UB-04 (837I) – Allows up to 25 ICD-10-CM codes
- RHC/FQHCs bill CMS on UB-04 claims

Chronic Diseases- ICD-10-CM Guidelines

Section IV. Diagnostic Coding and Reporting Guidelines for Outpatient Services:

I. Chronic diseases treated on an ongoing basis may be coded and reported as many times as the patient receives treatment and care for the condition(s)

J. Code all documented conditions that coexist at the time of the encounter/visit and require or affect patient care treatment or management.

Summary: ICD-10-CM Codes for HCC & Risk Adjustment

- The CMS-HCC Model uses ICD-10-CM diagnosis codes which are submitted on claims and reported from the previous calendar year to establish a baseline or benchmark for the current year.

- This baseline is used to predict future cost.

- Missed opportunities or missed diagnoses that were not coded would forecast an incorrect baseline.

- Failing to adequately capture a beneficiary's risk through diagnosis reporting and documentation may lead to an inaccurately low level of attributed risk and would eventually reduce reimbursement in a value-based payment model.

What are some Common HCC *Documentation* Issues?

- Not documenting or coding to the highest specificity-be precise and detailed
- Chronic or coexisting conditions not addressed or left out of clinical documentation
- Using “history of” when documenting/coding current stable chronic conditions

Documentation Tips for ICD-10-CM Capture

M — Monitor signs, symptoms, disease progression

E — Evaluate – test results, response to treatment

A — Assess/Address – test, discussion, record review, counseling

T — Treat – medications, therapies, other modalities

M.E.A.T. Documentation

- Per CMS, may only code from problem list if Evaluation and Treatment is shown for each condition that relates to a diagnosis code
- May assign codes from the Past Medical History if pertinent

- Examples of supported documentation from Past Medical History:
  - CHF-symptoms well controlled with Lasix. Continue current medication regimen.
  - Major Depression-Patient continues feeling down despite Zoloft 50 mg daily. Increase to 100 mg daily and monitor.
  - Hypertension-Stable on medications-continue current dosage

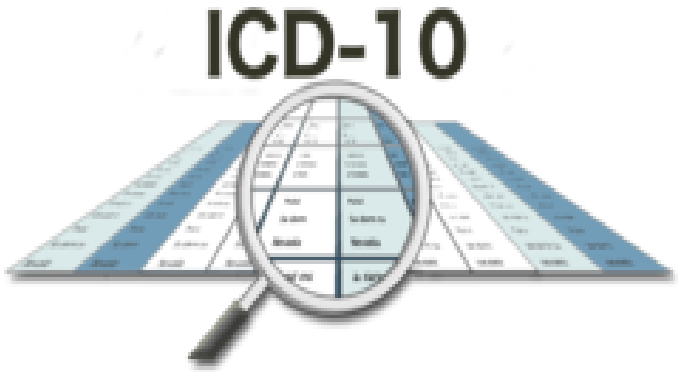
What are some HCC *Documentation* Best Practices?

- All causal relationships should be linked for complications or manifestations of disease processes
- Include all current diagnoses as part of the current medical decision-making process and document them in the note for every visit
- Only document diagnoses as “history of” or “past medical history (PMH)” when they no longer exist and are resolved, i.e., history of a myocardial infarction (MI) or history of a cerebrovascular accident (CVA)

Source: Watson, Monica M. "Documentation and Coding Practices for Risk Adjustment and Hierarchical Condition Categories." Journal of AHIMA 89, no.6 (June 2018): extended online version retrieved August 29, 2019 from https://bok.ahima.org/doc?oid=302516#.XWgz0-jYodU

What are some HCC *Coding Capture* Best Practices?

- Chronic diseases should continue to be coded and reported on an ongoing basis if the patient receives treatment and care for the condition.
- All diagnoses that receive care and management during the encounter should be reported.
- Conditions that are no longer active and/or not being treated should not be reported. This includes problem list diagnoses that have been resolved.
- Report history of and status codes when pertinent and/or influential where there is an impact on current care or treatment.
- Documentation can be found in any section of the patient record for a face-to-face encounter. For instance, a diagnosis does not have to be in the assessment portion of a SOAP (subjective, objective, assessment, and plan) note to be eligible for abstraction and reporting



How can we identify HCC gaps for our patients?

