



brand new day
HEALTHCARE YOU CAN FEEL GOOD ABOUT



Monthly Risk Adjustment Webinar

Presented by Bright HealthCare

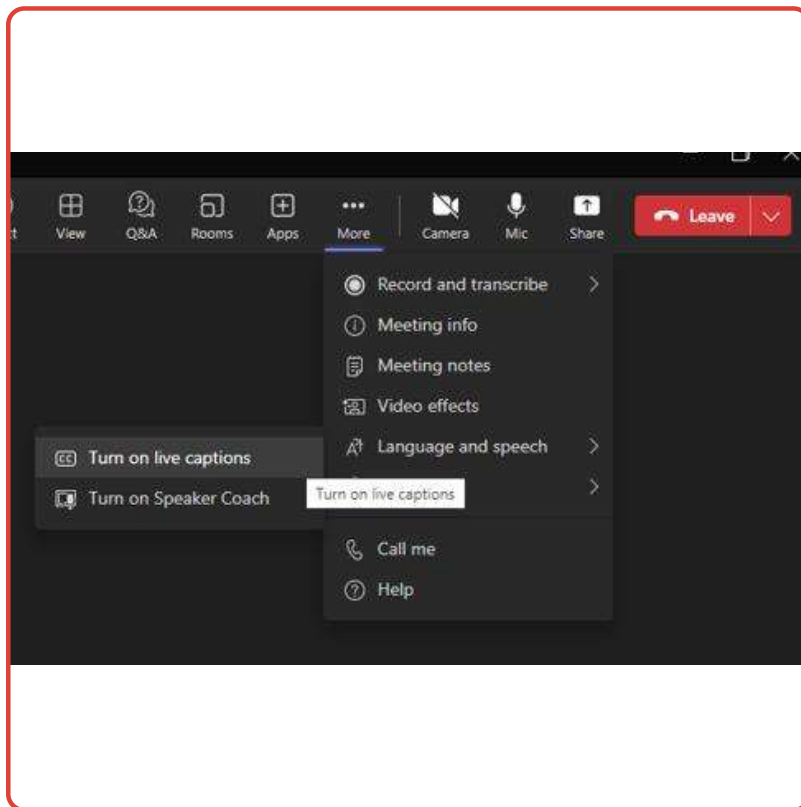
Welcome! We will get started shortly.

Each month's webinar slide deck & recording will be posted to **Healthcare Provider Home | Brand New Day HMO** (bndhmo.com) for on-demand access!

AAPC CEU certificates will be shared after the webinar via email.

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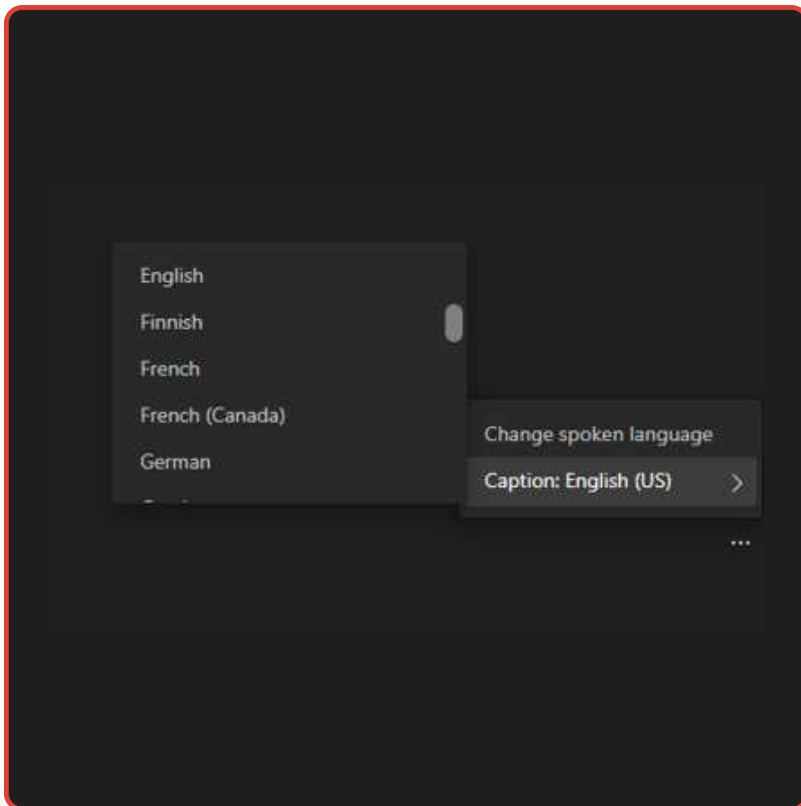
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Common Coding & Documentation Pitfalls

- Agenda -

- 1 Diabetes
- 2 Chronic Kidney Disease
- 3 Morbid Obesity



Diabetes Documentation & Coding Tips



Explicitly document diabetes complications

Use words like 'diabetic', 'due to', 'secondary to' in the assessment & plan to illustrate causal relationship.



