Coding for Vascular Conditions

Clinical Documentation Improvement

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Agenda

- Vascular Diseases
- The Impact on Risk Adjustment Payment Model
- ICD-10-CM Guidance
- Coding Trends
- The Role of the Provider
- Resources

Vascular Diseases

Vascular Disease

Affects circulatory system which ranges from diseases of arteries, veins, and lymph vessels to blood disorders that affect circulation

Smoking and Diabetes are common risk factors

Restricts the amount of blood that circulates through out the vessels of the extremities. With this, your skin and tissues in the extremities receive less oxygen and vital nutrients to stay healthy and heal.

Over time the main risks are stroke, heart attack, pulmonary embolism, and death

Vascular Disease

Circulatory System
Arterial and Venous

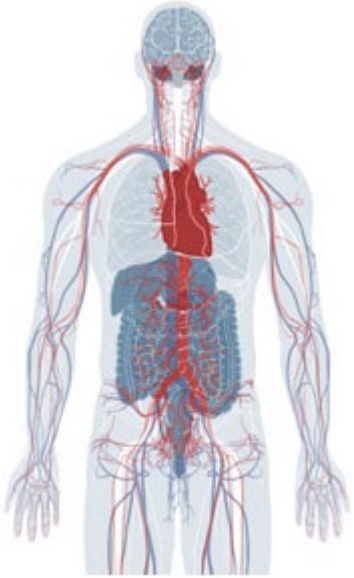


Photo credit: wwwn.cdc.gov/TSp/substances/ToxOrganListing.aspx?toxid=1

Restricted blood flow can cause:

- Inflammation – narrowing of the vessels from swelling
- Claudication – weakness, leg pain, heaviness and cramping of the muscles. Happens when active and stops (or diminishes) when at rest.
- Arteriosclerosis/Atherosclerosis – fatty deposits blocking blood vessels
- Thrombus – a clot/blockage of the blood vessel
- Ulcers – sores that heal slowly or won't heal

Prevention:

- Don't smoke
- Control blood sugar
- Regular exercise
- Maintain healthy weight
- Manage blood pressure

Peripheral Vascular Disease I73.9

- Includes
  - Intermittent Claudication
  - Peripheral Angiopathy NOS
  - Spasm of Artery
- Contains an Excludes1 Note

  Atherosclerosis of the Extremities (I70.2-I70.7-)

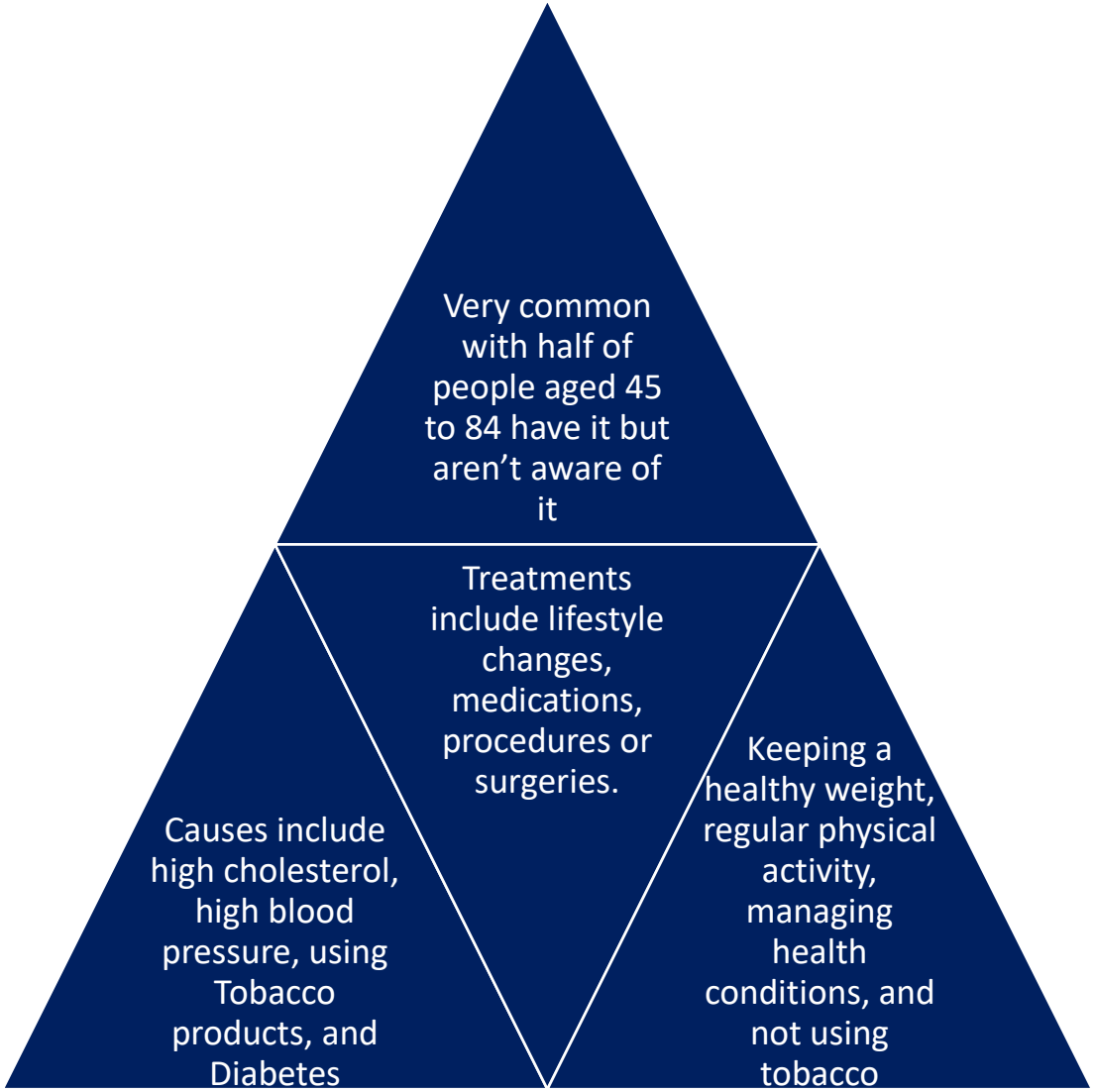
ICD-10-CM Tabular List

I73.9 Peripheral vascular disease, unspecified

Intermittent claudication
Peripheral angiopathy NOS
Spasm of artery

EXCLUDES1 atherosclerosis of the extremities (I70.2-I70.7-)

