CMS v24 vs v28, Coding Audits, Supplemental File

*Please note-this presentation is being live recorded

Risk Adjustment Programs for
Provider Engagement and Education
2024

Housekeeping

This Presentation will be available on the Blue Cross NC Provider's Risk Adjustment webpage for educational purposes only.

Please submit questions in the Q&A box OR to our shared mailbox:

BCBSNCRiskAdj@bcbsnc.com

Question responses will be emailed to you after the Webinar.

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Disclaimer

This presentation is intended for both physicians and office staff. The information contained in this presentation and responses to the questions are not intended to serve as official coding or legal advice.

All Coding should be considered case by case basis and should be supported by medical necessity and the appropriate documentation reflected within the medical record.

Risk Adjustment Provider Engagement and Education Team

Kira Cheek
CPC,CRC
Risk Adjustment Management Associate

Dominique Brown
LPN, MBA, MHA, CSM®
Clinical Risk Management Analyst

Laura Shelton
Risk Adjustment Management Associate

Trish Burns
RN, BA
Clinical Risk Management Analyst

Jacqueline Duncan
BA, LPN, CPC, CRC, COBGC
Clinical Risk Management Analyst

Tracey Cox
RN, CPC, CRC
Clinical Risk Management Analyst

Objectives

After this webinar participants will be able to:

- ✓ Understand some of the changes with CMS v28 vs v24
- ✓ Understand the process that BCNC uses for Risk Supplemental file exchange
- ✓ Understand BCBSNC Risk Coding Audits. How to get ahead of it

On a scale from 1-5:
How well do you understand CMS v28 changes?

1	2	3	4	5
Extremely Well	Somewhat Well	Neutral	Somewhat Not Well	Extremely Not Well

Why did v28 happen?

When CMS created the v24 risk adjustment model they created it with ICD-9-CM claims coding data.

Every year CMS performs a model calibration

When preparing for 2024 calibrations it was decided that the ICD-10-CM coded claims was sufficiently stable to predict future case expenditures

This led CMS to clinically reclassify the model from ICD-9-CM based foundation to ICD-10-CM based foundation for calendar year 2024

3-year model blend

PY 2024

- 2023 dates of service
- Codes from both models are in use
- 67% v24 and 33% v28