- HCC Gap analysis software-awesome!
- See patients at least once per year- check scheduling software in your EHR
- Prep for visits ahead of time-problem lists review to alert providers of missing diagnosis codes to address
- Perform Medicare Wellness Visits!
- Perform coding audits!

Medicare Wellness Visits

- ✓ Capture all chronic conditions on claim
- ✓ Keep your patient in your practice
- ✓ No cost to your patients

Performing Coding Audits:

Uncover Learning and Revenue Opportunities

- Excellent educational opportunity for coding, billing, and clinical staff
- Improved relations between HIM/billing staff, and physicians, all revenue cycle departments
- Correct reimbursement to the organization
- Protect against fraudulent claims and billing activity
- Identify and correct problem areas before insurance or government payers challenge inappropriate coding
- Improved operational efficiency
- Improve data quality for external reporting and internal use
- Enhancement of current internal auditing efforts

What are Social Determinants of Health?

Economic Stability

Education Access and Quality

Health Care Access and Quality

Neighborhood and Built Environment

Social and Community Context

SDOH

Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved [date graphic was accessed], from https://health.gov/healthypeople/objectives-and-data/social-determinants-health

Social Determinants of Health-SDOH

Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

Utilization of Z Codes for Social Determinants of Health among Medicare Fee-for-Service Beneficiaries, 2019

ICD-10-CM Codes and Sub-Codes Related to SDOH

ICD-10-CM Code Category	Problems/Risk Factors Included in Category	Number of Sub-Codes
Z55 – Problems related to education and literacy	Illiteracy, schooling unavailable, underachievement in a school, educational maladjustment and discord with teachers and classmates.	9
Z56 – Problems related to employment and unemployment	Unemployment, change of job, threat of job loss, stressful work schedule, discord with boss and workmates, uncongenial work environment, sexual harassment on the job, and military deployment status	11
Z57 – Occupational exposure to risk factors	Occupational exposure to noise, radiation, dust, environmental tobacco smoke, toxic agents in agriculture, toxic agents in other industries, extreme temperature, and vibration.	11
Z58 – Problems related to physical environment	Inadequate drinking water supply, lack of safe drinking water	3
Z59 – Problems related to housing and economic circumstances	Homelessness, inadequate housing, discord with neighbors, lodgers and landlord, problems related to living in residential institutions, lack of adequate food, extreme poverty, low income, insufficient social insurance and welfare support, housing instability/foreclosure	22

ICD-10-CM Codes and Sub-Codes Related to SDOH

ICD-10-CM Code Category	Problems/Risk Factors Included in Category	Number of Sub-Codes
Z60 – Problems related to social environment	Adjustment to life-cycle transitions, living alone, acculturation difficulty, social exclusion and rejection, target of adverse discrimination and persecution.	7
Z62 – Problems related to upbringing	Inadequate parental supervision, overprotection, upbringing away from parents, hostility toward child, excessive parental pressure, abuse, parent-child conflict, sibling rivalry	21
Z63 – Other problems related to primary support group, including family circumstances	Absence of family member, disappearance and death of family member, disruption of family by separation and divorce, dependent relative needing care at home, stressful life events affecting family and household, stress on family due to return of family member from military deployment, alcoholism and drug addiction in family.	12
Z64 – Problems related to certain psychosocial circumstances	Unwanted pregnancy, multiparity, and discord with counselors.	3
Z65 – Problems related to other psychosocial circumstances	Conviction in civil and criminal proceedings without imprisonment, imprisonment and other incarceration, release from prison, other legal circumstances, victim of crime and terrorism, and exposure to disaster, war and other hostilities.	8

ICD-10-CM Official Guidelines-2024

Section I. Conventions, general coding guidelines and chapter specific guidelines