Atherosclerosis I70.xxx



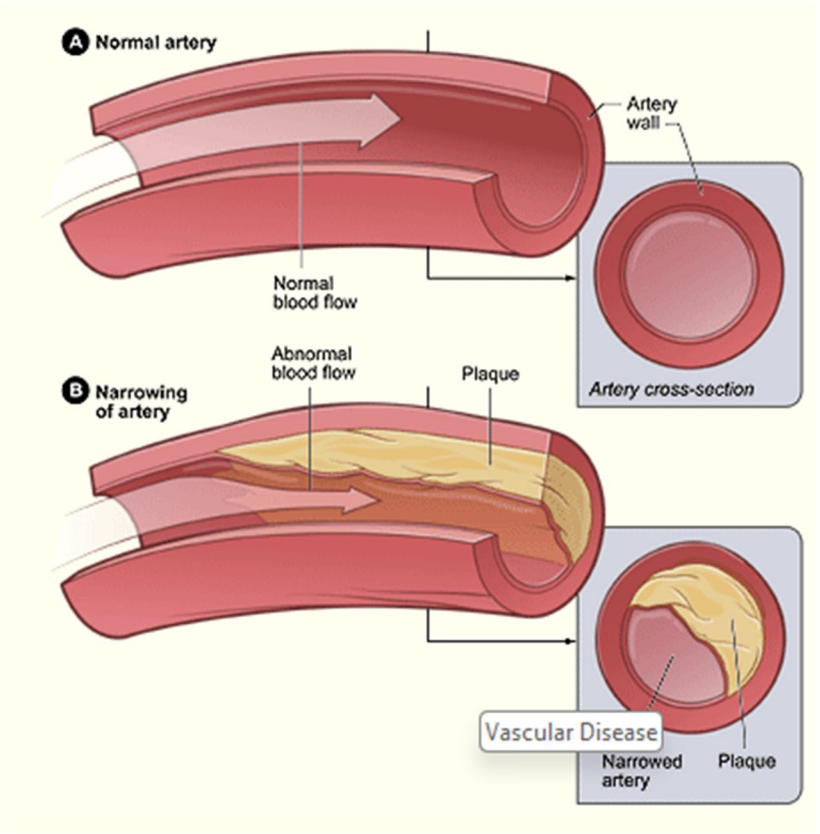
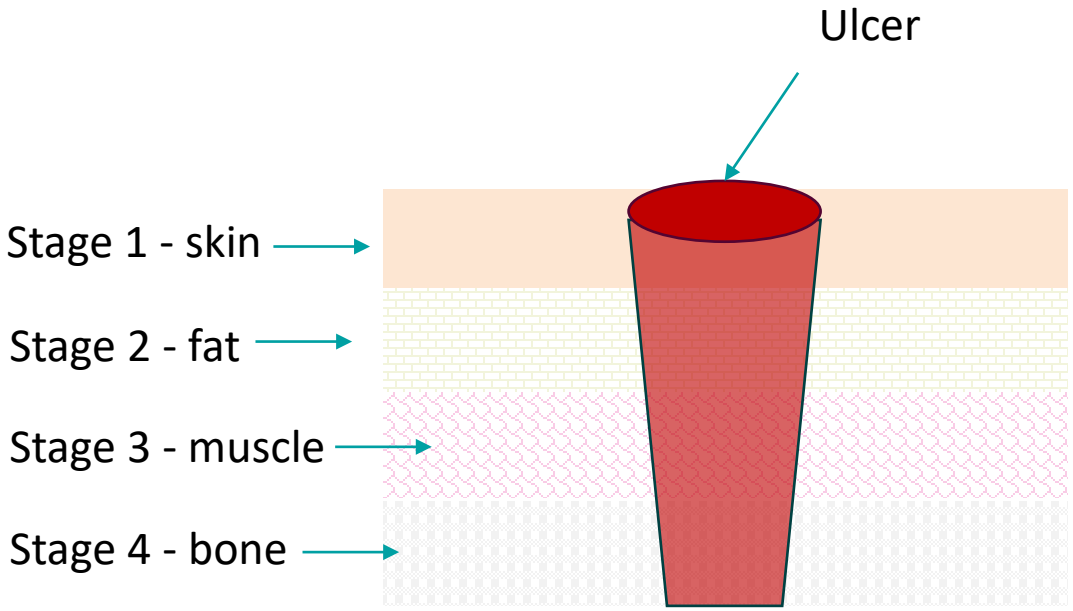


Photo credit:
https://www.nhlbi.nih.gov/health/atherosclerosis

Venous Ulcers

- Common side effect of PVD
- Do not use ‘wound’ if it is an ulcer
  - Wound is an injury that happened traumatically
  - Ulcer is a breakdown of the skin that fails to heal
- Documentation is key to ulcer coding
  - Type
  - Site
  - Laterality
  - Severity
  - Underlying Condition



Arteriosclerosis of Arteries of Extremities with Complication and Ulceration

DIAGNOSIS

Documentation for arteriosclerosis of lower extremities should include:

- ✓ **System**: Arterial or Venous
- ✓ **Vessel type**: Native or graft (autologous, non-autologous biologic, non-autologous nonbiologic)
- ✓ **Anatomic location**: include site, laterality
- ✓ **Complicating factors**: intermittent claudication, rest pain, ulceration, and gangrene
- ✓ Use additional documentation (L97.-) to report **the non-pressure ulcer:**
  - ✓ Site
  - ✓ Laterality
  - ✓ Depth

- ✓ "healing ulcers are considered as active
- ✓ "healed" ulcers are considered resolved

TEST/TREATMENT

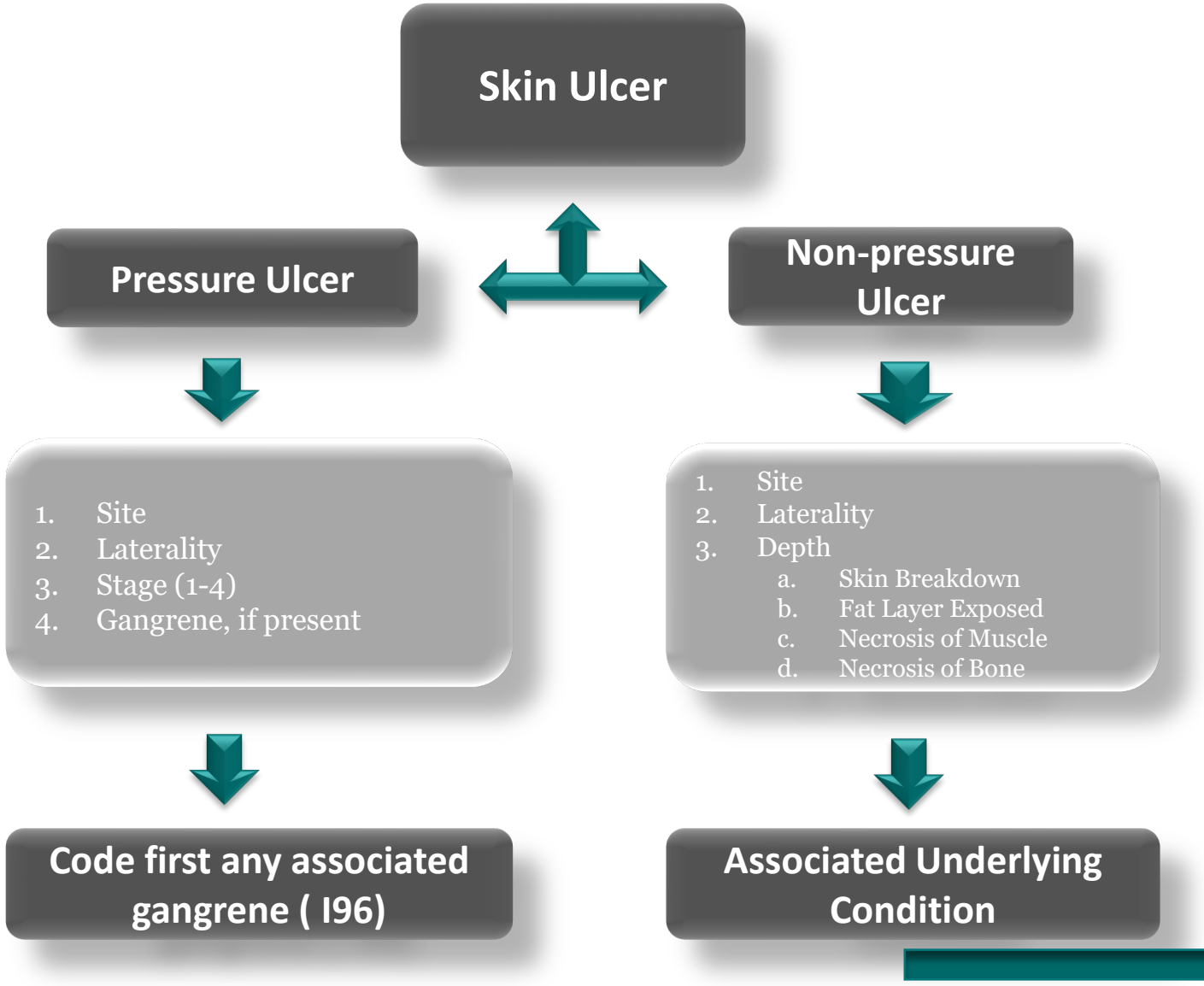
Tests

- ✓ Pressure Measurements: Ankle-Brachial Index
- ✓ Exercise Testing
- ✓ Toe Systolic Pressure Index
- ✓ Segmental Pressures and Pulse Volume Recordings
- ✓ Flow Velocity Determination
- ✓ Ultrasonic Duplex Scanning

Treatment

- ✓ Exercise Therapy (Intermittent Claudication)
- ✓ Smoking Cessation
- ✓ Drug Therapy (vasodilators, Rheologic Agents, anhydrobiotic Therapy)
- ✓ Interventional Procedures
- ✓ Wound Care

Skin Ulcers – Specificity and Combination Codes



Atherosclerosis of Lower Extremities

Ex. I70.244 Atherosclerosis of native arteries of left leg **with** ulcer of left heel and midfoot (HCC161 & HCC106) (HCC 263 AND HCC 383) and L97.429 non-pressure chronic ulcer of left heel of unspecified severity.