PY2025

- 2024 dates of service
- Codes from both models are in use
- 33% v24 and 67%v28

PY2026

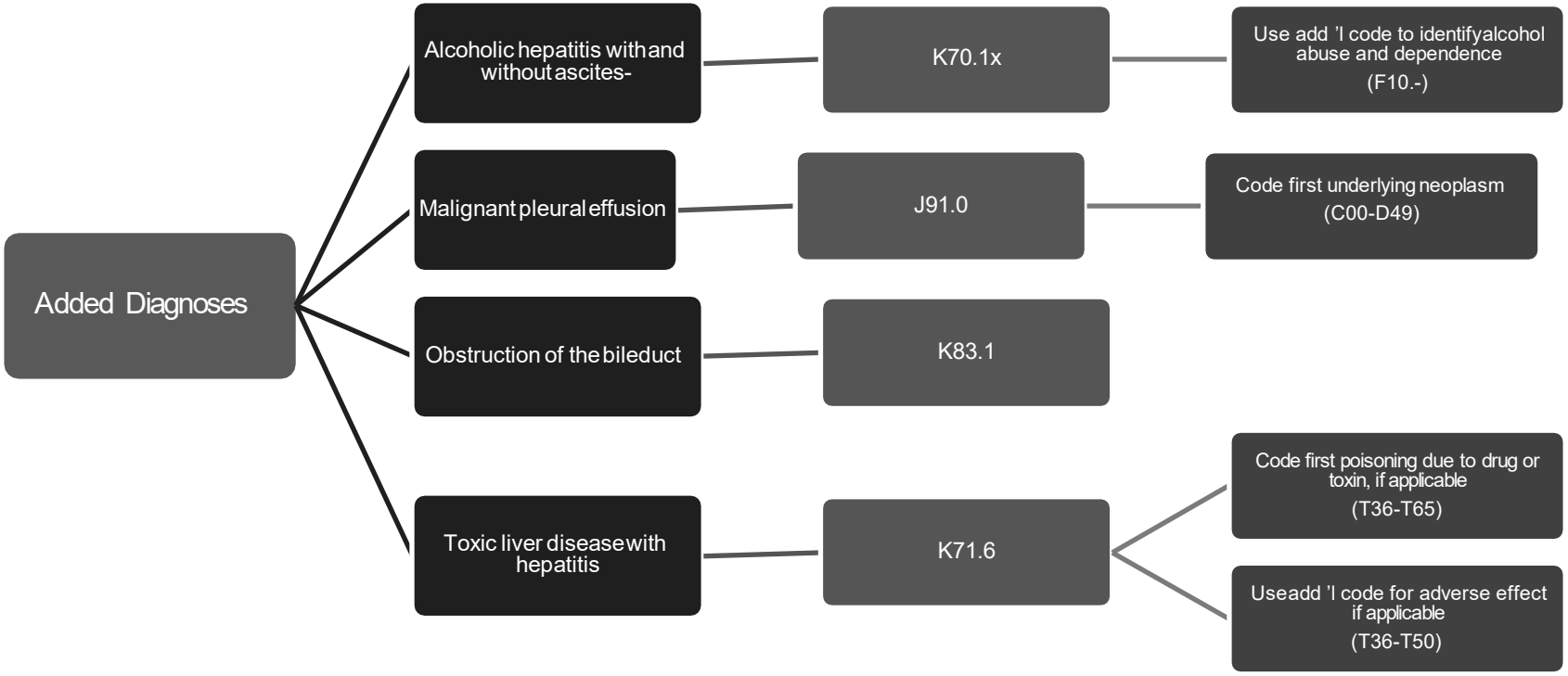
- 2025 dates of service
- Codes from v28 only are in use
- 100% v28

Notable New Conditions v28

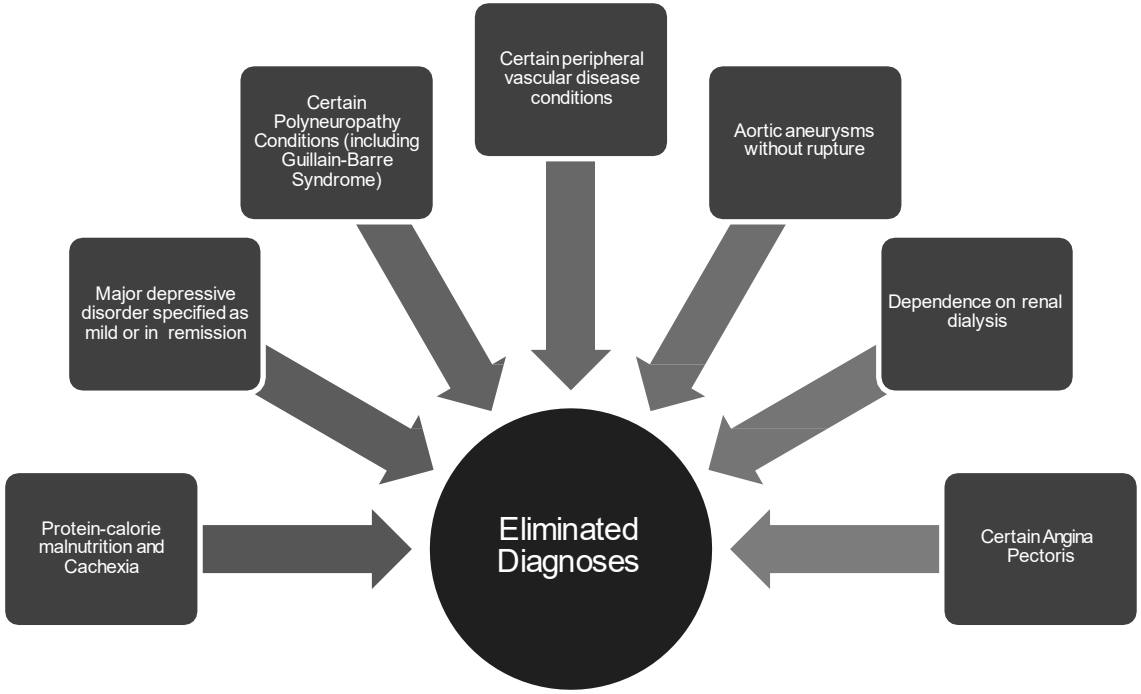
268 codes were added to the V28 model → 40% are not prevalent in the Medicare population → (e.g., newborn and pediatric codes).

