Surfacing High-Risk Diagnosis Codes: Leveraging OIG's Methodology to Ensure Integrity in Submissions

Presented By:

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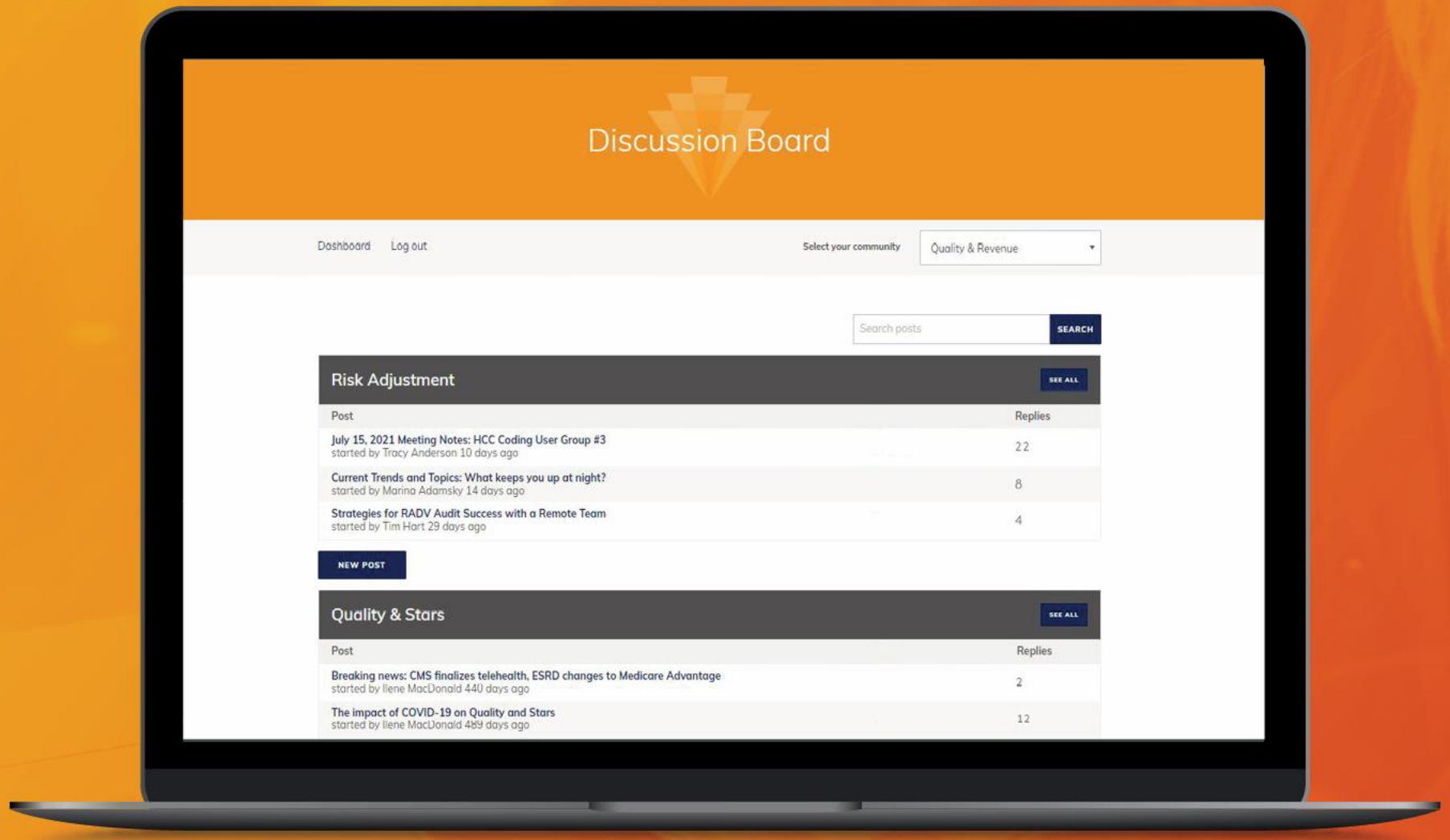

ASK YOUR QUESTIONS IN OUR DISCUSSION BOARD

Speakers

William Schweitzer,
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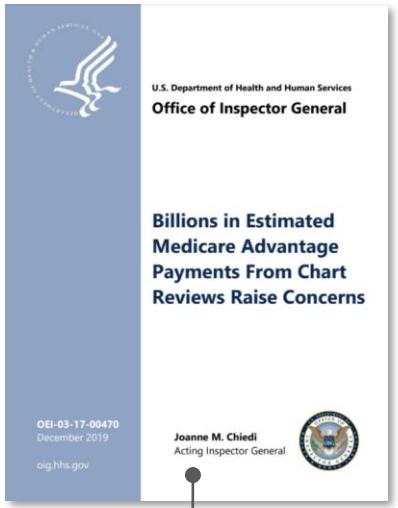
Agenda