Diabetes

Ex. E11.621 Type 2 diabetes mellitus **with** foot ulcer (HCC18 & HCC161) (37 AND 383)

Chronic Venous Hypertension

Ex. I87.332 Chronic venous hypertension **with** ulcer and inflammation of left lower extremity (HCC107) (hcc 383)

Post-Thrombotic Syndrome

Ex. I87.032 Post-thrombotic syndrome **with** ulcer and inflammation of the left lower extremity (HCC107) (HCC 383)

Varicose Ulcer

Ex. I83.024 Varicose veins of left lower extremity **with** ulcer of heel and midfoot (HCC107) (HCC 383)

Any Associated Gangrene

Ex. I70.262 Atherosclerosis of native arteries of extremities **with** gangrene (and ulcer), left leg (HCC106) (HCC 263)

Aneurysms I71.xxx and I72.X

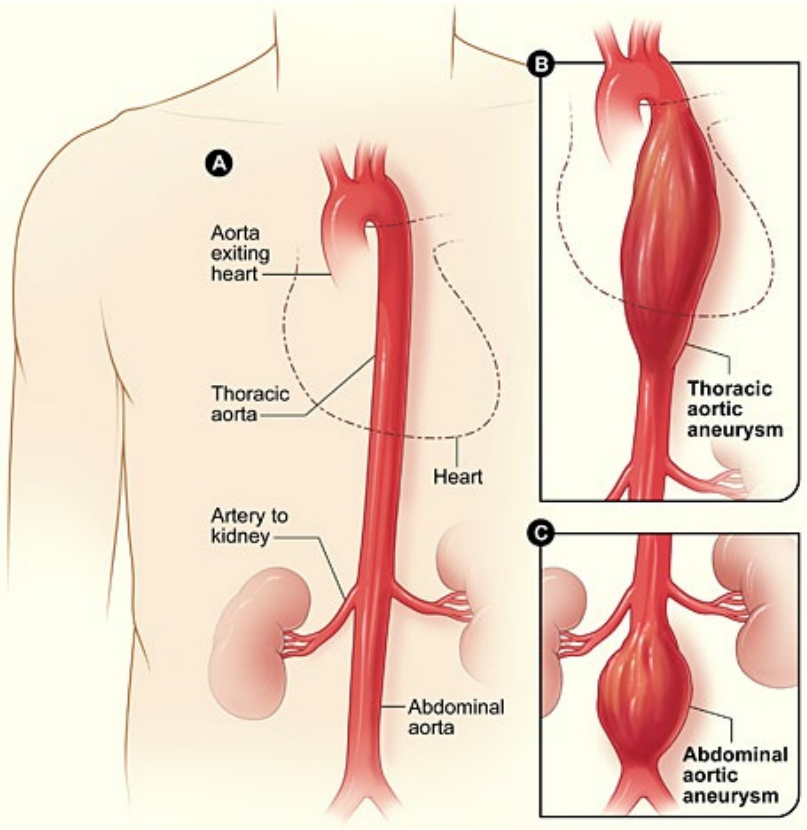


Photo credit: www.nhlbi.nih.gov/health/aortic-aneurysm

Aneurysms are an abnormal bulge in the wall of a blood vessel

Caused by Atherosclerosis, high blood pressure, injury to your aorta, and family history of aneurysms

Depending on the type, size and shape treatment can include medications or surgery.

Unruptured aneurysms are monitored closely with the goal of treatment is to prevent the aneurysm from bursting,

Aneurysms

Documentation / Coding Tips

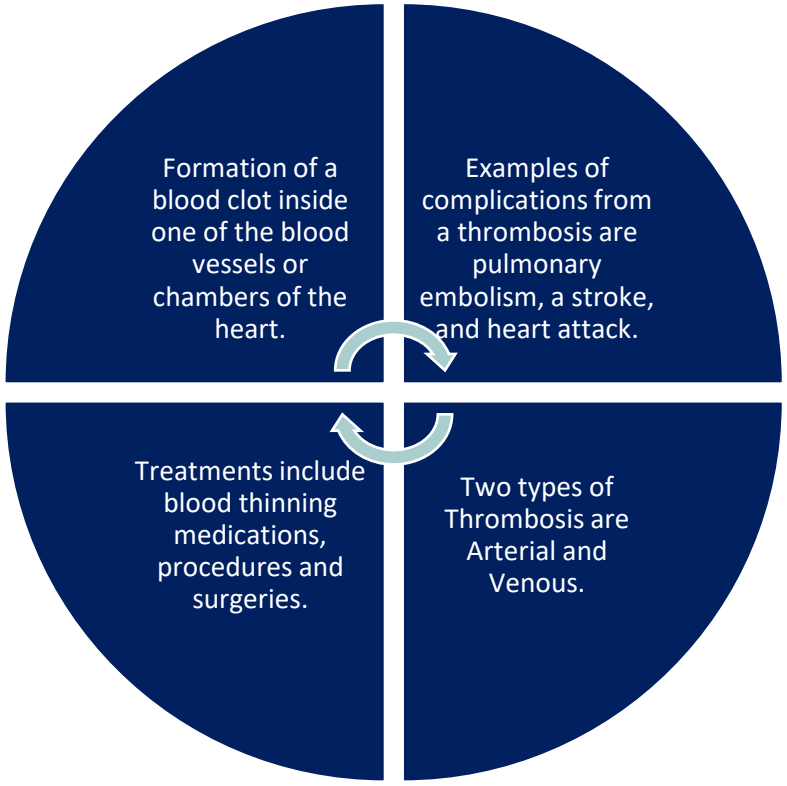
Coding Tips:

- Use the current year of ICD-10-CM book(updates every October 1) for accurate coding assignment
- Careful review all code first, excludes 1 and 2 notes in the tabular list before selecting a code

Documentation Tips:

- Must specify the type, location, size, whether rupture has occurred, and if it has been repaired
  - History of Surgical Repair – Z86.79
  - Aortic (Aorta) Aneurysm – I71.xx
  - Other Aneurysm – I72.xx (include laterality as applicable)
- Detail is needed, coders can not make assumptions documentation must be clear, concise, and complete