Anorexia Nervosa	Bulimia Nervosa	Severe Persistent Asthma	Presence of Artificial Leg(s)
F50.0x	F50.2	J45.5x	Z97.13, Z97.14, Z97.16

Quick Reference of Notable Changes v28



Quick Reference of Notable Changes v28



These conditions risk adjust in v24, and do not risk adjust in v28.

Opportunities for Improved Specificity

Opportunities for Improved Specificity

- Major Depression | Suicide Attempts
- Dementia
- Asthma | COPD
- Phantom Limb Syndrome | Amputations
- Cancer
- Diabetic Conditions
- Kidney Disease

Major Depression

Diagnosis Codes	HCC-v24	HCC-v28
F32.0-F32.5 ; F32.9 (Single Episode) F33-F33.9 (Recurrent Episode)	59-all	152,155

When documenting Major Depression include:

- Severity-Severe, Mild
- Frequency-Single Episode, Recurring Episode
- Psychotic Symptoms-present or absent
- Remission-Full, Partial, Not in Remission

Major depressive disorders below will no longer Risk Adjust:

- A single episode, mild in partial or full remission
- A recurrent episode, mild, in partial or full remission or unspecified

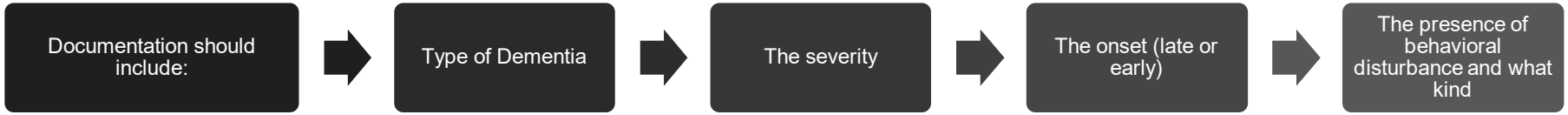
Suicide Attempts

The patient's healthcare team need to be aware of the frequency and history of suicide attempts.

Condition	ICD-10	V24 HCC	V28 HCC
Suicide attempt, initial encounter	T14.91XA	59	155
Suicide attempt, subsequent encounter	T14.91XD	59	None
Suicide attempt, sequela	T14.91XS	59	None
Personal history of suicidal behavior	Z91.51	None	None

Dementia

V28 includes expanded dementia ICD-10 codes to reflect dementia severity and associated behavioral disorders.



Condition	ICD-10 Code	HCC-v24	HCC-v28
Dementia (multiple)	Multiple	51,52,54	125,126,127,135,136

Scenario

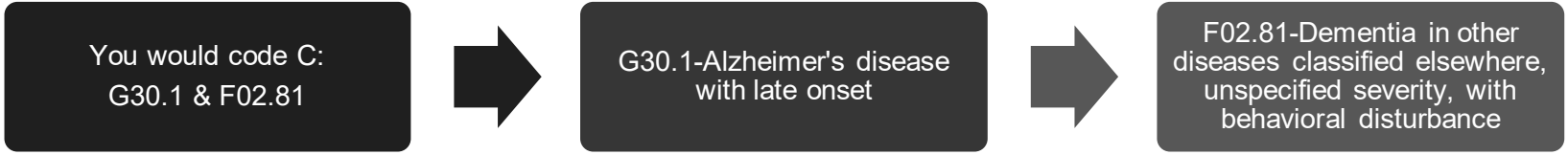
What would you code?

