

CMS v24 vs v28, Coding Audits, Supplemental File

Risk Adjustment Programs for
Provider Engagement and Education
2024

*Please note-this presentation is being live recorded

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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 - Ensure your name and email are entered correctly
- Attend the event using audio and visual functions on your computer or smartphone.
 - You must be able to see and hear the presentation
 - Attend at least 75% of the event

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According to the AAPC (2024), "As outlined in the Code of Ethics, Integrity is a key element of what every profession considers appropriate ethical behavior. AAPC reserves the right to submit member accounts to the Ethics Committee if we feel false CEUs are being submitted. The end result may include revocation of credentials and membership."



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



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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
Extremely
Well

2
Somewhat
Well


3
Neutral

4
Somewhat
Not Well

5
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



F50.0x

Bulimia Nervosa



F50.2

Severe Persistent Asthma



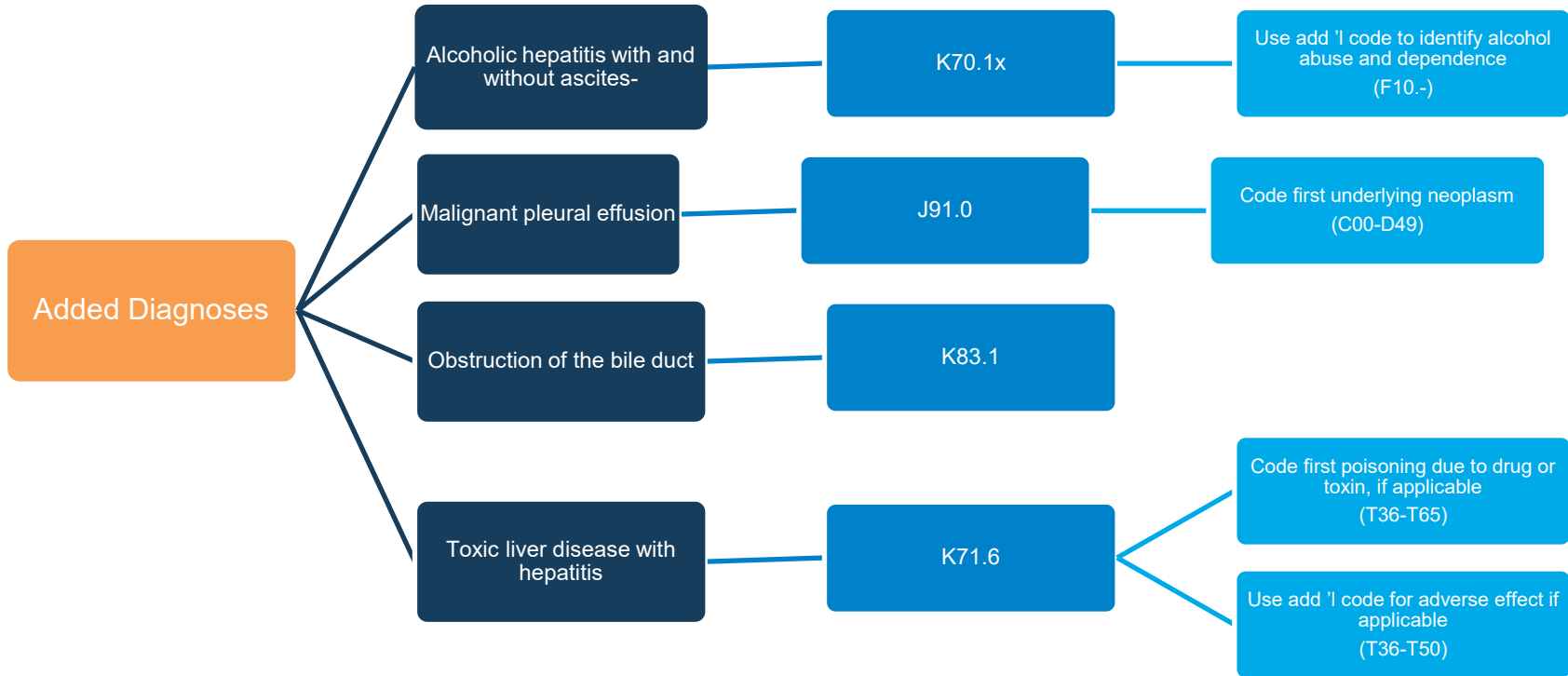
J45.5x

Presence of Artificial Leg(s)