Assign codes for all complications

Some diabetes combination codes don't fully capture complications so extra codes may be needed.



Ensure documentation is consistent

Include clinical indicators that support the final diagnosis or diagnoses.

Proper documentation and coding of diabetes and related complications is critical for continuity of care, care management programs, accurate resource allocation, and more.

Coding for diabetes and diabetic complications

Diabetes code categories and combination codes

The diabetes mellitus codes include combination codes that represent:

- The type of diabetes mellitus
- The body system(s) affected
- The complications affecting the body system(s)

When coding diabetes mellitus, coders should use as many codes from categories E08-E13 as necessary to describe all of the complications and associated conditions of the disease. These categories are listed below:

E08	Diabetes mellitus due to an underlying condition
E09	Drug or alcohol-induced diabetes mellitus
E10	Type 1 diabetes mellitus
E11	Type 2 diabetes mellitus
E13	Other specified diabetes mellitus

Diabetic complications

Assign as many codes as necessary to describe all documented diabetic complications. Although most ICD-10 diabetes mellitus combination codes include manifestations, some combination codes require an additional code to identify the manifestation completely.

Example: Patient has type 1 diabetes with right foot ulcer and diabetic chronic kidney disease stage 4. Below is the correct coding for this patient's conditions:

E10.621	Type 1 diabetes with foot ulcer
L97.519	Non-pressure chronic ulcer of other part of right foot with unspecified severity
E10.22	Type 1 diabetes mellitus with diabetic chronic kidney disease
N18.4	Chronic kidney disease, stage 4 (severe)

Diabetes with long-term insulin use

Long-term insulin use (Z79.4) should be documented and coded if applicable. Exception: Do not add Z79.4 with type 1 diabetes mellitus codes, as type 1 diabetes is inherently an insulin-dependent disease.

Example: Patient has type 2 diabetes mellitus. The patient also takes insulin daily. Below is the correct coding for this patient's conditions:

E11.9	Type 2 diabetes mellitus, uncomplicated
Z79.4	Long term (current) use of insulin

Utilize "DSP"



Diagnosis

Patient has chronic kidney disease stage 3a due to type 2 DM.



Status

GFR is stable on most recent labs. Blood sugars are in acceptable range.



Plan

Continue oral hypoglycemic drug.

Utilize "DSP"



Diagnosis

Patient has chronic kidney disease stage 3a due to type 2 DM.



Status

GFR is stable on most recent labs. Blood sugars are in acceptable range.



Plan

Continue oral hypoglycemic drug.

Type 2 diabetes mellitus with diabetic chronic kidney disease [E11.22], Chronic kidney disease, stage 3a [N18.31], Long term (current) use of oral hypoglycemic drugs [Z79.84]

Chronic Kidney Disease Coding & Documentation Tips



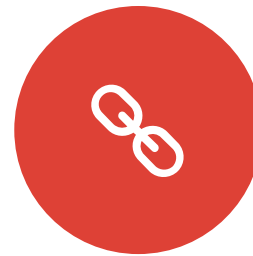
Document current CKD severity/stage

Specify the current stage of chronic kidney disease for the patient based on eGFR.



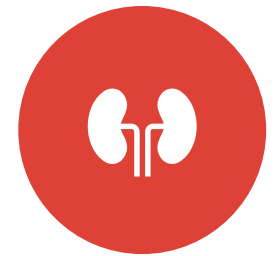
Document co-morbidities

Note any other conditions the patient has that may affect their kidney disease, such as diabetes or hypertension.



Properly assign combination codes

Use additional coding as needed to capture multiple associated conditions.



Document dialysis status

If the patient is on dialysis, specify the type and frequency.

Proper documentation and coding of chronic kidney disease is critical for continuity of care, care management programs, accurate resource allocation, and more.