84 y.o female

Assessment plan:

Late onset Alzheimer's disease with behavioral disturbance (CMS-HCC)

_Continue to have ongoing progressive challenges with cognition and memory. Family support remains excellent. Discussed options including referral to neurology, starting donepezil versus memantine etc. Patient politely declines for now.



Asthma

documenting and reporting asthma severity (intermittent, persistent-mild, persistent-moderate, persistent-severe) is imperative in V28.

Condition	ICD-10 Code	HCC-v24	HCC-v28
Severe persistent asthma, uncomplicated	J45.50	None	279
Severe persistent asthma with (acute) exacerbation	J45.51	None	279
Severe persistent asthma with status asthmaticus	J45.52	None	279

Chronic Obstructive Pulmonary Disease

A patient's COPD may be controlled and remain stable, but should still be assessed & reported annually, at minimum.

Condition	ICD 10 Code	HCC-v24	HCC-v28
Chronic obstructive pulmonary disease with (acute) lower respiratory infection	J44.0	111	280
Chronic obstructive pulmonary disease with (acute) exacerbation	J44.1	111	280
Chronic obstructive pulmonary disease, unspecified	J44.9	111	280

When documenting a code from J44.0 you will need to also include the infection

Include any oxygen use when coding a patient with COPD

Scenario

What would you code?

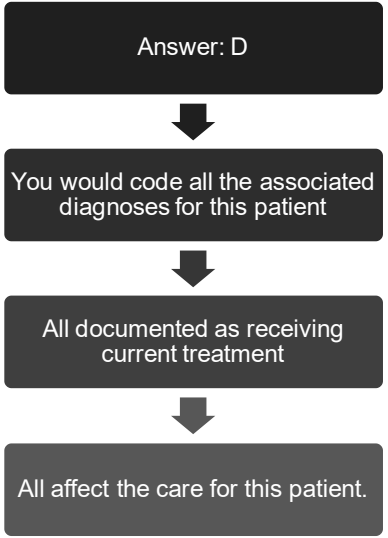
History of Present Illness:

1. Allergic rhinitis
Current without significant symptoms. Remains on Astelin nasal spray and Atrovent nasal spray which seemed to help. No pain pressure or sinus purulence. No epistaxis. No fever or chills. Currently feels his sinuses are doing adequately

2.COPD
Current without exacerbation of breathing since last evaluation. Remains on Anoro Ellipta along with p.r.n. Albuterol. Not requiring rescue medication more than about once or twice a month at present. No nocturnal or exercise-related symptoms. No hospitalizations or escalation in therapy since last evaluation.

3.Hypoxia
Remains on supplemental nasal cannula oxygen at 2 L. Saturations currently 97% at rest. He reports maintaining saturations greater than 90% with exertion at present. Continues with portable concentrator which has helped significantly in terms of allowing him to engage in activities outside of the home.

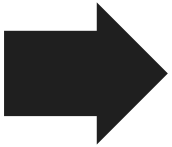
4.Pulmonary fibrosis
Pulmonary fibrosis likely static. Resume related to occupation as plumber. Mild in degree. Possible component related to chronic bronchitis. Will follow-up lung function testing in 6 months. Along with the chest x-ray to reassess.



Phantom Limb Syndrome | Amputations

Documenting phantom limb syndrome, or phantom limb syndrome w/ pain is important in V28.

When documenting or coding an amputation be sure to:



Specify site and any complications, phantom limb syndrome, or pain.

