# Professional Coding System Overview

ACHIEVE REVENUE
MANAGEMENT

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# International Classification of Diseases (ICD)

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May 26, 2022

# International Classification of Diseases (ICD)

WHAT?

WHY?

HOW?

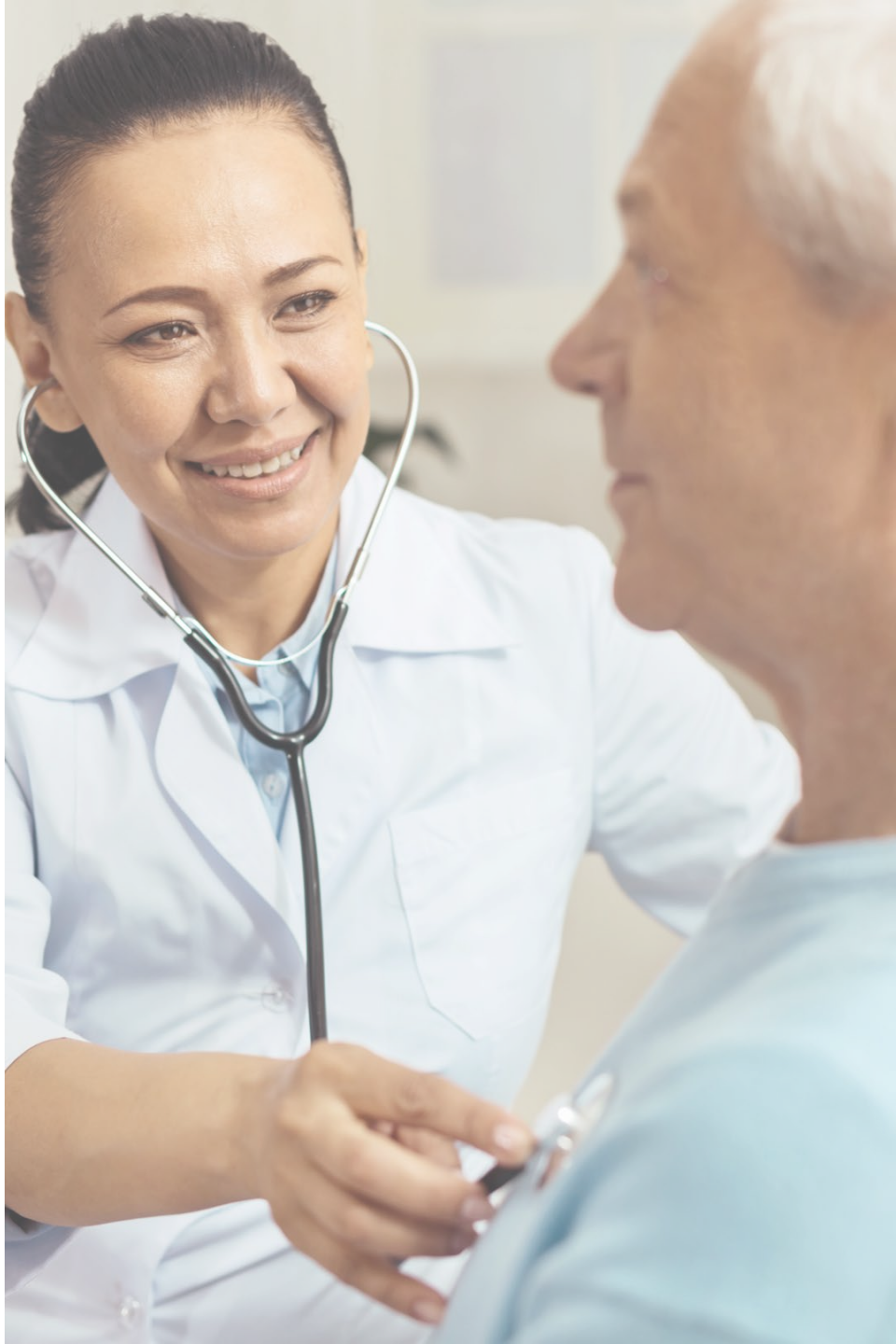
# *WHAT* are ICD-10 codes?