B. General Coding Guidelines

14. Documentation by Clinicians Other than the Patient's Provider

- Code assignment is based on the documentation by the patient's provider (i.e., physician or other qualified healthcare practitioner legally accountable for establishing the patient's diagnosis). There are a few exceptions when code assignment may be based on medical record documentation from clinicians who are not the patient's provider (i.e., physician or other qualified healthcare practitioner legally accountable for establishing the patient's diagnosis). In this context, "clinicians" other than the patient's provider refer to healthcare professionals permitted, based on regulatory or accreditation requirements or internal hospital policies, to document in a patient's official medical record.
- These exceptions include codes for:
  Body Mass Index (BMI) • Depth of non-pressure chronic ulcers • Pressure ulcer stage • Coma scale • NIH stroke scale (NIHSS) • Social determinants of health (SDOH) classified to Chapter 21 • Laterality • Blood alcohol level • Underimmunization status
- This information is typically, or may be, documented by other clinicians involved in the care of the patient (e.g., a dietitian often documents the BMI, a nurse often documents the pressure ulcer stages, and an emergency medical technician often documents the coma scale). However, the associated diagnosis (such as overweight, obesity, acute stroke, pressure ulcer, or a condition classifiable to category F10, Alcohol related disorders) must be documented by the patient's provider. If there is conflicting medical record documentation, either from the same clinician or different clinicians, the patient's provider should be queried for clarification.
- The BMI, coma scale, NIHSS, blood alcohol level codes, codes for social determinants of health and Underimmunization status should only be reported as secondary diagnoses
- *See Section I.C.21.c.17. for additional information regarding coding social determinants of health.*

ICD-10-CM Official Guidelines-2024

Section I. Conventions, general coding guidelines and chapter specific guidelines

C. Chapter Specific Coding Guidelines

17. Social Determinants of Health

- Social determinants of health (SDOH) codes describing social problems, conditions, or risk factors that influence a patient's health should be assigned when this information is documented in the patient's medical record. Assign as many SDOH codes as are necessary to describe all of the social problems, conditions, or risk factors documented during the current episode of care. For example, a patient who lives alone may suffer an acute injury temporarily impacting their ability to perform routine activities of daily living.
- When documented as such, this would support assignment of code Z60.2, Problems related to living alone. However, merely living alone, without documentation of a risk or unmet need for assistance at home, would not support assignment of code Z60.2. Documentation by a clinician (or patient-reported information that is signed off by a clinician) that the patient expressed concerns with access and availability of food would support assignment of code Z59.41, Food insecurity. Similarly, medical record documentation indicating the patient is homeless would support assignment of a code from subcategory Z59.0-, Homelessness.
- For social determinants of health classified to chapter 21**...**code assignment may be based on medical record documentation from clinicians involved in the care of the patient who are not the patient's provider since this information represents social information, rather than medical diagnoses. For example, coding professionals may utilize documentation of social information from social workers, community health workers, case managers, or nurses, if their documentation is included in the official medical record.
- Patient self-reported documentation may be used to assign codes for social determinants of health, as long as the patient self-reported information is signed-off by and incorporated into the medical record by either a clinician or provider.

ICD-10-CM Official Guidelines-2024

Section I. Conventions, general coding guidelines and chapter specific guidelines

C. Chapter Specific Coding Guidelines

17. Social Determinants of Health (cont.)

Social determinants of health codes are located primarily in these Z code categories:

- Z55 Problems related to education and literacy
- Z56 Problems related to employment and unemployment
- Z57 Occupational exposure to risk factors
- Z58 Problems related to physical environment
- Z59 Problems related to housing and economic circumstances
- Z60 Problems related to social environment
- Z62 Problems related to upbringing
- Z63 Other problems related to primary support group, including family circumstances
- Z64 Problems related to certain psychosocial circumstances
- Z65 Problems related to other psychosocial circumstances

What are some SDOH *Documentation* Best Practices?