Description	ICD-10 Code	HCC-v24	HCC-v28
Acquired absence of **x** toe	Z89.4xx	189	None
Phantom limb syndrome with pain	G54.6	189	409
Phantom limb syndrome without pain	G54.7	189	409

Cancer

- ✓ Documentation should include if the condition has not achieved remission, in remission, or in relapse.
- ✓ Also, these patients frequently have stem cell transplants, do not forget to include that in your coding.

Condition	ICD-10 Code	HCC-v24	HCC-v28
Multiple Metastatic Codes	Multiple	Multiple	Multiple
Myelodysplastic disease, not elsewhere classified	C94.6	48	19
Multiple myeloma not having achieved remission	C90.00	9	19
Multiple myeloma in remission	C90.01	9	19
Multiple myeloma in relapse	C90.02	9	19

Blue Cross NC Internal Data Integrity Audit for Cancer Diagnoses

Cancer	Unsupported Diagnoses	HCCs Unsupported
Prostate	871	660
Breast	661	478
Colon	167	127
Lung	149	106
Total	**1,848**	**1,371**

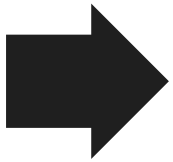
Diabetic Conditions

Diabetes codes with unspecified complications or complications related to blood sugar were moved to one coefficient, and drug-induced diabetes codes removed from the model

New HCC code 298 created for diabetic eye disease and other eye-related issues.

Condition	ICD-10 Code	HCC-v24	HCC-v28
Multiple Conditions	Multiple Affected	17,18,19,23,106,108,122,161	36,37,38,263,298,383

Document diabetes type (type 1 or type 2)



Explicitly document causal relationships between diabetes and the diabetic complication/manifestation using words like diabetic, due to, secondary to, related to, etc.

Scenario

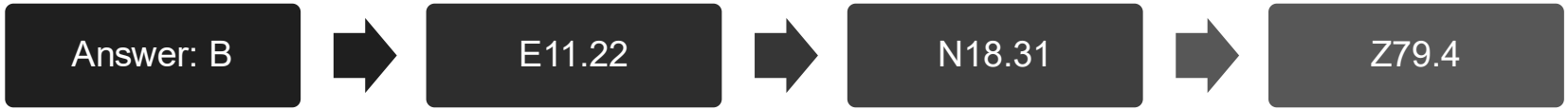
What would you code?

Assessment / Plan:

Patient was seen today for follow up on medical concerns.

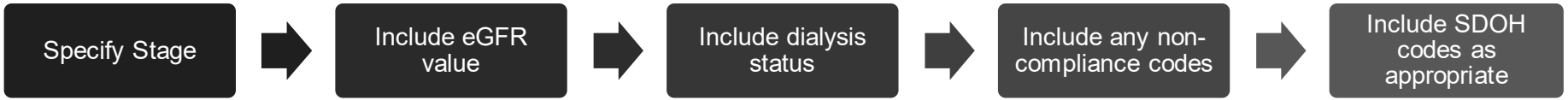
Diagnoses and all orders for this visit:
Type 2 diabetes mellitus with stage 3e chronic kidney disease, with long-term current use of insulin (CMS-HCC)

Assessment & Plan:
Control improving, continue current treatment. Continue to monitor blood sugar. He will notify office if he continues to have elevated blood sugars in the evening. Encouraged to limit sweet intake and follow low carbohydrate diet. Encouraged regular exercise (150 minutes weekly). Routine eye care and daily foot checks. He is scheduling an eye exam, will obtain copy.



Kidney Disease

Condition	ICD-10 Code	HCC-v24	HCC-v28
Dependence on renal dialysis	Z99.2	134	None
Chronic Kidney Disease, Stage 3-5	N18.3x-N18.5	136-138	326-329



Scenario

What would you code?