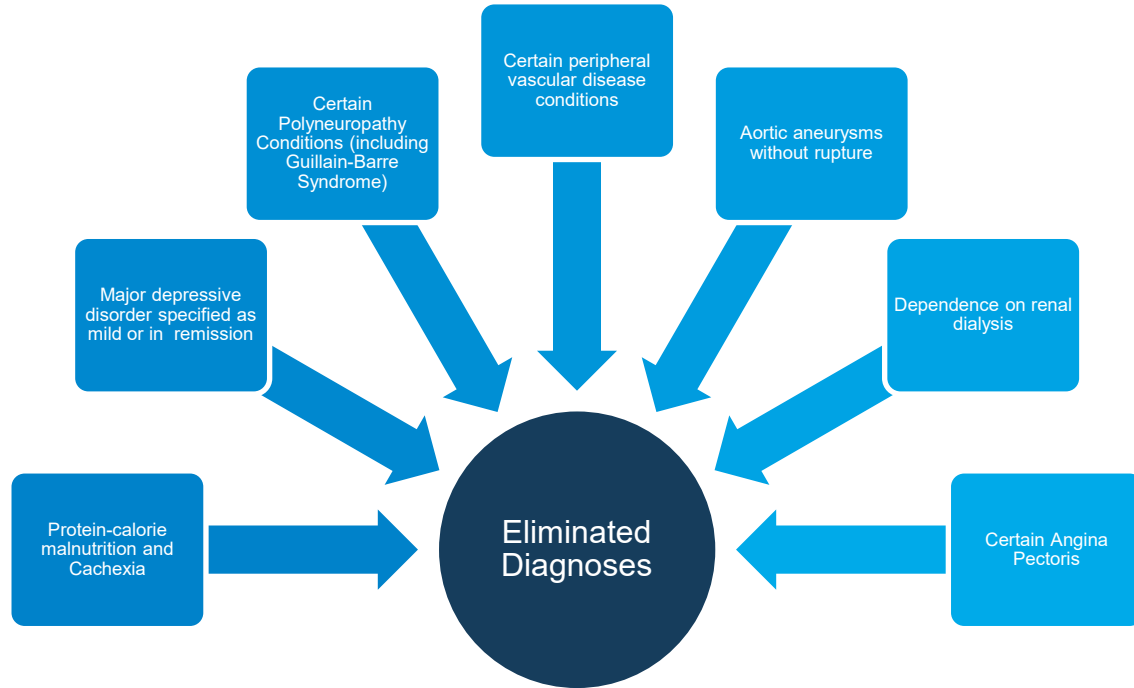


Z97.13, Z97.14,
Z97.16

Quick Reference of Notable Changes v28



Quick Reference of Notable Changes v28

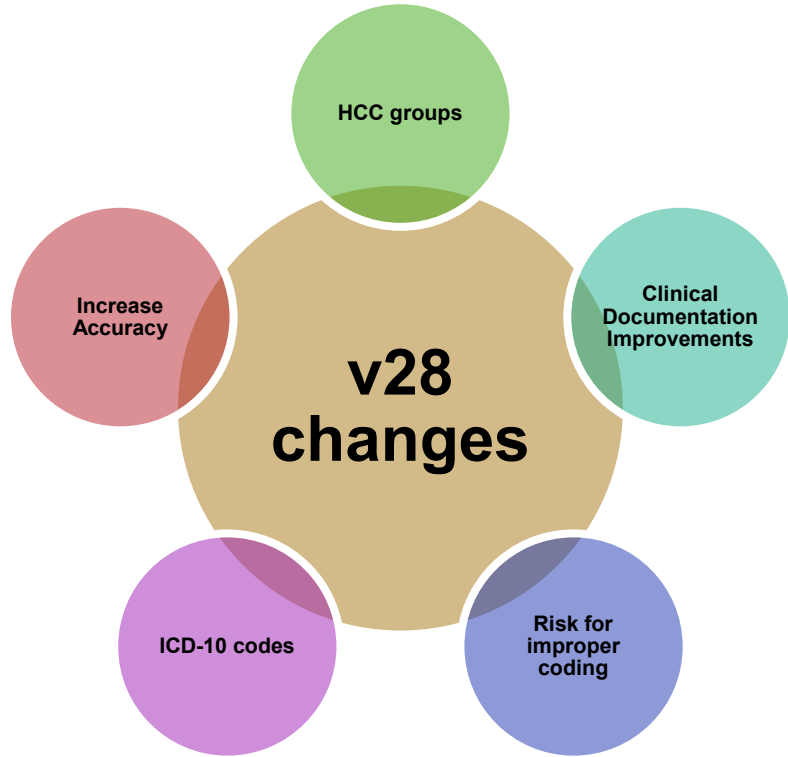


These conditions risk adjust in v24, and do not risk adjust in v28.