- International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)
- ICD-10 codes were developed by the World Health Organization (WHO)
- ICD-10-CM codes were developed and are maintained by CDC's National Center for Health Statistics
- Alpha numeric code containing 3-7 characters
- Standardized method for capturing diseases, illnesses, injuries and health conditions

# International Classification of Diseases (ICD)

# *WHY*
## ICD-10-CM codes are important to FQHCs?

- Utilized for a variety or purposes including:
  - Insurance claims submission and processing
  - Tracking public health conditions and assisting with population health management
  - Identifying care gaps and improving quality of care
  - Clinical research



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# International Classification of Diseases (ICD)

# *HOW:*
# ICD-10-CM codes are applied

- Criteria and instruction for code selection contained within:
  - ICD-10-CM Official Guidelines for Coding and Reporting
  - https://www.cms.gov/files/document/fy-2022-icd-10-cm-coding-guidelines-updated-02012022.pdf
  - ICD-10-CM coding reference
- Adherence is required and guidelines include instruction on:
  - Locating a code
  - Detail
  - Signs & symptoms
  - Conditions and disease process relation
  - Acute vs. Chronic
  - Laterality
  - Documentation

# *HOW:*
# ICD-10-CM codes are applied

- Patient specific documentation (health record) describes applicable health conditions including Social Determinants of Health (SDoH)
- Codes are divided between 22 chapters with detailed selection instruction
- Individual chapters contain related injuries, illness, conditions, etc. including poisoning and external causes
  - Examples:
    - Chapter 1:  Certain Infectious and Parasitic Diseases  (A00-B99)
      - Human Immunodeficiency Virus (HIV) Infections
      - Methicillin Resistant Staphylococcus aureus (MRSA)
    - Chapter 21:  Factors Influencing Health Status  (Z00-Z99)
      - Social Determinants of Health (SDoH)
      - Encounters for screening purposes

# *HOW:*
# ICD-10-CM codes are applied

- Codes describing social determinants of health (SDOH) should be assigned when this information is documented
- Persons with potential health hazards related to socioeconomic and psychosocial circumstances 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
- Information represents social information, rather than medical diagnoses
- Social determinants of health codes are located primarily in code categories  Z55-Z65
- Including:
  - 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


# Healthcare Common Procedure Coding System (HCPCS)

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# Healthcare Common Procedure Coding System (HCPCS)

WHAT?

WHY?

HOW?

# *WHAT*
# Is the HCPCS?

- Healthcare Common Procedure Coding System (HCPCS) is a standardized coding system describing services, drugs, items and supplies provided or rendered to a patient
- HCPCS is divided into two subsystems
  - Level I
    - Current Procedural Terminology (CPT®)
  - Level II
  - Alpha-numeric coding system
    - Identifies drugs, biologicals, durable medical equipment, prosthetics, orthotics and supplies (DMEPOS)

# *WHAT*
# Is the CPT?

Current Procedural Terminology (CPT®)

- Coding system maintained by the American Medical Association (AMA)
- Divided into three categories
  - Category I
    - 5 numeric digit codes
    - Largest category of codes, primarily those commonly used by providers to report their services and procedures

# *WHAT*
# Is the CPT?

Category I code ranges arranged by related services:

| | |
|---|---|
| • Evaluation and Management | 99201-99499 |
| • Anesthesiology | 00100-01999, 99100-99140 |
| • Surgery | 10021-69990 |
| • Radiology | 70010-79999 |
| • Pathology & Laboratory | 80047-89398 |
| • Medicine | 90281-99199, 99500-99607 |

# *WHAT*
# Is the CPT?

Category II

- 5 digit codes ending with the letter “F”
- Supplemental codes to report and track performance measurements

Category III

- 5 digit codes ending with the letter “T”
- Temporary codes that represent new technologies, services and procedures

# Healthcare Common Procedure Coding System (HCPCS)

WHAT?

WHY?