Assessment:
Problem / Dx:

- **Diagnosis of Gastro-esophageal reflux disease w/o esophagitis. Assessment: Stable**
- **Diagnosis of Type II DM with diabetic neuropathy, unspecified. Assessment: Stable**
- **Diagnosis of Essential (Primary) hypertension Assessment: Stable**
- **Diagnosis of Mixed hyperlipidemia Assessment: Stable**
- **Diagnosis of End stage renal disease Assessment: Stable**
- **Diagnosis of Dependence on renal dialysis Assessment: Stable**

Answer: → A- you will code both diagnoses → End Stage Renal Disease; Dependence on Renal Dialysis receives active treatment

Best Risk Coding Practices

High Quality Patient & Provider Connections

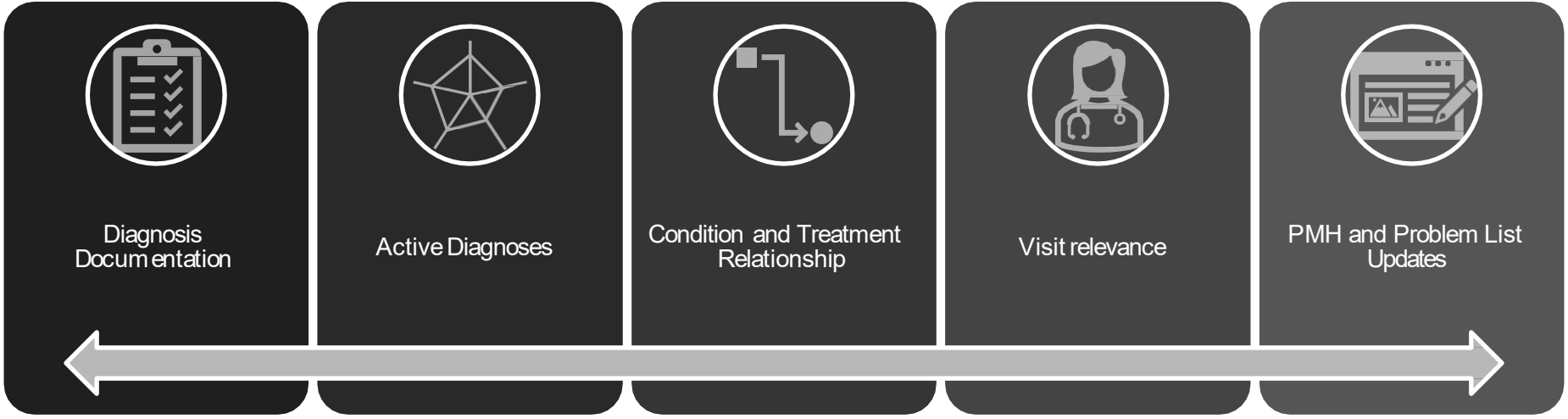
Pre-Visit Planning Process & Purpose

Gathering & analyzing notes before a patient's visit: → Prior diagnoses → History of hospitalizations & procedures → Laboratory results → Current medications

Purpose:

- Review risk profile
- Identify potential risks
- Adverse events

Focus on Best Practice



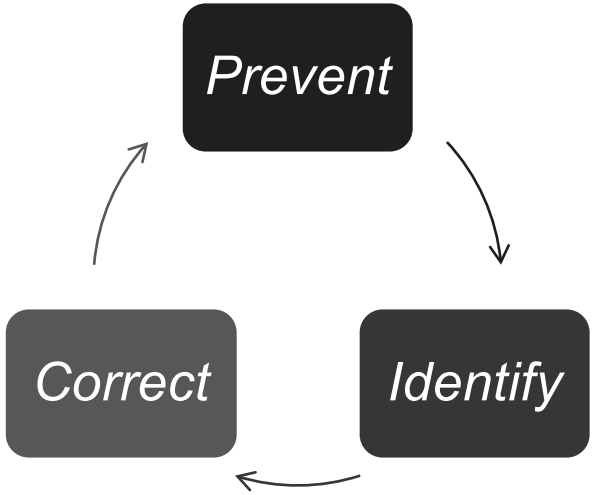
High-quality patient-provider connections → Accurate medical documentation and coding → Complete and accurate claim submissions

Coding Audits

Coding Audits Overview

Why do we perform coding audits?