Embolism and Thrombosis



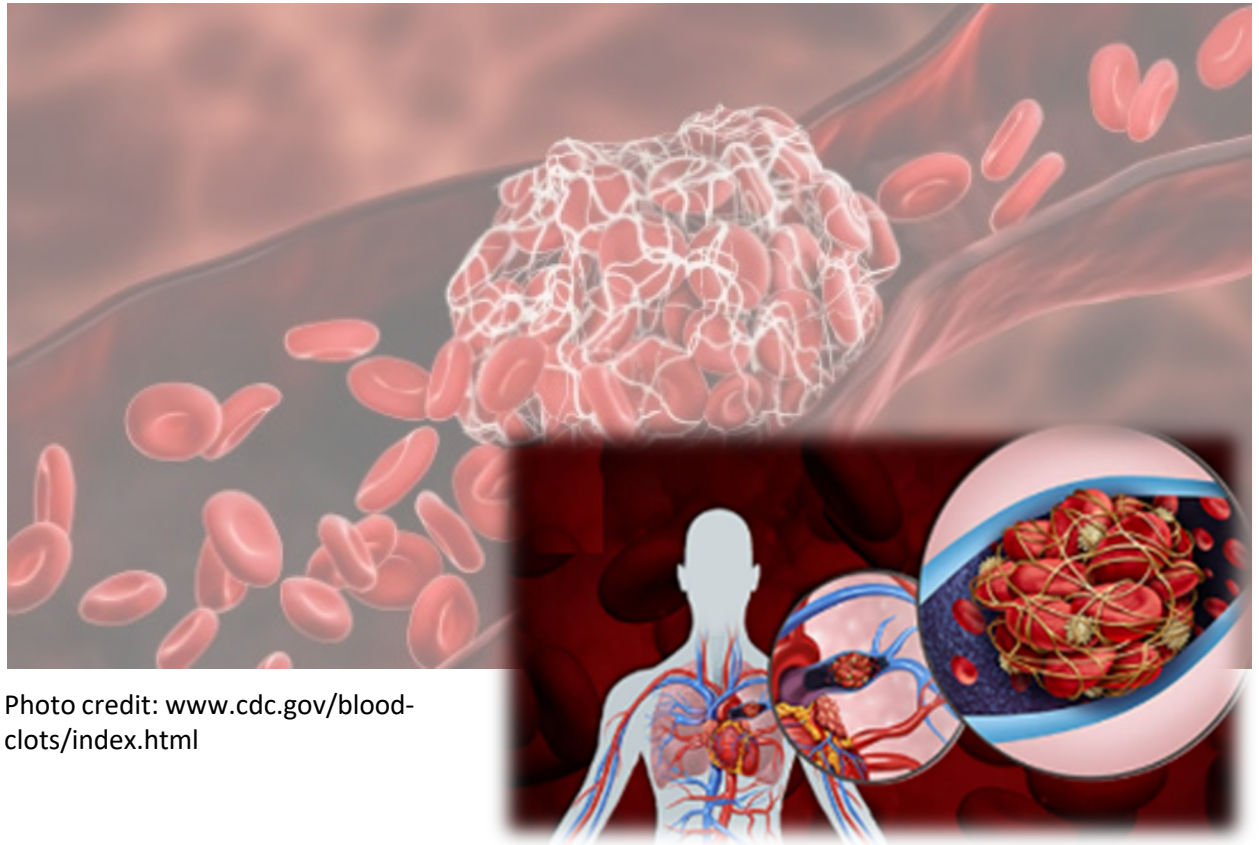


Photo credit: www.cdc.gov/blood-clots/index.html

Embolism and Thrombosis

Documentation / Coding Tips

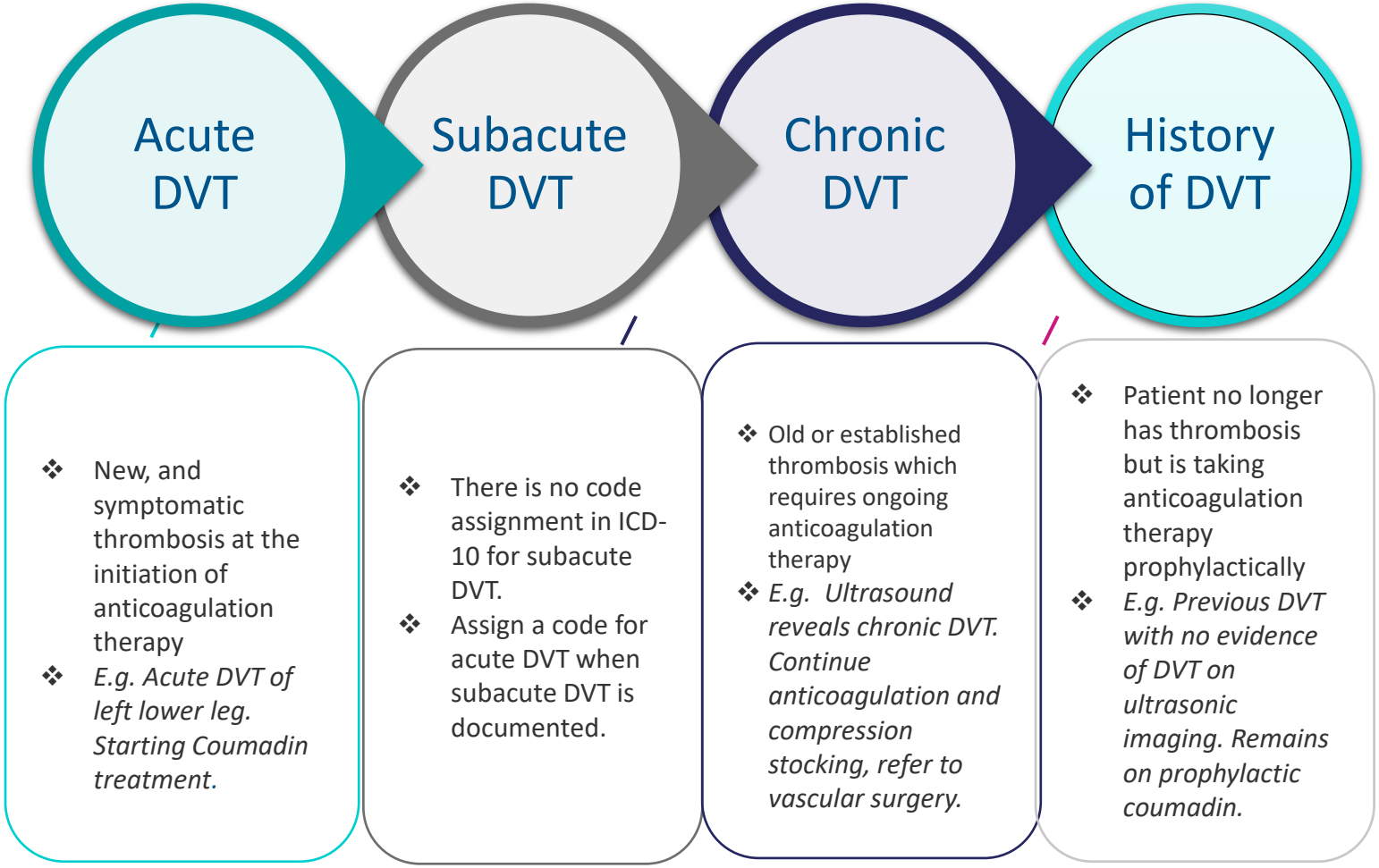
Coding Tips:

- Thrombosis happens when a blood clot grow in blood vessels that reduce blood flow.
- Embolus is any foreign material that travels and becomes stuck which blocks the flow of blood.
- Vascular occlusion is any term of blockage of blood vessel.

Documentation Tips:

- Must specify the type, location, and any complications and whether it caused any complications such a stroke
  - Aorta abdominal Thrombosis I74.09
  - Carotid (artery) Thrombosis see occlusion, artery, carotid I65.2X
  - Upper extremity Embolism – I74.2
  - Series I63.XXX Cerebral infarction due to thrombosis, embolism, and occlusion
  - Past history of venous embolism or thrombosis Z86.718

Deep Vein Thrombosis – Examples:



Deep Vein Thrombosis

DOCUMENTATION TIPS

- ✓ Distinguish between **DVT** and **Venous Thrombosis with Phlebitis**
- ✓ Clearly document whether DVT is **acute, chronic or historical.**
- ✓ The **treatment and its goal**s should be linked to the diagnosis
- ✓ The documentation should indicate:
  - ✓ **Laterality** – side of the body, i.e., left or right
  - ✓ The **specific location** – upper or lower extremity
  - ✓ The **specific vein** such as femoral, iliac or tibial

Note: A coder cannot assume a DVT is acute, chronic or historical based on suggestive documentation or on a timeline of events. The condition can only be coded as acute, chronic, etc. based on documentation as such

TEST / TREATMENT

Tests

- ✓ Venous Ultrasound
- ✓ Venography
- ✓ D-Dimer Blood Test
- ✓ Impedance Plethysmography
- ✓ Magnetic Resonance Imaging (MRI

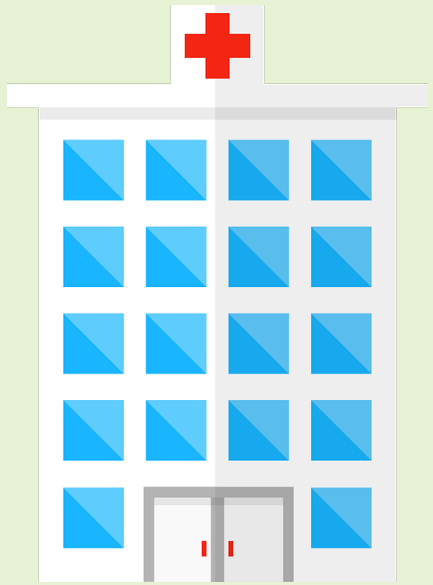
Treatment

- ✓ Anticoagulant Medications
- ✓ Inferior Vena Cava (IVC) Filter
- ✓ Compression Stockings

Cerebrovascular Accident (CVA)

Coding for CVA s/p Discharge

Inpatient Setting



I63.xxx – Cerebral infarction
Acute CVA should only be documented during the initial episode of care.

Outpatient Setting

Residual Deficit(s)?