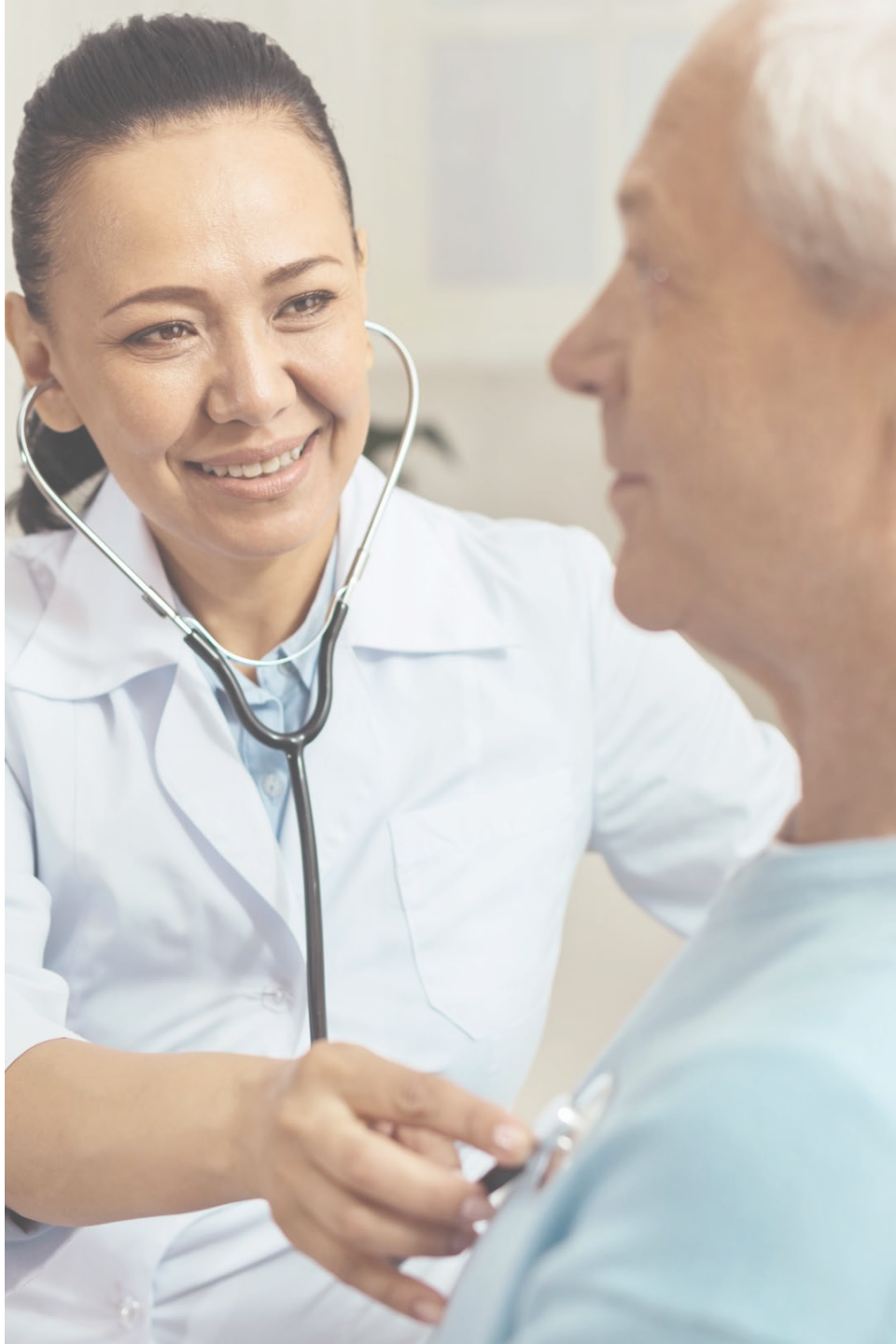
HOW?

# *WHY*

## Is the HCPCS Level I codes important to FQHCs?

Utilized for a variety or purposes including:

- Insurance claims submission and processing
- Tracking patient outcomes
- Identifying care gaps and improving quality of care
- Medical review
- Utilization comparison
- Establishing clinical protocols and outreach processes



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# Healthcare Common Procedure Coding System (HCPCS)

WHAT?

WHY?

HOW?

# *HOW:*
# HCPCS codes are applied

- Criteria and instruction for code selection contained within:
  - Current Procedural Terminology (CPT®)
  - HCPCS Level II
  - American Medical Association (AMA)
  - Centers for Medicare & Medicaid Services
  - Payer guidelines and references

- Adherence is required and guidelines at the beginning of each section define items necessary to interpret and report on services in that section

# *HOW:*
# HCPCS codes are applied

- Patient specific documentation (health record) describes procedures, services or supplies rendered
- Code describing applicable item or service is selected
- Modifying factors & Place of Service are also noted, taken into consideration and reported through two digit “Modifiers” and “POS” codes outlined within the HCPCS mechanism

# *HOW:*
# HCPCS codes are applied

- When reporting CPT Category II codes to communicate supplemental information related to a patient/patient encounter selection, determine:
  - Numerator
  - Denominator
  - Exclusion(s)
  - Reporting instructions
- Alphabetic Measure Index found on the American Medical Association website
  - https://www.ama-assn.org/system/files/2020-01/cpt-cat2-codes-alpha-listing-clinical-topics.pdf

