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HCC Coding Update - Cancer

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What is HCC coding?

Hierarchical condition category (HCC) coding

- HCC coding is based on patient complexity.

- HCC codes represent costly chronic health conditions, as well as some severe acute conditions.

- Along with demographic factors (such as age and gender), insurance companies use HCC coding to assign patients a risk adjustment factor (RAF) score.

- Patients with high HCCs are expected to require intensive medical treatment, and clinicians that enroll these high-risk patients are reimbursed at higher rates than those with enrollees who have low HCCs.*

*Adapted from https://www.imohealth.com/ideas/article/hcc-101-what-you-need-to-know-about-hierarchical-condition-categories

When should I include these HCC diagnoses?

Remember to include the appropriate HCC diagnosis codes whenever you are:

A. Managing the specific problem during the visit
- evaluating, ordering tests, prescribing medications, sending a referral, etc.

B. Assessing the stability of the problem at the visit (even if it is being managed by an outside specialist)

-OR-

C. The problem directly impacts your medical decision making
- You want to prescribe steroids, but the patient is diabetic.
- You want a contrast imaging study, but the patient has CKD.

HCC Coding for a Cancer Diagnosis
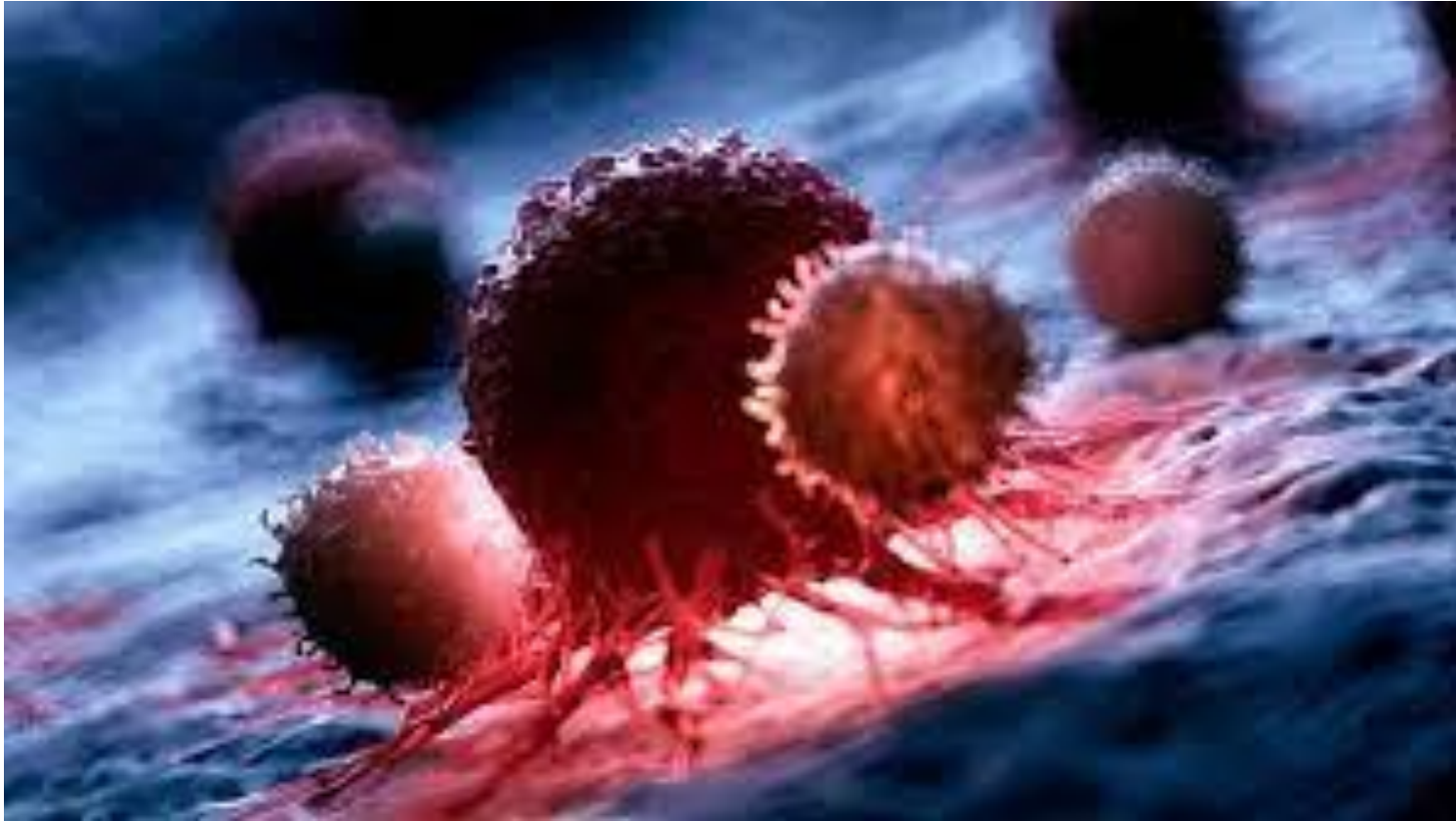
United States Cancer Statistics*

The rate of new cases of cancer (cancer incidence) is approximately 442 per 100,000 men and women per year.