Coding for CKD and CKD comorbidities

Coding CKD severity

If documentation identifies CKD severity using "mild," "moderate," or "severe" instead of a stage, coders may assign the corresponding stage, using the crosswalk information below:

- Mild → stage 2
- Moderate → stage 3
- Severe → stage 4

Hypertensive CKD

Assign the appropriate code from category I12, hypertensive chronic kidney disease, when there is documentation of both hypertension and CKD. Exception: CKD should not be coded as hypertensive if the provider documents that the CKD is not related to the hypertension.

Example: Pt has stage 5 CKD and hypertension. Below is the correct coding for this patient's conditions:

I12.0	Hypertensive chronic kidney disease with stage 5 CKD or ESRD
N18.5	Chronic kidney disease, stage 5

Hypertensive heart disease and CKD

Assign the appropriate code from combination category I13, hypertensive heart and chronic kidney disease, when there is documentation of hypertension with both heart disease and CKD. If heart failure is present, assign an additional code from category I50 to identify the type of heart failure.

Example: Pt has stage 3 CKD, hypertension, and heart failure. Below is the correct coding for this patient's conditions:

I13.0	Hypertensive heart and chronic kidney disease with heart failure and stage 1-4 CKD (or unspecified CKD)
I50.9	Heart failure, unspecified
N18.3	Chronic kidney disease, stage 3 (moderate)

CKD with dependence on renal dialysis

Dependence on renal dialysis (Z99.2) should be documented and coded if applicable. This includes documentation of any of the following:

- Hemodialysis status
- Peritoneal dialysis status
- Presence of arteriovenous shunt (for dialysis)
- Renal dialysis status, not otherwise specified

Example: Pt has type 2 diabetic CKD with end-stage renal disease on dialysis. Below is the correct coding for this patient's conditions:

E11.22	Type 2 DM with diabetic CKD
N18.6	End-stage renal disease
Z99.2	Renal dialysis status

Diagnosis codes

Code first any associated:

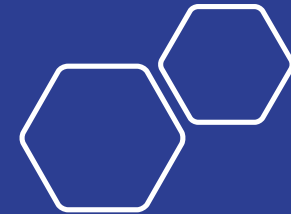
- Diabetic chronic kidney disease (E08.22, E09.22, E10.22, E11.22, E13.22)
- Hypertensive chronic kidney disease (I12.x, I13.x)

Use additional code to identify kidney transplant status, if applicable (Z94.0).

Diagnosis	Code
Chronic kidney disease, stage 1	N18.1
Chronic kidney disease, stage 2 (mild)	N18.2
Chronic kidney disease, stage 3, unspecified (moderate)	N18.30*
Chronic kidney disease, stage 3a	N18.31*
Chronic kidney disease, stage 3b	N18.32*
Chronic kidney disease, stage 4 (severe)	N18.4**
Chronic kidney disease, stage 5	N18.5**
End-stage renal disease	N18.6**
Chronic kidney disease, unspecified	N18.9

*Risk adjusts in CMS-HCC model only.

**Risk adjusts in CMS-HCC model and HHS-HCC model.



Coding Tool

Hypertension with Heart/Kidney Disease

Risk adjustment is vital to a value-based care model. It's an important factor in how practices are paid for the care they provide and in ensuring that appropriate funds are available for complex populations.

This coding guide is designed to simplify the complex coding for hypertension with heart/kidney disease and help ensure coders assign the right codes based on provider documentation.

ICD-10 guidelines: A causal relationship between hypertension and heart disease is assumed. The conditions should be coded as related (even in the absence of documentation explicitly linking them) unless the documentation clearly states the conditions are unrelated. Similarly, when both hypertension and chronic kidney disease are diagnosed, a causal relationship is assumed (in the absence of documentation of a different cause).

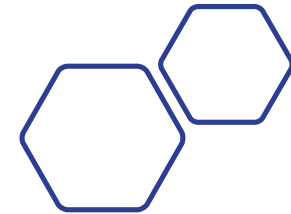
Instructions: Use the chart below to identify the appropriate combination code that accurately represents the patient's clinical health profile, based on documentation of one or more hypertension-related diagnoses. Note that asterisks indicate when an additional code is required to identify the type of heart failure, and severity of chronic kidney disease.