# *HOW:*
# *CPT Category II* codes are structured

| Diabetes (DM) | | |
|---|---|---|
| **Brief Description of Performance Measure & Source and Reporting Instructions** | **CPT Category II Code(s)** | **Code Descriptor(s)** |
| **A1c Management** [4]<br>Whether or not patient received one or more A1c test(s)<br>**Numerator:** Patients who received one or more A1c test(s)<br>**Denominator:** Patients with diagnosed diabetes 18-75 years of age<br>**Percentage** of patients with diagnosed diabetes aged 18-75 years with one or more A1c test(s).<br>**Exclusion(s):** NONE<br>**Reporting Instructions:** In order to meet this measure, the date of test, when it was performed, and the corresponding result are required. For this reason, report one of the three Category II codes listed and use the date of service as the date of the test, not the date of the reporting of the Category II code. The measure may also be met by reporting the Category I code, 83036 Hemoglobin; glycosylated (A1C), when performed.<br>►To report most recent hemoglobin A1c level ≤9.0%, see codes 3044F, 3051F, 3052F.◄ | *3044F*<br><br>►3051F◄<br><br>►3052F◄<br><br>*3046F* | *Most recent hemoglobin A1c (HbA1c) level < 7.0%*<br><br>►Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0%◄<br><br>►Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0%◄<br><br>*Most recent hemoglobin A1c (HbA1c) level > 9.0%* |

https://www.ama-assn.org/system/files/2020-01/cpt-cat2-codes-alpha-listing-clinical-topics.pdf


# Coding & Risk Adjustment

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# Risk Adjustment

WHAT?

WHY?

HOW?

# *WHAT*
# Is Risk Adjustment

**Risk Adjustment**

- System or method for which payment is based on an individual patient's:
- Demographics:
  - Age, sex, disability, Medicaid eligibility, etc.
- Health status or conditions:
  - Chronic conditions
  - Disease and disability interactions
- Various models and designs

# *WHAT*
# Are key terms used in Risk Adjustment models

**Hierarchical Condition Categories (HCC)**

- Categories of clinically similar diagnosis (ICD-10) codes arranged in a hierarchy by severity.

**Risk Adjustment Factor (RAF)**

- A numeric weight assigned to specific HCC or demographic category reflecting intensity or severity of health condition or status.

