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HCC Coding Update – Cerebrovascular Accident (CVA)



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.*



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 Cerebrovascular Accident (CVA)



gg90142081 www.gograph.com

United States CVA Statistics*



Every year, more than 795,000 people in the United States have a stroke.

In 2020, 1 in 6 deaths from cardiovascular disease was due to stroke.

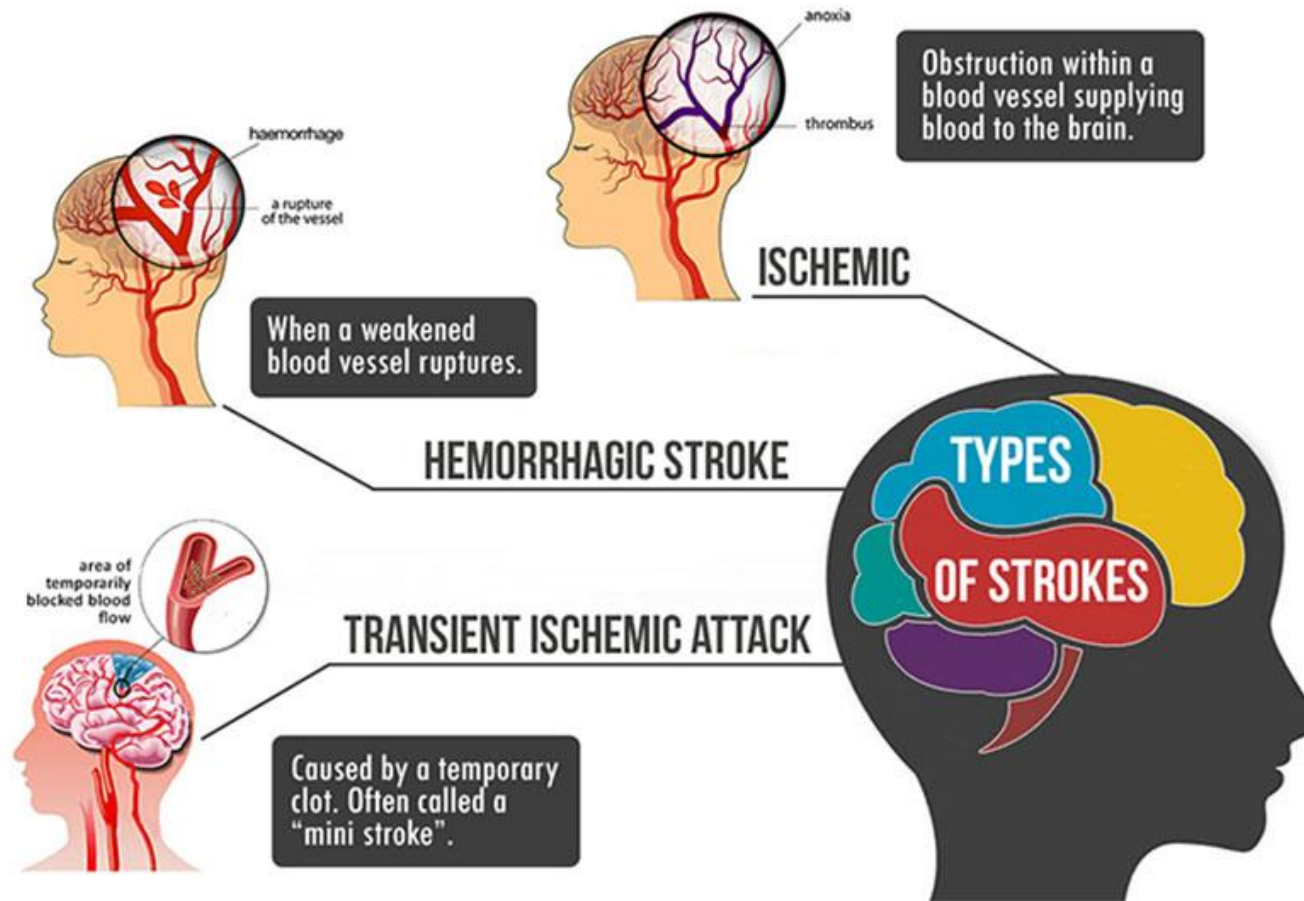
Stroke is a leading cause of serious long-term disability.



