Dual Visits and HCC Coding

DEVELOPING HCC CODING AWARENESS

Recognize that your complex patients are higher risk and you should get credit for that!
Think in the RISK mindset – what persisting conditions do your patients have?
Be as specific as you can because YOU know them best – HCCs impact your Observed/Expected Mortality.
CMS requires we capture codes for patient risk/acuity EVERY YEAR.

Dual Visit (AWV and Routine OV) Benefits

- Higher quality of care for patients.
- Focus on prevention and closing quality care gaps.
- Referral of patients to other disciplines based on needs (social work, care coordination, dietitian, pharmacy, etc.).

AND

- Allows provider to review and address HCCs during this dual office visit.

Dual Visit Process

Must be completed in person or video visit.

- Phone visits are not supported - do not count for risk adjustment HCC reconfirmation.

Clinical Staff (CS) Responsibilities

- CS completes AWV navigator including:
  - Preparation of preventive care orders for signature.
  - AWV documentation template by utilization of AWV smartset within Epic.
- CS focuses on individualized education to decrease risks and engage in prevention.
- CS communicates positives to the provider to address such as depression/cognition.

Provider Responsibilities

- Provider completes chronic disease portion of visit and addresses HCC BPA alert.
- Provider documents ".wellness" to the note attesting that you have reviewed the documentation.
- Provider signs off on pending AWV smartset and preventive care orders.
- Provider documents E/M code in LOS while ensuring the AWV G code drops.
- Provider reviews diagnosis codes and modifies as appropriate.
- Provider closes the visit.

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M.E.A.T. Support your documentation with M.E.A.T.

- **M**onitor.
- **E**valuate.
- **A**ssess.
- **T**reat.

Top HCC Opportunities

- Vascular disease.
- CHF and COPD.
- Breast, prostate and other cancers.
- Diabetes with or without chronic complications.
- RA and inflammatory connective tissue diseases.
- Morbid obesity.
- Major depression, bipolar and paranoid disorders.
- Coagulation defects and other specified hematological disorders.
- A-fib.
- Renal dialysis dependence, CKD, ESRD.
- Dementia, Alzheimer's.

Complications like DM + CHF or CHF + Renal Failure MATTER adding higher value to RAF.

Most Often Missed - C.O.A.S.T.

- **C**hronic diagnoses and ulcers.
- **O**stomies (Z93.XX).
- **A**mputations (Z89.XXX).
- **S**eizure or **s**pinal disorders.
- **T**ransplants (Z94.X).

Medicare AWV Codes

- Welcome to Medicare Initial Preventive Physical Exam: G0402.
  - First year of Medicare enrollment only.
  - Requires vision and hearing screenings.
- Initial Annual Wellness Exam: G0438.
- Subsequent Annual Wellness Exam: G0439.

Passive vs. Active Voice

Passive Voice: No ownership. Past tense.	**Active Voice:** Ownership. Present tense.
"History of"	"Patient has"

Tip: "History of" should be reserved for conditions described as no evidence of disease, resolved or cured. Document persisting conditions that are actively treated or managed in present tense.

Frailty and Protein-Calorie Malnutrition (PCM) Coding

- **Frailty Coding:** Reporting frailty codes annually, such as history of falls (Z91.81) or gait abnormality (R26.9), is an indicator of limited life expectancy, quality of life or advanced illness – and supports exclusion of these patients from some quality metrics.

- **Monitor patients for malnutrition and weight loss, and add the following diagnoses and codes when appropriate:**
  - Malnutrition of mild degree: (E44.1) (HCC) .
  - Malnutrition of moderate degree: (E44.0) (HCC) e.g. >5% in 1 month, 7.5% in 3 months.
  - Other severe PCM: (E43) (HCC) - >5% in 1 month, 7.5% in 3 months.
    - Use abnormal labs, like albumin and prealbumin, to support PCM diagnosis.

HCC Documentation Examples:

Condition: Diabetes with Hyperglycemia (E11.65)
Best Practice Documentation: Due to Mr. Smith's diabetes with hyperglycemia, insulin will be increased and a referral will be made to a registered dietitian.

- **Unsupported Documentation:** Uncontrolled diabetes, will increase insulin.
  Explanation: Uncontrolled could mean *either* high or low blood sugar levels.

Condition: Prostate Cancer (C61)
Best Practice Documentation: Prostate cancer – no active treatment. Mr. Smith is frail and of advanced age with multiple comorbidities The goal is to keep Mr. Smith comfortable and pain free.

- **Unsupported Documentation:** History of prostate cancer – no current treatment.
  Explanation: "History of" implies that the cancer is resolved. No treatment further supports the idea that the cancer is historical. Cancer may be reported as active without treatment when the cancer persists and there is an explanation for the absence of treatment (like advanced age with multiple comorbidities) documented.

Condition: Sick Sinus Syndrome (I49.5)
Best Practice Documentation: SSS managed by pacemaker.

- **Unsupported Documentation:** History of SSS, symptoms resolved due to pacemaker.
  Explanation: A pacemaker is not a cure for SSS, and without the device SSS symptoms would persist. "History of" incorrectly implies that the condition no longer persists.

Contacts and Resources

Send questions to CodingCounts@HealthAlliance.org.
HCC Coding Resources: https://provider.healthalliance.org/coding-counts/
Professional Coding Resources: https://carle.sharepoint.com/sites/click-him/SitePages/PROFESSIONAL-FEES-CODING-AND-AUDITING.aspx