Yes

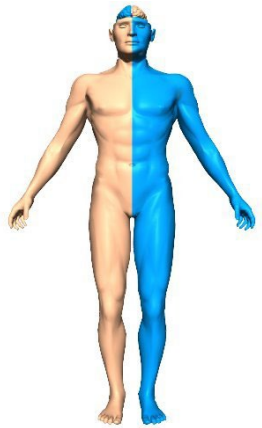
***I69.3xx** – Sequelae of cerebral infarction*

- Report sequelae for as long as they are present.
  - Cognitive deficit
  - Speech/language deficit
  - Monoplegia/Hemiplegia/Hemiparesis
- Use as many codes from category I69.3 as needed to identify all late effects.
- Documentation should clearly tie deficit to CVA:
  - *"due to CVA"*
  - *"late effect of CVA"*

No

***Z86.73** - Personal history of TIA, and CVA without residual deficits*

Sequelae of CVA (Stroke) – Category I69



I69 - Sequelae of Cerebrovascular Disease

- Conditions that are specified as *"sequelae"* or as *"residuals"* of cerebrovascular disease should be reported using a code from category I69
- Sequelae may arise at any time after the onset of the cerebrovascular condition
- Documentation should clearly link sequela(e) to cerebrovascular condition using language such as:
  - *"sequela of CVA"*
  - *"residual of CVA"*
  - *"late effect of CVA"*
  - *"associated with CVA"*
  - *"due to CVA"*

Unilateral Weakness Caused by CVA

When unilateral weakness is clearly documented as being associated with a stroke, it is considered synonymous with **hemiparesis/hemiplegia**. Unilateral weakness outside of this clear association cannot be assumed as hemiparesis. *(Coding Clinic, 2015, 1Q, 25)*

Upper or Lower Extremity Weakness Following CVA

Weakness of one extremity (upper or lower) that is clearly associated with CVA should be reported as **monoplegia**. *(Coding Clinic, 2017, 1Q, 47)*

Dominant vs. Nondominant Side

Codes from category I69 specify whether the dominant or non-dominant side is affected. Should the affected side (i.e., right, left) be documented but not identified as dominant or non-dominant, code selection is as follows:

- If the right side is affected, the default is dominant.
- If the left side is affected, the default is non-dominant.
- For ambidextrous patients, the default should be dominant.

Acute conditions

DOCUMENTATION TIPS

- ✓ Distinguish between **DVT** and **Venous Thrombosis with Phlebitis**
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- ✓ The **treatment and its goal**s should be linked to the diagnosis
- ✓ The documentation should indicate:
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TEST / TREATMENT

Tests

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- ✓ D-Dimer Blood Test
- ✓ Impedance Plethysmography
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Treatment

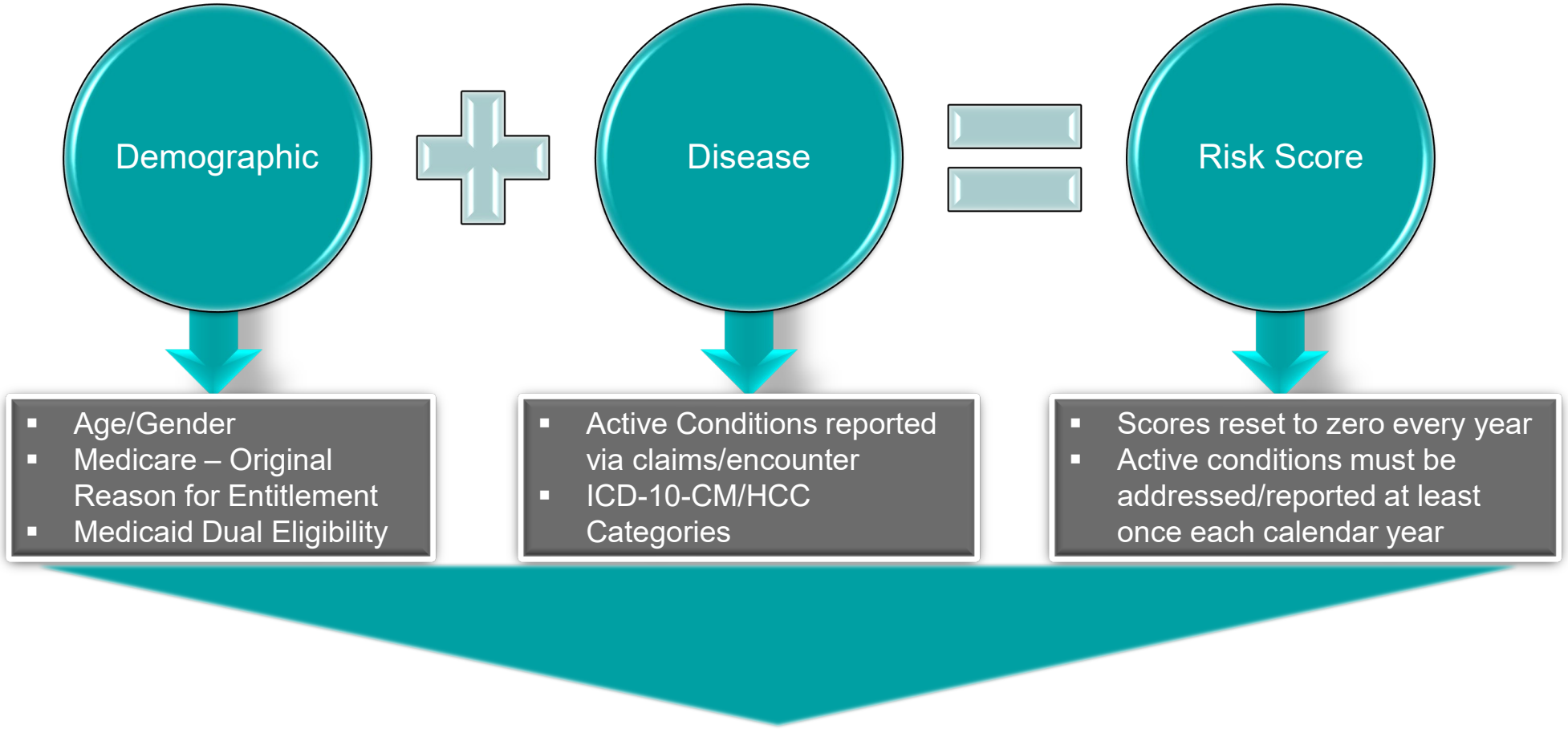
- ✓ Anticoagulant Medications
- ✓ Inferior Vena Cava (IVC) Filter
- ✓ Compression Stockings

Vascular Conditions and the Impact on Risk Adjustment Payment Model

Risk Adjustment Overview

What is Risk Adjustment?

The CMS Risk Adjustment Program uses a predictive algorithm that incorporates information on individuals' demographics and health conditions to predict variation in future medical expenditures. The model is used to forecast trends and future needs of the patients.



Accurate risk adjustment relies on complete documentation and coding to the highest level of specificity known.

Why is Risk Adjustment Important?

Accuracy in member health status profile

Improved quality of care through disease management programs

Appropriate risk premium

Risk Adjustment HCC CMS Mapping Changes (V28)

High Level Overview of MA Model Changes

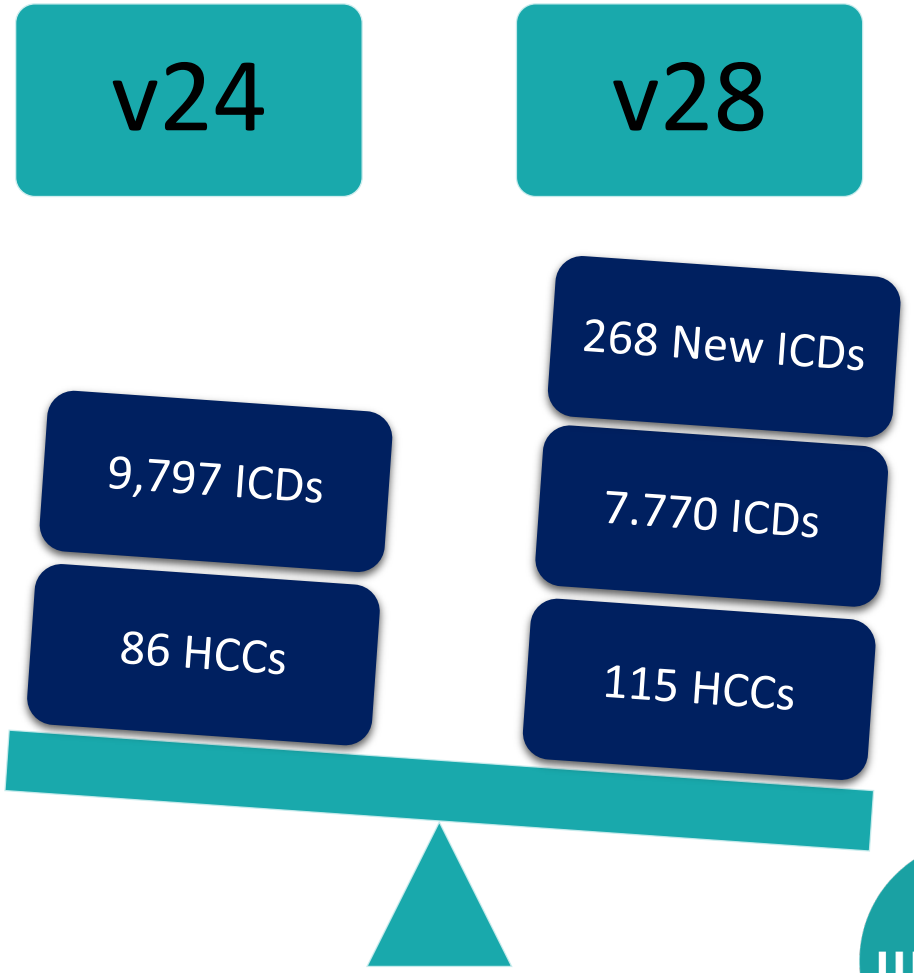
THREE YEAR PHASE IN		
Payment Year	RA Model (v24)	RA Model (v28)
PY2024 (DOS 2023)	67%	33%
PY2025 (DOS 2024)	33%	67%
PY2026 (DOS 2025)	0%	100%