- ✓ *BCNC is mandated to ensure the Risk Adjustment Data submitted to CMS is complete, truthful and accurate.*
- ✓ Data Integrity audits ensure that all CMS and coding guidelines and regulations are being followed
- ✓ **Your Provider Education & Engagement is here to help your group to improve Provider coding quality by offering targeted Provider Education.**



Data Integrity Audits

✓ Performed to ensure the accuracy of MA and ACA CMS Risk Adjustment Data Submissions.

Per the OIG:

High-Risk Group	Total	Errors	Error %
Acute stroke	945	908	96%
Acute heart attack	791	751	95%
Embolism	754	593	79%
Lung cancer	391	345	88%
Breast cancer	390	373	96%
Colon cancer	390	368	94%
Prostate cancer	360	322	89%
Potentially mis-keyed diagnosis codes	522	421	81%
Totals	**4,543**	**4,081**	**90%**

*https://oig.hhs.gov/oas/reports/region7/72301213.pdf

Blue Cross NC Data Integrity Audit Findings:

Condition	Unsupported Diagnoses	HCCs Unsupported
Cancer	1854	1369
Embolism & DVT	468	378
Stroke & Heart Attack	1146	916

Increase Education → Increase Accuracy → Increase Success

Coding Accuracy Audits

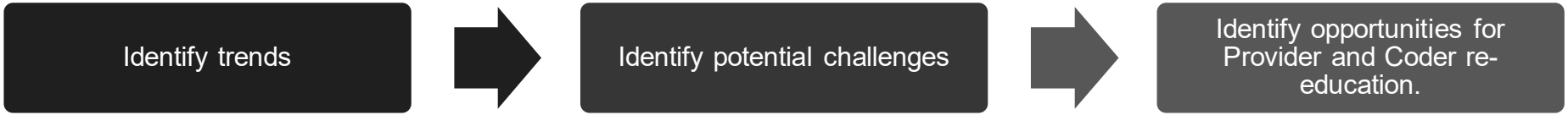
Coding Accuracy Audits

- Charts are randomly selected based on attribution.
- Results will be communicated with providers upon completion.

Educational Tools

Monthly Risk Coding Webinars

Previously recorded webinars and additional resources can be found on our external site.



BCNC is mandated to ensure the Risk Adjustment Data submitted to CMS is complete, truthful and accurate. Incorrect diagnosis codes can lead to improper payments by CMS. The goal is to prevent, identify, and correct potential noncompliance with CMS and Coding Guidelines.

Supplemental File Submissions

How can we help?

Your Risk Coding Provider Education and Engagement team is dedicated to helping provider groups improve their risk coding.

Coding resources can be created based on the needs of your group

All resources are based on the CMS Coding Guidelines

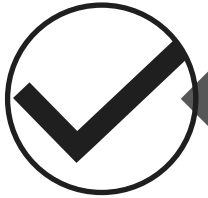
Examples of resources we offer:

- One Pagers
- Monthly Webinars
- Individualize Resources

Check out our Risk Coding website for additional coding resources!

Conclusion

Blue Cross NC is happy to share this information related to the CMS model changes.



Blue Cross NC continues to encourage complete and accurate ICD-10 coding of our Members. Please continue to code the condition for each patient based on the Provider assessment and diagnosis. v28 is a change to the model, not the condition a patient has.

https://www.cms.gov/

For all Risk Coding Education inquiries or requests, please email our team at: BCBSNCRiskAdj@bcbsnc.com

Thank You

References

- Toolkit: To Help Decrease Improper Payments in Medicare Advantage Through the Identification of High-Risk Diagnosis Codes (hhs.gov)
- CMS HCC Model V28 & the Impact on Risk Adjustment Education Programs-Rise Southwest
- https://www.encoderprofp.com/epro4payers/index.jsp
- CMS.gov