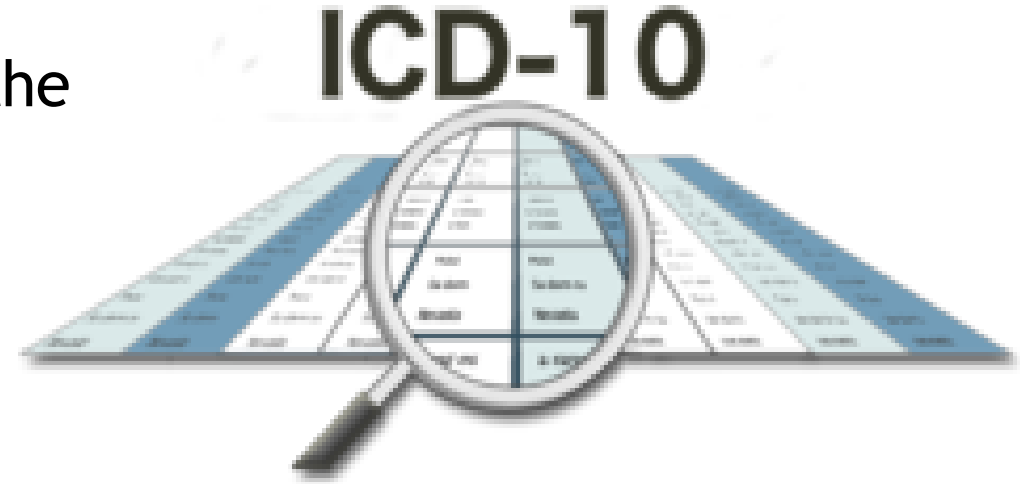
- ✓Educate staff on the need to screen, document and code data on patients' SDOH needs.
- ✓Ask patients about their SDOH needs. Patients may not know to discuss non-medical issues with their provider and may need to be prompted.
- ✓Use SDOH screening tools and/or health risk assessments
- ✓Document SDOH data in the problem list, diagnosis list, patient history or provider notes

Sample SDOH Screening Questions

1. Do you have difficulty understanding the English language?
   ☐ Yes ☐ No
2. Do you ever have a time during the month when you don't have enough food for you or your family?
   ☐ Yes ☐ No
3. Do you have trouble paying for housing or your electric/heating bills?
   ☐ Yes ☐ No
4. Are you and/or your family currently homeless or at risk of becoming homeless?
   ☐ Yes ☐ No
5. Do you need help with transportation for medical appointments, work or getting things needed for daily living?
   ☐ Yes ☐ No
6. Have you or anyone in your family experienced or observed any form of abuse, including physical, emotional, verbal, sexual abuse or neglect?
   ☐ Yes ☐ No
7. Do you or anyone in your family feel unsafe at home, school or work?
   ☐ Yes ☐ No
8. How often do you see or talk to people that you care about and feel close to? (For example: talking to friends on the phone, visiting friends or family)
   ☐ Daily ☐ Weekly ☐ Monthly
9. What is the highest level of schooling that you have completed?
   ☐ Didn't finish High School ☐ High School or GED ☐ College
10. What is your current work situation?
    ☐ Unemployed ☐ Part Time ☐ Full Time ☐ Student ☐ **Disabled** ☐ Retired
11. Have you been unable to get your medication because there wasn't enough money to pay for it?
    ☐ Yes ☐ No

What are some SDOH *Coding Capture* Best Practices?

- ✓Educate coders to look for SDOH data within the problem list, diagnosis list, patient history or provider notes
- ✓Use self-reported data to assign Z codes
- ✓Use information documented in the patient's health care record by any member of the care team
- ✓Z codes are not "optional"



Review: Requirements for HCC & SDOH Code Assignment

- ✓ All principal and secondary diagnoses codes be reported to the highest level of specificity.
- ✓ The medical record validates the diagnoses codes that have been reported by the Physician or care team.
- ✓ All diagnoses must be re-documented on *an annual basis* - during a face-to-face encounter with the beneficiary in order to be reported on the claim for HCC assignment.
- ✓ Document and report all social determinates of health data, either self-reported or captured by any member of the care team using Z codes.

Reference Links

- ICD-11 WHO Main Menu
- ICD-11 Implementation and Transition Guide
- ICD-11 Coding Tool MMS
- ICD-11 Training Package
- RFI-Responses NCVHS Workgroup to Inform ICD-11 Policy
- AAFP Hierarchical Condition Category Coding
- AHIMA: Documentation and Coding Practices for Risk Adjustment and Hierarchical Condition Categories
- ICD-10-CM 2024 Official Guidelines for Coding and Reporting
- Medicare Risk Adjustment Eligible CPT/HCPCS Codes

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Contact us

Jackie King, MSHI, CCS, CPC, COC, CRHCP
Vice President of Hospital Education
ICD-11 Expert
jking@archprocoding.com

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