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:

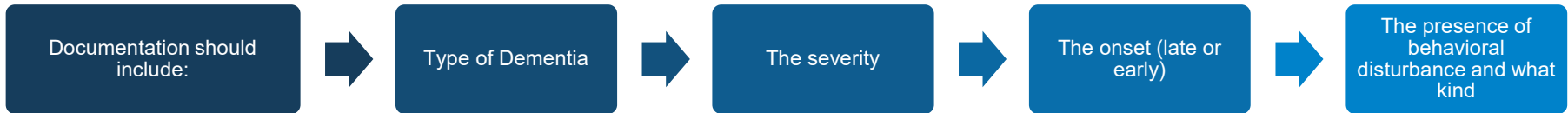
- A single episode, mild in partial or full remission
- A recurrent episode, mild, in partial or full remission or unspecified

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

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

Don't forget to code wandering if documented

Don't forget your SDOH codes if documented!

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.

You would code C:
G30.1 & F02.81



G30.1-Alzheimer's disease
with late onset



F02.81-Dementia in other
diseases classified elsewhere,
unspecified severity, with
behavioral disturbance

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

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 fevers 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 the chest x-ray to reassess

Answer: D

You would code all the associated diagnoses for this patient

All documented as receiving current treatment

All affect the care for this patient.

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

- ✓ 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

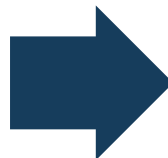
Diabetic Conditions

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.

What would you code?

Assessment/Plan:

██████████ was seen today for follow up on medical concerns.

Diagnoses and all orders for this visit:

Type 2 diabetes mellitus with stage 3a chronic kidney disease, with long-term current use of insulin (CMS-HCC)

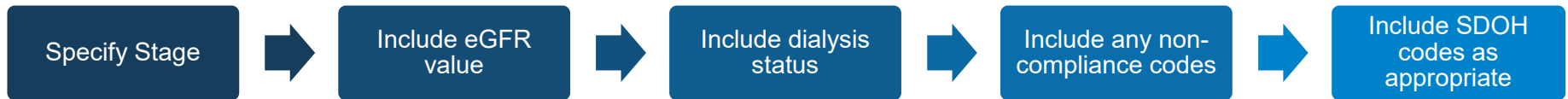
Assessment & Plan:

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



What would you code?

ASSESSMENT:

Problem/Dx:

- Diagnosis of Gastro-esophageal reflux disease without esophagitis Assessment:Stable
- Diagnosis of Type 2 diabetes mellitus 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



Purpose:

- Review risk profile
- Identify potential risks
- Adverse events



Focus on Best Practice



Diagnosis
Documentation



Active Diagnoses



Condition and Treatment
Relationship



Visit relevance



PMH and Problem List
Updates



High-quality patient-provider
connections

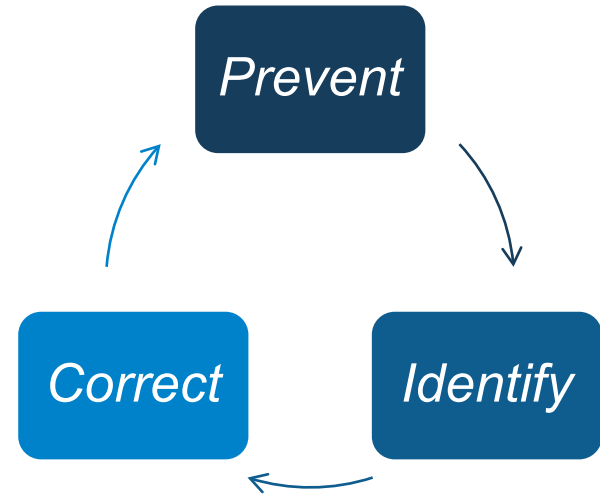
Accurate medical
documentation and coding

Complete and accurate claim
submissions

Coding Audits

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.

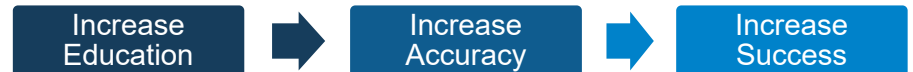
Per the OIG:

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



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](#).

Identify trends



Identify potential challenges



Identify opportunities for
Provider and Coder re-
education.

Supplemental File Submissions

Supplemental File Submissions

Options to send in additional dx codes and BCNC preferences:

Corrected Claim-preferred



Corrected Claims Filing Requirements Reminder Blue Cross NC.pdf

>12 dx codes submission



Recommendation to Submit Additional Claim for Chronic and Acute.pdf

MFT Process



MA Files-accepted through 12/31 of the year following the SY



ACA Data Submissions are accepted 10.01.23-03.31.24 for 2023 dates of service.

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 for joining our education session today!



[Link to share Feedback](#)

Thank You

- 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/epr4payers/index.jsp>
- CMS.gov