The cancer death rate (cancer mortality) is approximately 158 per 100,000 men and women per year.
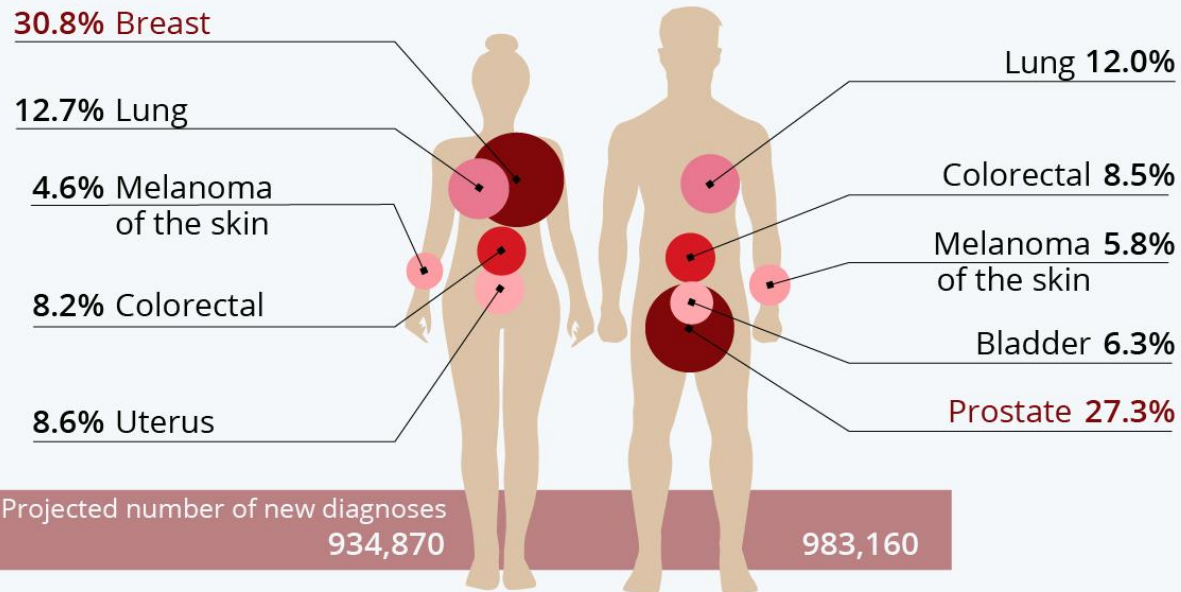
As of January 2019, there were an estimated 16.9 million cancer survivors in the United States.

1 in 3 people will be diagnosed with cancer at some point during their lifetime.

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*Source: www.cancer.gov 6/16/22

The Most Common Types of Cancer in the U.S.

Projected share of new cancer diagnoses in the U.S. in 2022, by gender

30.8% Breast

12.7% Lung

4.6% Melanoma of the skin

8.2% Colorectal

8.6% Uterus

Lung 12.0%

Colorectal 8.5%

Melanoma 5.8% of the skin

Bladder 6.3%

Prostate 27.3%

Projected number of new diagnoses
934,870   983,160

Source: American Cancer Society

statista

HCC Coding for a Cancer Diagnosis

Most (if not all) cancer diagnoses have risk adjustment value.

Two important points to remember:

- Unless the patient is receiving active treatment (hormone therapy such as Tamoxifen or Leuprolide, Aromatase inhibitors such as Letrozole, and targeted therapy combinations such as Palbocicib, counts); you must code for a "history of" cancer.

- If there is evidence of metastatic disease, please include the site of the metastases (i.e., history of breast cancer [Z85.3] and secondary malignant neoplasm to the lung [C78.00]).

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Using the most specific diagnosis when coding for your visits can have a significant impact on reimbursement.

KEEP CALM AND CODE ACCURATELY

Example

- A 78-year-old male presents for follow-up to review his recent imaging study. He has a history of prostate cancer several years ago and was recently seen in the ER for back pain. X-rays revealed possible metastatic lesions to the spine. He was sent for a PET scan which confirmed this diagnosis.

Scenario 1	Scenario 2
Personal history of prostate cancer [Z85.46]	Personal history of prostate cancer [Z85.46]
	Secondary malignant neoplasm of bone [C79.51]
Approx Budget = $4,500/year	**Approx Budget = $30,000/year**

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Rules of Thumb

- Code more specifically when possible
- Code for everything addressed and documented
  - **Include diseases that impacted decision making**
    - CKD impacting medication choices
    - DM impacting whether to prescribe steroids
- Code chronic conditions yearly*

  *Although chronic conditions are ongoing, providers must document a patient's chronic condition and recapture the ICD-10 code annually to maintain the patient's HCC risk score. This includes amputations and ostomies.

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