- ✓ Familiar diagnosis at low specificity deleted across Disease Categories
  Example: Angina Pectoris

- ✓ New Codes added to Disease Categories
  Example: J45.51 - Severe Persistent Asthma,
  Example: F50.00 - Anorexia nervosa

- ✓ HCCs Added
  Example: HCC 279 – Severe Persistent Asthma
  Example: HCC 153 – Anorexia/Bulimia Nervosa

- ✓ HCC Numbers and Coefficient Update
  Example: Diabetes w/Comp
  HCC18 to HCC37
  0.318 to 0.166



V24 vs V28 HCC Categories

Description	ICD-10	V24	V28
Acute embolism and thrombosis of unspecified deep veins of right lower extremity	I82.401	108	267
Acute embolism and thrombosis of unspecified deep veins of left lower extremity	I82.402	108	267
Chronic embolism and thrombosis of unspecified deep veins of right lower extremity	I82.501	108	267
Chronic embolism and thrombosis of unspecified deep veins of left lower extremity	I82.502	108	267
Atherosclerosis of Extremities (Native Arteries) with rest pain, left leg	I70.222	108	264
Atherosclerosis of Extremities (Native Arteries) with rest pain, right leg	I70.221	108	264
Varicose veins of right lower extremity ulcer of ankle	I83.013	107	383
Varicose veins of right lower extremity ulcer of heel and midfoot	I83.014	107	383

V24 vs. V28 Vascular Disease

V24	V28

• Vascular Disease group:
  • **HCC106** Atherosclerosis of the Extremities with Ulceration or Gangrene
  • **HCC107** Vascular Disease with Complications
  • **HCC108** Vascular Disease
	• Vascular Disease group:
	  • **HCC 263** Atherosclerosis of Arteries of the Extremities with Ulceration or Gangrene
	  • **HCC 264** Vascular Disease with Complications
	  • **HCC 267** Deep Vein Thrombosis and Pulmonary Embolism

Dx removed from v28 Model:

- Atherosclerosis of aorta
- Atherosclerosis of renal artery
- Atherosclerosis of native arteries of extremities with intermittent claudication
- Aortic aneurysm, without rupture
- Aortic ectasia
- Peripheral Vascular Disease

❖ Only atherosclerosis with complications remain on the model.

Documentation Best Practice

❖ Complications of Atherosclerosis of Arteries should be documented and supported in the medical record when they are present

ICD-10 Coding Guidelines

Excludes Notes – Excludes1

Excludes1

- Means **“NOT CODED HERE!”**
- Indicates two conditions cannot occur together.

Example

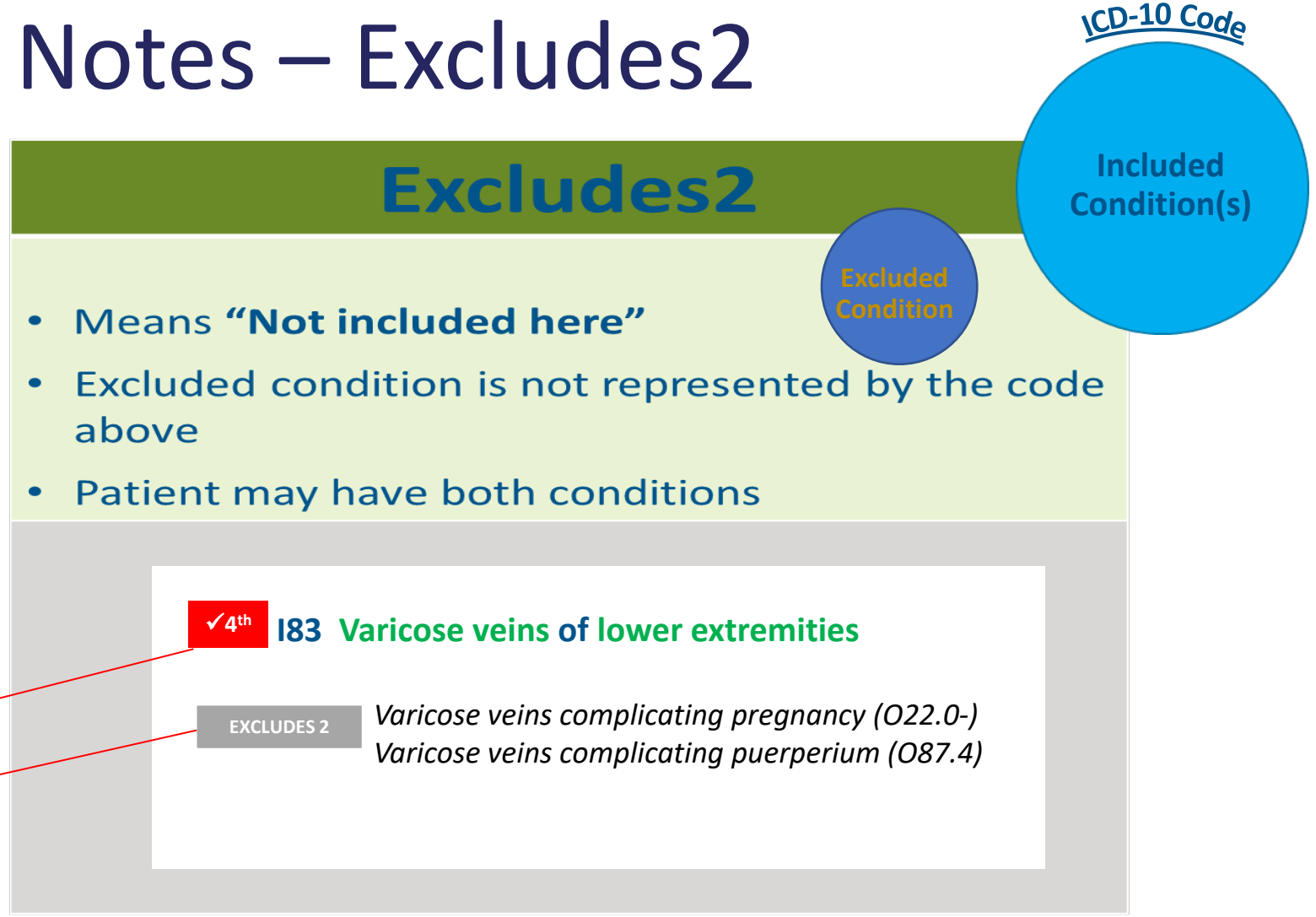
✓4th **I82.7 Chronic embolism and thrombosis of veins of upper extremity**

Use additional code, if applicable , for associated long- term (current) use of anticoagulants (Z79.01)

EXCLUDES 1 *personal history of venous embolism and thrombosis (Z86.718)*

Cannot report Chronic embolism and thrombosis of veins of upper extremity with personal history of venous embolism and thrombosis

Excludes Notes – Excludes2



Category I83 does not include Varicose veins in pregnancy or puerperium.

Section IV. Diagnostic Coding and Reporting Guidelines for Outpatient Services

D. Codes that describe symptoms and signs

Codes that describe symptoms and signs, as opposed to diagnoses, are acceptable for reporting purposes when a diagnosis has not been established (confirmed) by the provider. Chapter 18 of ICD-10-CM, Symptoms, Signs, and Abnormal Clinical and Laboratory Findings Not Elsewhere Classified (codes R00-R99) contain many, but not all codes for symptoms.