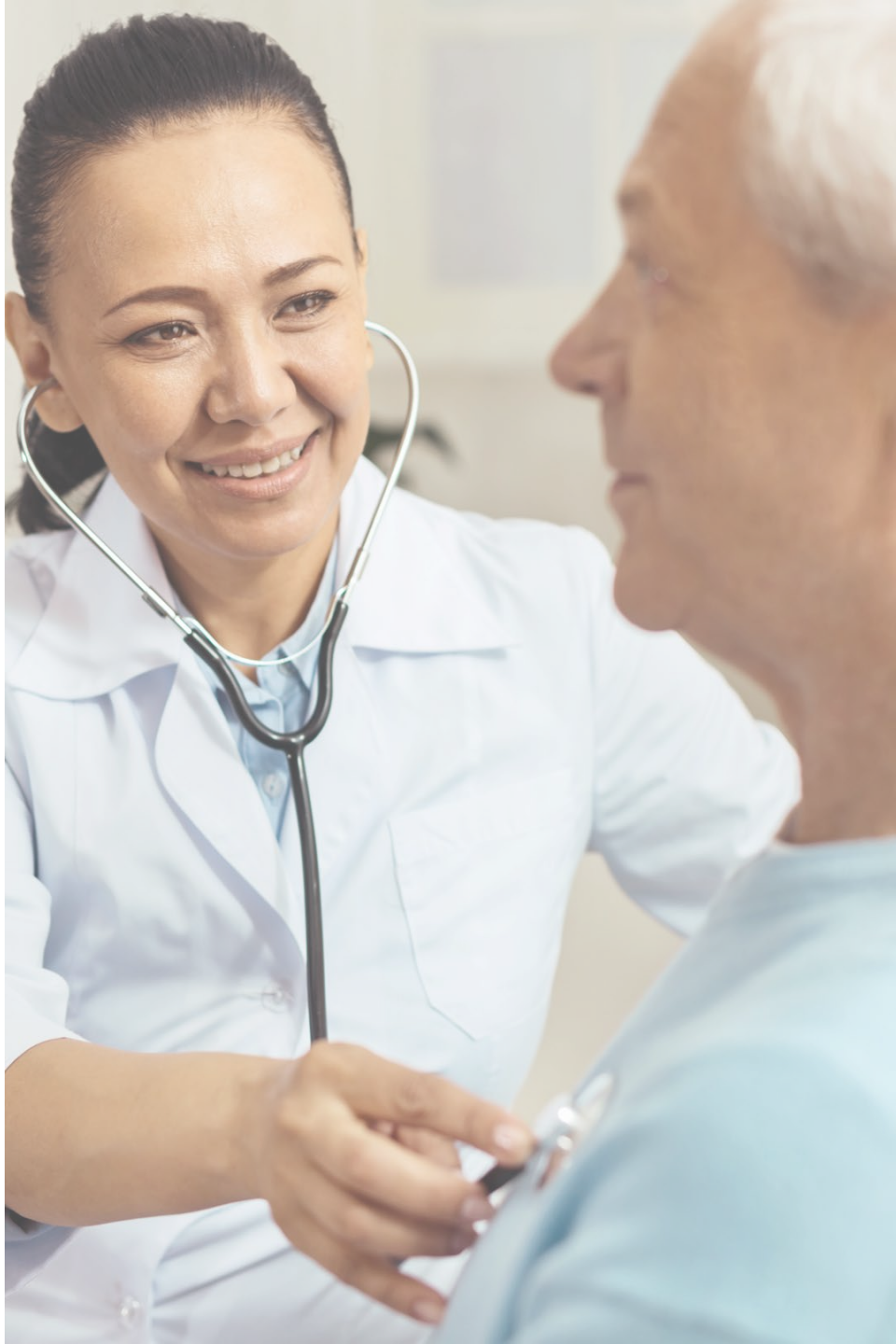
**Risk Adjustment Factor Score**

- Specific numeric score comprehensive (sum) of both the health and demographic RAF for an individual patient.

# Risk Adjustment

# *WHY*
## Is risk adjustment important to FQHCs?

- Transitions away from standard fee-for-service considerations to a system based on predicted cost or “risk” of a patient
- May impact reimbursement from:
  - Payers (directly or indirectly)
  - Shared savings plans
- Considered to be an avenue for various value based arrangements
- Opportunity to address comprehensive care for patient
- Predictive modeling



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# Risk Adjustment

# *HOW:*
# Risk Adjusted Methods are determined

- Provider renders a face-to-face encounter with the patient
- Chronic conditions, health status, and other applicable factors are documented
- Appropriate ICD-10-CM codes are selected
- ICD-10-CM codes are cross walked to associated HCC
- RAFs from patient's HCC and demographic data are summed to calculate the patient's risk score
- Risk score may then be used for payment or other reporting or care purposes


# Hierarchical Condition Categories

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# Hierarchical Condition Categories (HCC)

WHAT?

WHY?

HOW?