Hypertension	Heart disease	Heart failure	Kidney disease	ICD-10 code
Yes	No	No	No	I10, Essential (primary) hypertension
Yes	Yes	No	No	I11.9, Hypertensive heart disease without heart failure
Yes	Yes	Yes*	No	I11.0, Hypertensive heart disease with heart failure
Yes	No	No	Yes**	I12.9, Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease or unspecified chronic kidney disease
Yes	No	No	Yes**	I12.0, Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end-stage renal disease
Yes	Yes	Yes*	Yes**	I13.0, Hypertensive heart and chronic kidney disease with heart failure and with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
Yes	Yes	Yes*	Yes**	I13.2, Hypertensive heart and chronic kidney disease with heart failure with stage 5 chronic kidney disease, or end-stage renal disease
Yes	Yes	No	Yes**	I13.10, Hypertensive heart and chronic kidney disease without heart failure and with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
Yes	Yes	No	Yes**	I13.11, Hypertensive heart and chronic kidney disease without heart failure and with stage 5 chronic kidney disease, or end-stage renal disease

*Use additional code to identify type of heart failure (I50.-)

**Use additional code to identify the stage of chronic kidney disease (N18.-)

Risk adjusts in CMS-HCC model and HHS-HCC model



Utilize "DSP"



Diagnosis

Patient with anemia due to end-stage renal disease.



Status

On regular hemodialysis three times a week. Lab results show a low hemoglobin.



Plan

Referral to be evaluated for treatment with erythropoietin injections.

Utilize "DSP"



Diagnosis

Patient with anemia due to end-stage renal disease.



Status

On regular hemodialysis three times a week. Lab results show a low hemoglobin.



Plan

Referral to be evaluated for treatment with erythropoietin injections.

End stage renal disease [N18.6], Anemia in chronic kidney disease [D63.1],
Dependence on renal dialysis [Z99.2]

Morbid Obesity Documentation and Coding Tips



Document & code BMI and your clinical diagnosis.

The current BMI should be calculated and documented (can be documented by medical support staff). Use the BMI screening tool to determine level of obesity (obesity diagnosis must be documented by provider).



Document & code co-morbid conditions.

Any co-existing conditions that are associated with or exacerbated by obesity should be thoroughly documented in the medical record.

Provider Documentation: Morbid Obesity

Documentation Tips & Best Practices

Tip: Providers must document the diagnosis (i.e., morbid obesity), but BMI measurements can be documented by medical support staff.

Documentation best practices:

- Be sure to note diagnosis, in addition to BMI:
 - Obese
 - Morbidly obese
- Note any associated comorbid conditions or manifestations, such as:
 - Diabetes
 - COPD
 - Hypertension
 - Alveolar hypoventilation
- Note contributing factors:
 - Excessive calories
 - Drug-induced

BMI screening tool

BMI range	Weight classification
20.00 – 24.99	Normal range
25.00 – 29.99	Overweight
30.00 – 34.99	Obese
35.00 – 39.99 (no comorbidities)	
35.00 – 39.99 (w/ comorbidities)	Morbidly obese
≥ 40.00	

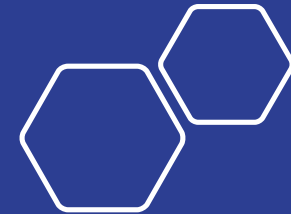
Clinical callout:

Patients with BMI 35+ with a comorbidity (including but not limited to hypertension, coronary artery disease, diabetes, COPD, etc.) meet clinical criteria for morbid obesity (NIH).

Document the diagnosis, status, and plan (DSP) in your final assessment. For example:

Diagnosis:	Status:	Plan:
Morbid obesity	70-year-old female with BMI 38 and severe obstructive sleep apnea	Continue weight loss program and use CPAP system during sleep

Your note should include **MEAT** (monitor, evaluate, assess, treat) details that specifically address your patient's conditions, as well as a comprehensive plan of care.



Utilize "DSP"



Diagnosis

Morbid obesity due to excess calories



Status

70-year-old female with BMI of 38 and severe obstructive sleep apnea.



Plan

Continue weight loss program and use CPAP system during sleep.

Utilize "DSP"



Diagnosis

Morbid obesity due to excess calories



Status

70-year-old female with BMI of 38 and severe obstructive sleep apnea.



Plan

Continue weight loss program and use CPAP system during sleep.

Morbid (severe) obesity due to excess calories [E66.01], Body mass index BMI] 38.0-38.9, adult [Z68.38], Obstructive sleep apnea [G47.33]

Today, let's talk about...

Morbid Obesity



Thank you!



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HEALTHCARE YOU CAN FEEL GOOD ABOUT

For additional resources & information, visit our risk adjustment education websites:

BND: www.bndhmo.com/providers

CHP: www.centralhealthplan.com/cpa