G. ICD-10-CM code for the diagnosis, condition, problem, or other reason for encounter/visit

List first the ICD-10-CM code for the diagnosis, condition, problem, or other reason for encounter/visit shown in the medical record to be chiefly responsible for the services provided. List additional codes that describe any coexisting conditions. In some cases, the first-listed diagnosis may be a symptom when a diagnosis has not been established (confirmed) by the provider.

H. Uncertain diagnosis

Do not code diagnoses documented as “probable”, “suspected,” “questionable,” “rule out,” “compatible with,” “consistent with,” or “working diagnosis” or other similar terms indicating uncertainty. Rather, code the condition(s) to the highest degree of certainty for that encounter/visit, such as symptoms, signs, abnormal test results, or other reason for the visit.

Please note: This differs from the coding practices used by short-term, acute care, long-term care and psychiatric hospitals.

Section I. Conventions, general coding guidelines and chapter specific guidelines

10. Includes Notes

This note appears immediately under a three-character code title to further define, or give examples of, the content of the category.

Example

I74 Arterial embolism and thrombosis

INCLUDES embolic infarction
embolic occlusion
thrombotic infarction
thrombotic occlusion

11. Inclusion terms

List of terms is included under some codes. These terms are the conditions for which that code is to be used. The terms may be synonyms of the code title, or, in the case of “other specified” codes, the terms are a list of the various conditions assigned to that code. The inclusion terms are not necessarily exhaustive. Additional terms found only in the Alphabetic Index may also be assigned to a code.

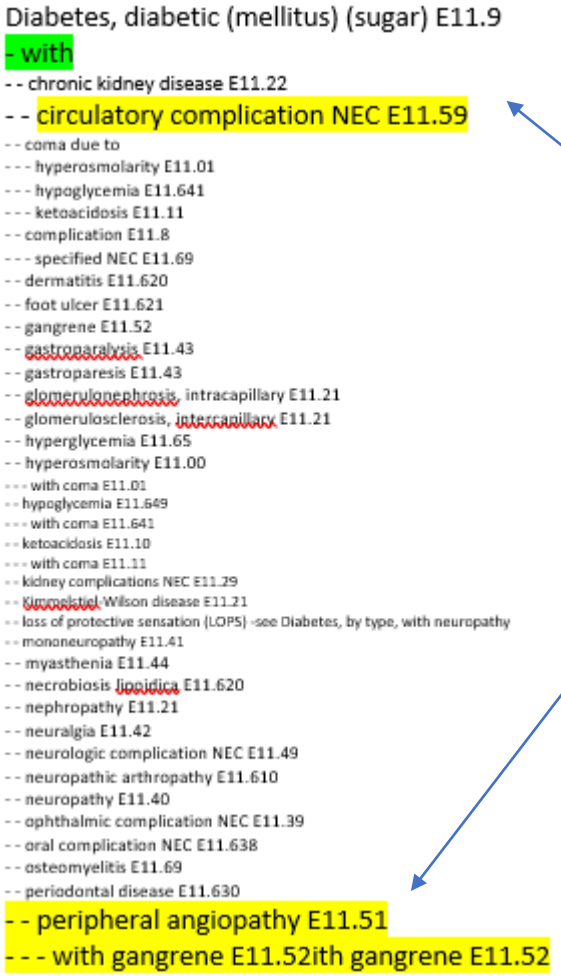
Example

I73.9 Peripheral vascular disease, unspecified

Intermittent claudication
Peripheral angiopathy NOS
Spasm of artery

ICD 10-CM Convention Guideline

Per the ICD-10 Official Guidelines, the word “with” or “in” should be interpreted to mean “associated with” or “due to” when it appears in a code title, the Alphabetic Index, or an instructional note in the Tabular List. The classification presumes a causal relationship between the two conditions linked by these terms in the Alphabetic Index or Tabular List. These conditions should be coded as related even in the absence of provider documentation explicitly linking them, unless the documentation clearly states the conditions are unrelated or when another guideline exists that specifically requires a documented linkage between two conditions.



These conditions should be coded as related to diabetes, even in the absence of provider documentation explicitly linking them.

Coding Tip - A causal relationship between diabetes and above conditions is reported UNLESS:

- Documentation identifies another cause for the condition(s)
- Documentation clearly states the condition(s) are not caused by diabetes
- Documentation explicitly states underlying cause of condition(s) is unknown, under workup, etc.
- Any condition with NEC (not elsewhere classifiable) following it requires the provider document the relationship

Coding Trends

Example – Specificity

Past Medical History:

Reviewed history from 01/13/2023 and no changes required:

Diabetes, Type 2

Hypertension

Legally Blind

PVD post amputation

clerence for catarat surgeryR

Impression & Recommendations:

Problem # 1: Diabetes, Type 2 (ICD-250.00) (ICD10-E11.9)
Assessment: Unchanged

His updated medication list for this problem includes:

Tresiba Flextouch U-100 100 Unit/ml (3 Ml) Insulin Pen (Insulin degludec) ..... Inject 50 units subcutaneously once a day

Irbesartan-hydrochlorothiazide 300-12.5 Mg Tablet (Irbesartan-hydrochlorothiazide) ..... 1 tablet by mouth once a day

Glyburide-metformin 5-500 Mg Tablet (Glyburide-metformin) ..... Take 1 tablet by mouth twice a day

ICD-10-CM Guidelines

15. "With"

The word "with" or "in" should be interpreted to mean "associated with" or "due to" when it appears in a code title, the Alphabetic Index (either under a main term or subterm), or an instructional note in the Tabular List. The classification presumes a causal relationship between the two conditions linked by these terms in the Alphabetic Index or Tabular List. These conditions should be coded as related even in the absence of provider documentation explicitly linking them, unless the documentation clearly states the conditions are unrelated or when another guideline exists that specifically requires a documented linkage between two conditions.

ICD-10-CM Alphabetic Index

type 2 E11.9

With

osteomyelitis E11.69

periodontal disease E11.630

peripheral angiopathy E11.51

polyneuropathy E11.42

In this example, Type 2 diabetes E11.9 is not coded to the highest level of specificity. This is due to a presumed causal relationship between Diabetes and PVD.

Correct code:

E11.51 Type 2 diabetes mellitus with peripheral vascular disease

Example - Missed Opportunities

Skin: Inspection and palpation: no rash, ulcer, induration, nodules, jaundice, or abnormal nevi and good turgor and**desion** (**dressing in place to left heel - stasis ulcer (picture from daughter)**).

2. Venous stasis ulcer of leg- Left

I83.009: Varicose veins of unspecified lower extremity with ulcer of unspecified site
I83.023: Varicose veins of left lower extremity with ulcer of ankle

- WOUND CARE REFERRAL - Schedule Within: provider's discretion Note to Provider: Patient has venous stasis ulcer to left hell/ankle; would like home health once set up with you

In this example, the varicose veins ulcer of the leg was in assessment with plan treatment documented. Under I83.0 series in the tabular list use additional code to identify severity of the ulcer L97.-

Correct code:

Heel was in exam, and ankle and heel was in assessment

I83.023 (ankle) I83.024 (heel)

L97.329 non-pressure ulcer left ankle unspecified severity

L97.429 non- pressure ulcer left heel unspecified severity

Examples - Diagnosis Not Supported

Assessments

1. Well adult exam - Z00.00 (Primary)
2. Constipated - K59.00
3. Acute deep vein thrombosis (DVT) of distal vein of left lower extremity - I82.4Z2

3. **Acute deep vein thrombosis (DVT) of distal vein of left lower extremity**

Refill Xarelto tablet, 20 mg, 1 tab(s), orally, once a day (in the evening), 30 day(s), 30, Refills 3
Notes: Med adherance stressed.

Past Medical History

HTN.
Hisotry of L extremity DVT.
History of bilateral popliteal DVT.
Severe lumbar spinal stenosis.
Internal hemorrhoids.

In this this example, there is not enough support to show this acute condition is active. Proof of the clot and/or date condition was first diagnosed, and treatment started could support this. History of Acute DVT is also documented in PMH could be conflicting documentation.

Examples - Diagnosis Not Supported

Chief Complaint

- Comprehensive health assessment
- Follow-up on chronic conditions
- Provided Printed Screening Plan to Patient
- Follow-up on second degree AV block

68 y/o M, presents for a WRV.

#Nonsustained supraventricular tachycardia/Second degree AV block:
-Pt denies cp today. Occasionally he has palpitations. He has not had any recent follow ups with cardiology and has not been taking any of his medications.