# *WHAT* are Hierarchical Condition Categories (HCCs)?

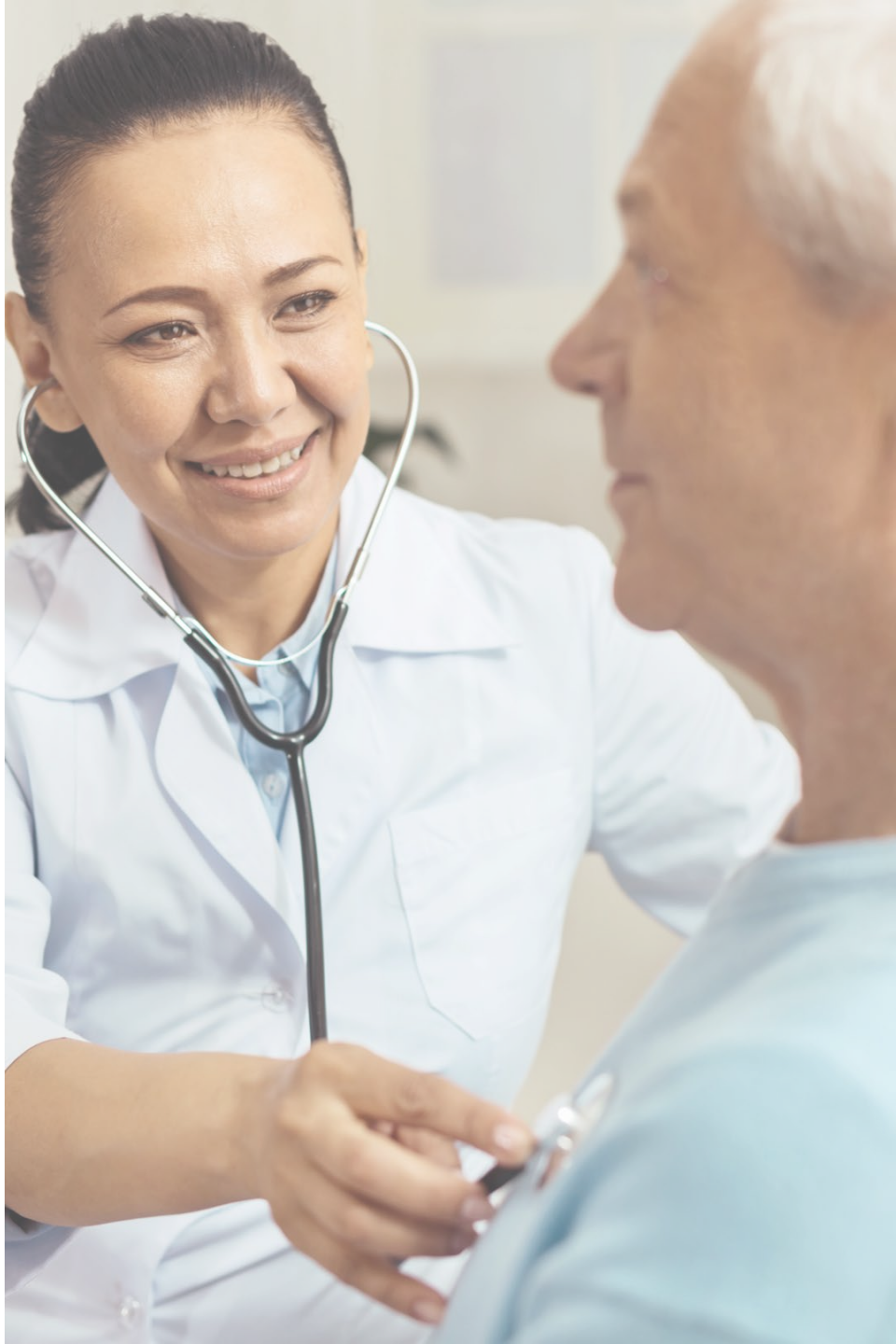
- Groupings of clinically similar diagnoses
- Conditions are categorized hierarchically
- Each HCC is assigned a value relative to other conditions
- Used by CMS (and others) as part of determining risk or conducting a risk adjustments model

# Hierarchical Condition Categories (HCC)

# *WHY*

## HCC codes are important to FQHCs?

- Accurate HCCs should translate to better determination of risk score associated with individual patients
- Often impact Accountable Care Organization (ACO) benchmarking
- Can be used internally to determine specific scores to target for services or resources
- Providers directly impact HCC assigned to patient



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# Hierarchical Condition Categories (HCC)

# *HOW:*
# HCC codes are determined

- Health conditions are identified via International Classification of Diseases–10 (ICD–10-CM) diagnoses that are submitted by providers on incoming claims
- ICD-10 codes map to HCC category
- Distinct HCCs are assigned specific values used to calculate individual patient risk score