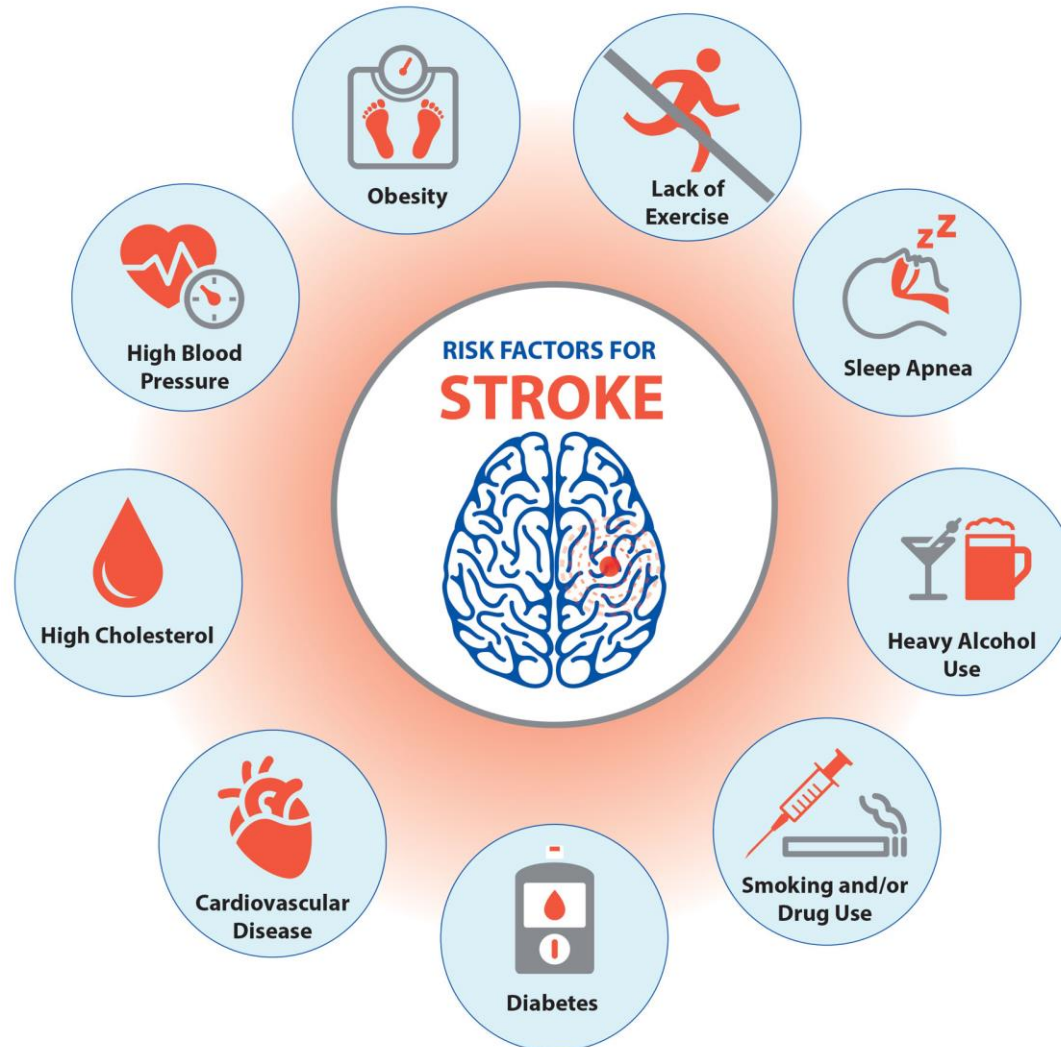
Nearly 1 in 4 strokes are in people who have had a previous stroke.

*Source: <https://www.cdc.gov/stroke/facts.htm> 7/18/22

What are the common types of strokes?



What are risk factors for stroke?



- When using the diagnosis of CVA [I63.9] you are suggesting they are having a stroke on that day.
- Consider using the codes which reflect late effects of stroke like hemiplegia [I69.359] or monoplegia [I69.339 / I69.349].
- If there are no late effects, please switch to history of stroke [Z86.73].



A note on Hypercoagulable States

Some patients with **primary** (generally inherited) and **secondary** (generally acquired) thrombophilias may be treated with anticoagulants.



Primary hypercoagulable states include:

- antithrombin III deficiency
- protein C and S deficiencies
- abnormalities of the fibrinolytic system
- dysfibrinogenemias

Secondary hypercoagulable states include:

- Malignancy
- Pregnancy
- Oral contraceptives
- Atrial Fibrillation
- Prolonged immobilization
- Myeloproliferative disorder
- Trauma
- Vascular anomaly
- Vascular device (stents, catheters, prosthetic valves)

The ICD-10-CM Code for Other thrombophilia **D68.69** has HCC value and may be used to specify conditions or terms like acquired thrombophilia, thrombophilia associated with pregnancy, thrombophilia due to acquired protein c deficiency, thrombophilia due to antineoplastic agent therapy, thrombophilia due to drug therapy , thrombophilia due to hormone therapy, etc.

<https://icdlist.com/icd-10/D68.69>

Hierarchical Condition Categories



Make sure to code for both the diagnoses
AND the Other Thrombophilia code.

For example:

- History of Stroke [Z86.73]
- Atrial Fibrillation [I48.91]
- Other thrombophilia [D68.69]



Additionally, in your documentation, you should explain the rationale for the secondary hypercoagulable state:

“Secondary hypercoag- CHADS₂vasc > 1. Patient requiring coumadin for secondary hypercoagulable state. Continue to monitor coumadin levels to ensure patient in therapeutic range. Stable.”



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



Example

- A 67-year-old male presents for a follow-up visit after having a CVA 3 months ago. He was discharged from rehab and is having some physical therapy at home but continues to experience some right-sided weakness. The patient has a history of hypertension. His BMI is 41.

Scenario 1	Scenario 2
History of CVA (Z86.73)	Hemiparesis following CVA (I69.359)
Essential Hypertension (I10)	Essential Hypertension (I10)
Obesity, unspecified (E66.0)	Morbid obesity (E66.01)
Approx Budget = \$3,000/year	Approx Budget = \$9,600/year

Example

- A 69-year-old female presents for a hospital follow-up visit after admission for a stroke several weeks ago. Her CVA was felt to be secondary to previously undiagnosed atrial fibrillation. The patient was started on Coumadin. You review her recent INR results.

Scenario 1	Scenario 2
History of CVA (Z86.73)	History of CVA (Z86.73)
Atrial Fibrillation (I48.91)	Atrial Fibrillation (I48.91)
	Other Thrombophilia (D68.69)
Approx Budget = \$5,700/year	Approx Budget = \$7,500/year

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.