#Hypertensive heart disease:
-Pt reports non-compliance with all of his medications.
-Pt reports feeling dizzy and lightheaded when he goes from sitting to standing. Pt denies exhaustion.

#T2DM:
-Pt has Lantus at home, but hasnt been taking it.
-He reports his pharmacy didnt have the pen needles when picked up his medications.

Assessment

- R/O PAD (peripheral artery disease) 443.9/I73.9
  05/24/2023
  -Per QF 5/10/23: Left Foot = 0.98 (Mild)
  -Checking lipids with labs today
  -T/c starting statin

ICD-10-CM Guidelines

Section IV. Diagnostic Coding and Reporting Guidelines for Outpatient Services

Uncertain diagnosis
Do not code diagnoses documented as "probable", "suspected," "questionable," "rule out," "compatible with," "consistent with," or "working diagnosis" or other similar terms indicating uncertainty. Rather, code the condition(s) to the highest degree of certainty for that encounter/visit, such as symptoms, signs, abnormal test results, or other reason for the visit.

Please note: This differs from the coding practices used by short-term, acute care, long-term care and psychiatric hospitals.

In this example, Rule out (R/O) PAD was documented in the Assessment and captured as I73.9 Peripheral artery disease (PAD).

Per coding guidelines, do not code diagnoses documented as "rule out" or other similar terms indicating uncertainty.

The Role of the Provider

Best Practices – Documentation Strategies

Clear, Concise, Complete

Documentation should paint a picture with words of the patient's condition and what occurred during each visit.

Consistency

- Chief Complaint
- HPI, PMH, ROS, EXAM
- Comorbidities affecting patient care
- Use standard abbreviations

Specificity

- Document condition(s) assessed and what is being done for that condition (Rx, labs, monitoring)

Accuracy

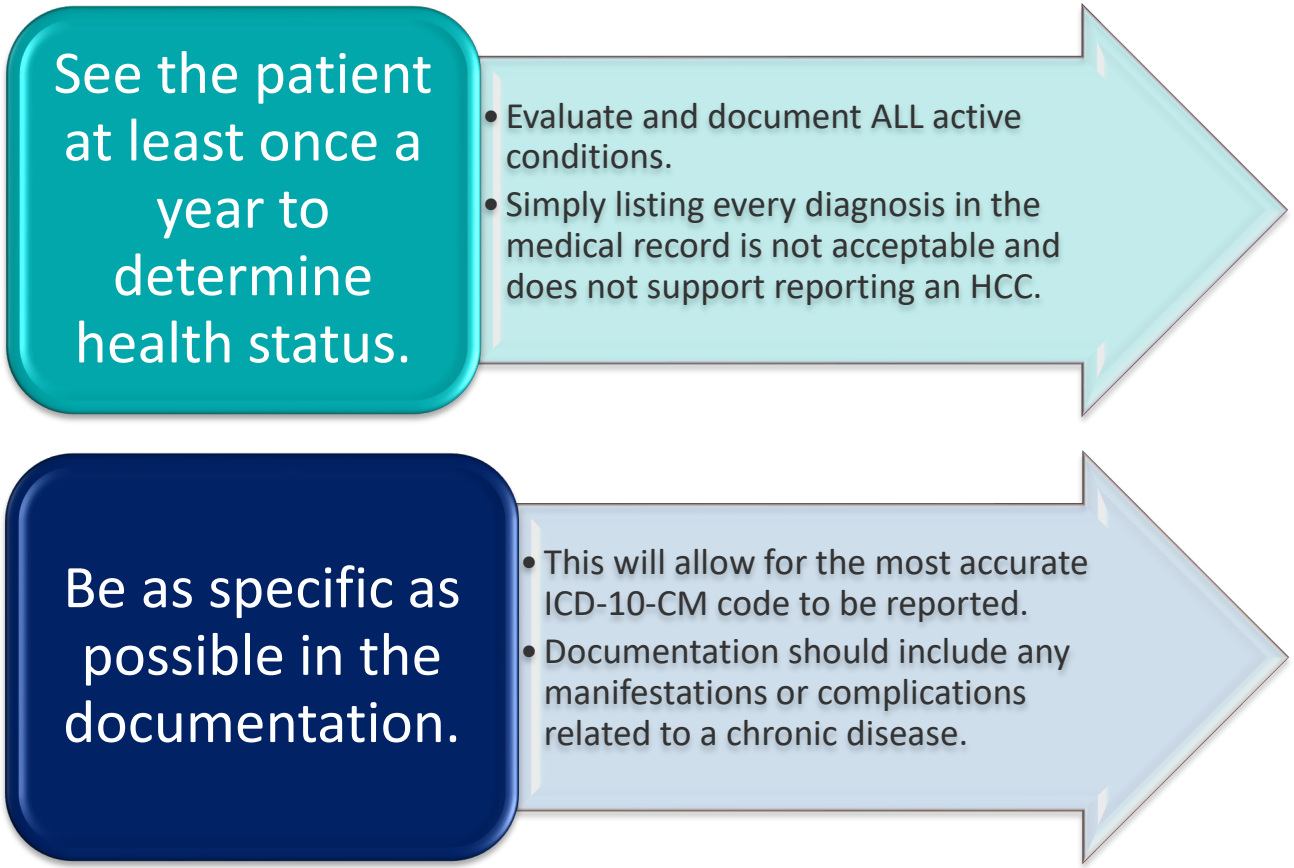
- Documentation must support the diagnosis reported
- Watch for conflicting data within note
- Document cause/effect relationships

Complete

- Incorporate relevant findings into progress note
- Report diagnosis codes at least once per calendar year

What Can You Do?

The two most important things for providers can do regarding risk adjustment are:



“History of” vs. Active Condition

HISTORY OF	ACTIVE
• Medical conditions that no longer exists or have resolved should not be reported as active. • History codes are used to explain a patient’s past medical condition that they are no longer receiving active treatment.	• Medical conditions can occur suddenly and last a short period of time, such as a few days or weeks. • An acute condition should be coded when present and actively being treated. • Medical record documentation needs to support the active/acute condition.

Key Takeaways

- Reviewing Coding Guidelines Annually - chart reviews of high-risk diagnoses to assure compliance with guidelines.
- Use both Alphabetic Index and Tabular list when selecting codes will ensure all excludes 1 & 2, code first, and use additional codes notes are reviewed.
- Code to the highest degree of specificity and ensure the diagnoses are properly sequenced on the claim.
- Conditions that were previously treated and no longer exist should be coded using history of codes.

Resources

What can the CDI team do for you

Our Mission

- ❑ Help providers understand and apply risk adjustment concepts. We can also help in the application of documentation and coding best practices to workflows.
- ❑ Protect the integrity and accuracy of risk adjusted diagnosis and improve outcomes.

Our Services

- ❑ Live Webinars
  - Risk Adjustment Concepts 101
  - RA Documentation & Coding Best Practices
  - Avoiding Common Documentation Errors
  - Yearly ICD-10-CM Updates
  - Disease Specific
- ❑ Train the Trainer
  - 1:1 Coder training
  - RA Documentation Requirements
- ❑ Chart reviews
  - Baseline reviews
    - On-boarding for new providers
    - General assessment for practice/provider
  - Targeted review
    - Disease/HCC/ICD-10 specific
  - Tailored education based on chart review findings
    - Share identified opportunities to provide greater specificity to coding and documentation
    - Address gaps in documentation
- ❑ Disease-Specific Coding Reference Material
    - HIV, DM, CHF, and many more

The Goal

- ❑ Engage staff and entire team in learning
- ❑ Increase HCC proficiency
- ❑ Enhanced communication support between coding staff, administrative staff and providers
- ❑ Increase awareness of implications related to inaccurate coding

Services are complimentary. For more information, please email **askcdi@centene.com**

For Requests and Questions

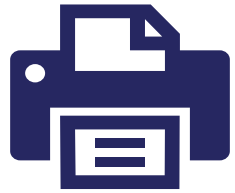
AskCDI@centene.com

Education requests, coding and documentation questions, etc.

CDIwebinars@centene.com

CDI webinar requests for providers and health plans

- Risk Adjustment 101 – All LOBs
- Diagnosis/HCC specific training
- Claims coding/billing training – specific to claims denials/rejects regarding HCC related diagnosis codes



RAPS@centene.com

Provider can email records to CDI educator or fax records to our secure fax: 813-464-8900

Thank you for your attendance!

What you think matters to us. Please take our quick survey and let us know how we did.