# *HOW:*

## HCC coding and ICD-10-CM codes work together

| ICD-10-CM Codes | HCC Category Description | HCC | Disease Hierarchy |
|---|---|---|---|
| B20, B97.35, Z21 | HIV/AIDS | 1 | |
| A02.1, A20.7, A22.7, A26.7, A32.7, A39.2-A39.4, A40.-, A41.-, A42.7, A48.3, A54.86, B00.7, B37.7, P36.-, R57.1, R57.8, R65.1-, R65.2-, T81.12XA | Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/ Shock | 2 | |
| A07.2, A31.0, A31.2, B25.-, B37.1, B37.7, B37.81, B44.0-B44.7, B44.89, B44.9, B45.-, B46.-, B48.4, B48.8, B58.2, B58.3, B59 | Opportunistic Infections | 6 | |
| C77.1-C77.2, C77.4-C77.8, C78.-, C79.00-C79.72, C79.89, C79.9, C7B.-, C80.0, C91.0-, C92.00-C92.02, C92.40-C92.A2, C93.0-, C94.00-C94.22, C94.40-C94.42, C95.0- | Metastatic Cancer and Acute Leukemia | 8 | 9, 10, 11, 12 |
| C15.-, C16.-, C17.-, C22. -, C23, C24.-, C25.-, C33, C34.-, C38.4, C45.-, C48.-, C90.00-C90.22, C92.10-C92.32, C92.Z0-C92.92, C93.10-C93.92, C94.30-C94.32, C94.80-C94.82 | Lung and Other Severe Cancers | 9 | 10, 11, 12 |
| C40.-, C41.-, C46.-, C47.-, C49.-, C56.-, C57.00-C57.4, C58, C70.-, C71.-, C72.-, C74.-, C75.1-C75.3, C77.3, C77.9, C79.2, C79.81, C79.82, C81.-, C82.-, C83.-, C84.-, C85.-, C86.-, C88.2-C88.9, C90.3-, C91.-, C95.10-C95.92, C96.- | Lymphoma and Other Cancers | 10 | 11, 12 |
| C01, C02.-, C03.-, C04.-, C05.-, C06.-, C07, C08.-, C09.-, C10.-, C11.-, C12, C13.-, C14.-, C18.-, C19, C20, C21.-, C26.-, C30.-, C31.-, C32.-, C37, C38.0-C38.3, C38.8, C39.-, C51.-, C52, C53.-, C57.7-C57.9, C64.-, C65.-, C66.-, C67.-, C68.- | Colorectal, Bladder, and Other Cancers | 11 | 12 |
| C43.-, C4A.-, C50.-, C54.-, C55, C60.-, C61, C62.-, C63.-, C69.-, C73, C75.0, C75.4-C75.9, C76.-, C7A.-, C80.1, C80.2, D03.-, D18.02, D32.-, D33.-, D35.2-D35.4, D42.-, D43.-, D44.3-D44.7, D49.6, E34.0, Q85.- | Breast, Prostate, and Other Cancers and Tumors | 12 | |

# *HOW:*
# to assist with accurate HCC coding

- Assign all ICD-10 codes to the highest level of specificity possible
- Maintain an accurate and up-to-date problem list
- Address (in face-to-face encounter), document and code for all chronic conditions every year
  - Scores are reset January 1st of each year in some plans

# *HOW:*
# to assist with accurate HCC coding

## Tips or Tools for documenting chronic conditions:

| | | |
|---|---|---|
| **M** | Monitoring | signs, symptoms, disease progression, disease regression |
| **E** | Evaluated | test results, medication effectiveness, response to treatment |
| **A** | Addressed | ordered tests, discussion, review records, counseling |
| **T** | Treated | medications, therapies, other modalities |

# *HOW:*
# to assist with accurate HCC coding

Tips or Tools for documenting chronic conditions:

## TAMPER

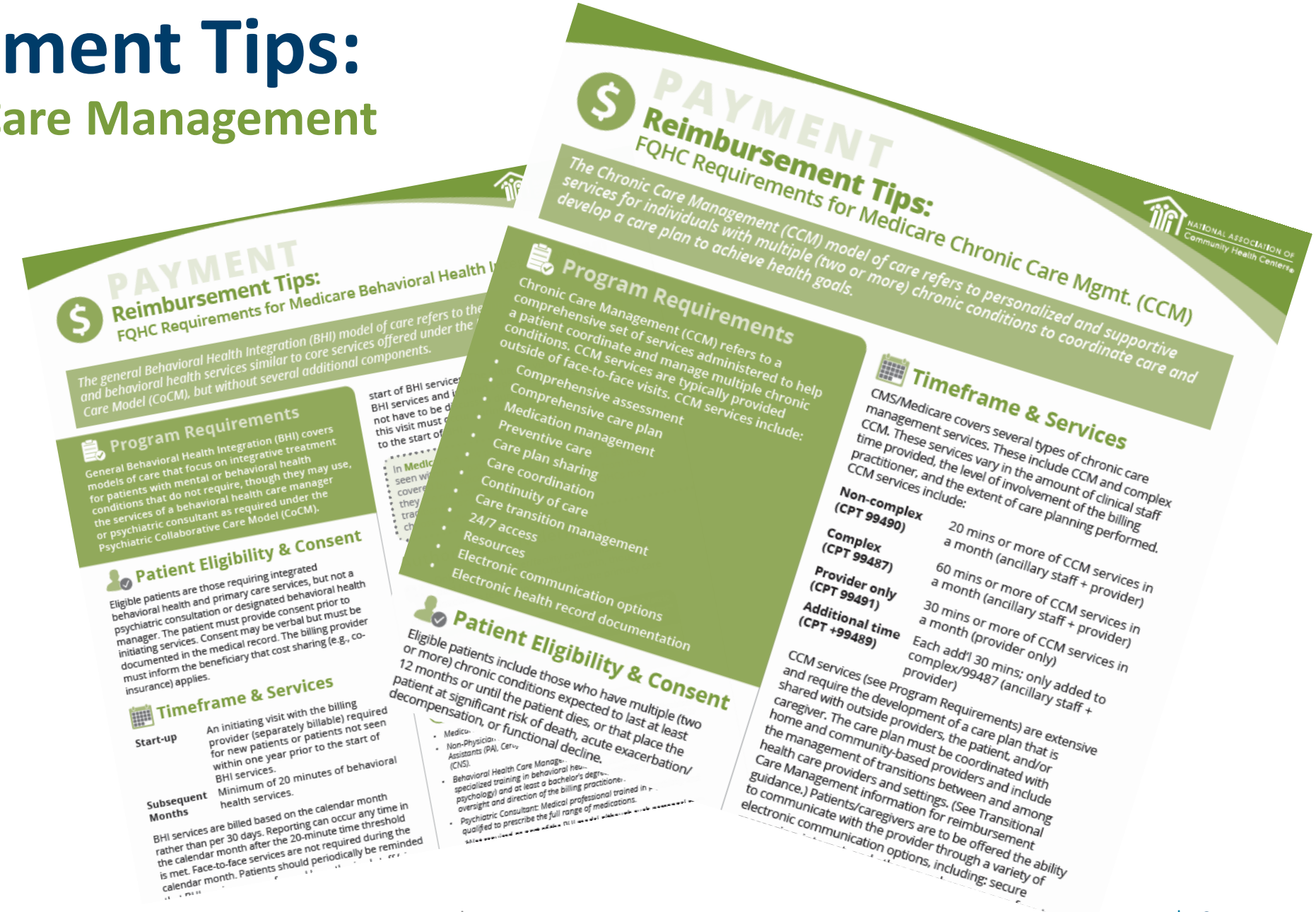
- **T** Treatment
- **A** Assessment
- **M** Monitoring or Medicate
- **P** Plan
- **E** Evaluate
- **R** Referral

https://ionhealthcarepulse.com/2016/09/28/faqs-on-risk-adjustment/

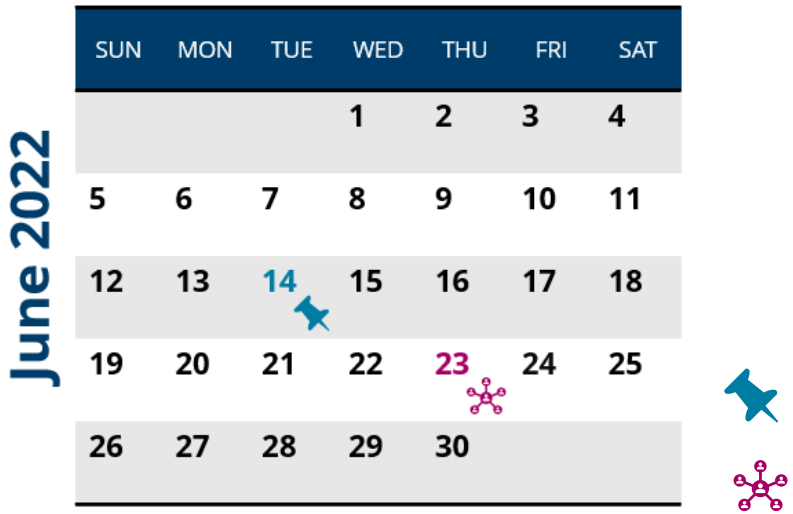
# Reimbursement Tips:

## CMS/Medicare Care Management

This compendium of care management tools is available free of charge on NACHC's Elevate platform



# UPCOMING EVENTS

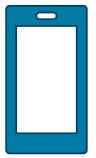



**June 14. Learning Forum**

**VTF Change Area: Care Management** (Part 2)
CMS Chronic Care Management (CCM), Complex Chronic Care Management (CCCM), & Principal Care Management

**June 23. Elevate Connect**

**VTF Change Area: Evidence-Based Care**, Diabetes Self-Management Education and Support



**Use this link** to receive calendar invitations for all upcoming learning forums:

bit.ly/Webinars22

## FEEDBACK

**Don't forget!** Let us know what you thought about today's session.

## FOR MORE INFORMATION CONTACT:

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# Next Monthly Forum Call:

June 14, 2022
1-2 pm ET

# Next *Connect* Call:

June 23, 2022
1-1:45 pm ET

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