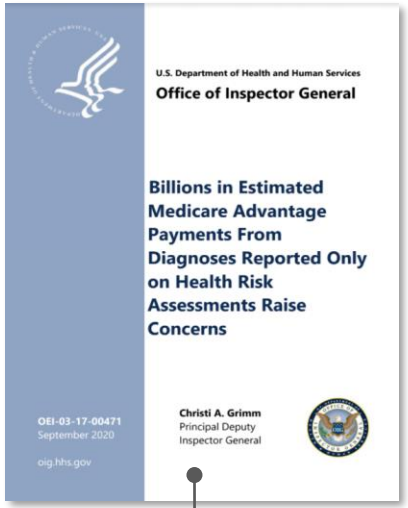
1. Understanding Scrutiny on Medicare Advantage Risk Adjustment
2. Replicating the OIG Audit Methodology through NLP-Assisted Audit
3. Case Study: Correcting Documentation Issues

Understanding Scrutiny on Medicare Advantage Risk Adjustment

Recent History of OIG Scrutiny

- Office of Evaluation and Inspections (OEI): Chart reviews un-linked to encounter records (claims) submitted through MA encounter data system
- OEI: Diagnoses reported only on HRAs and not encounter records





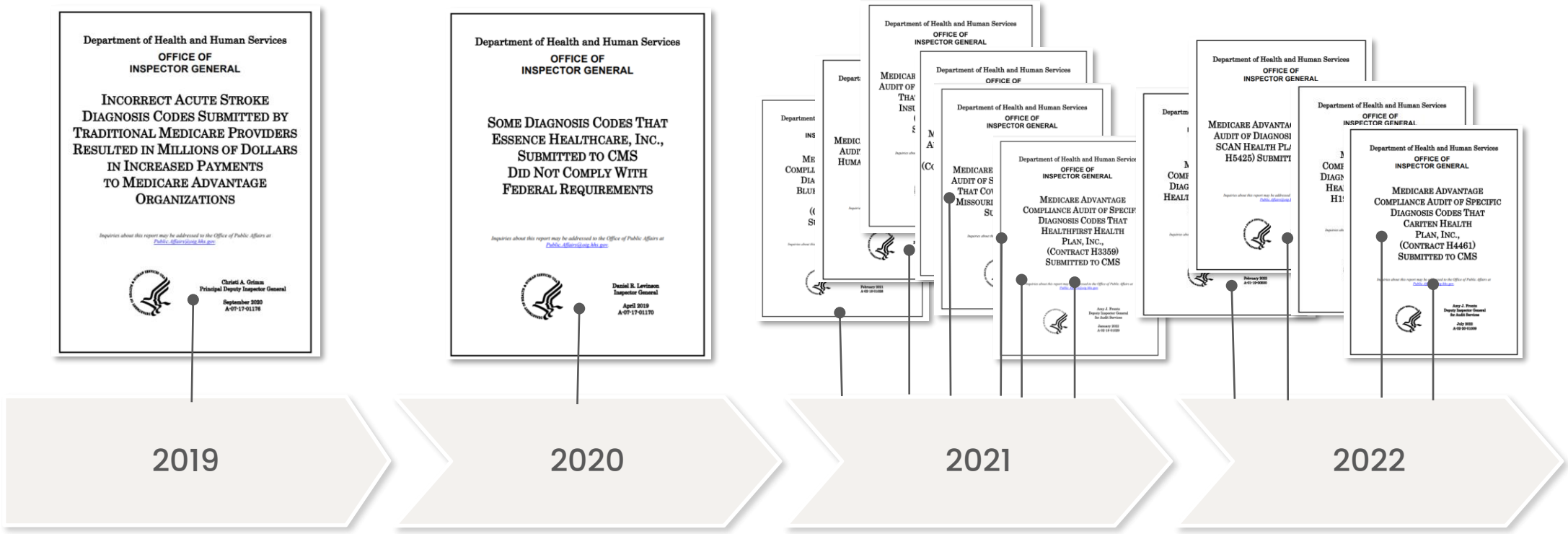
2019 | 2020 | 2021 | 2022

Let's Chat: What steps did you take in response to the OEI's reports on HRA-only diagnoses?

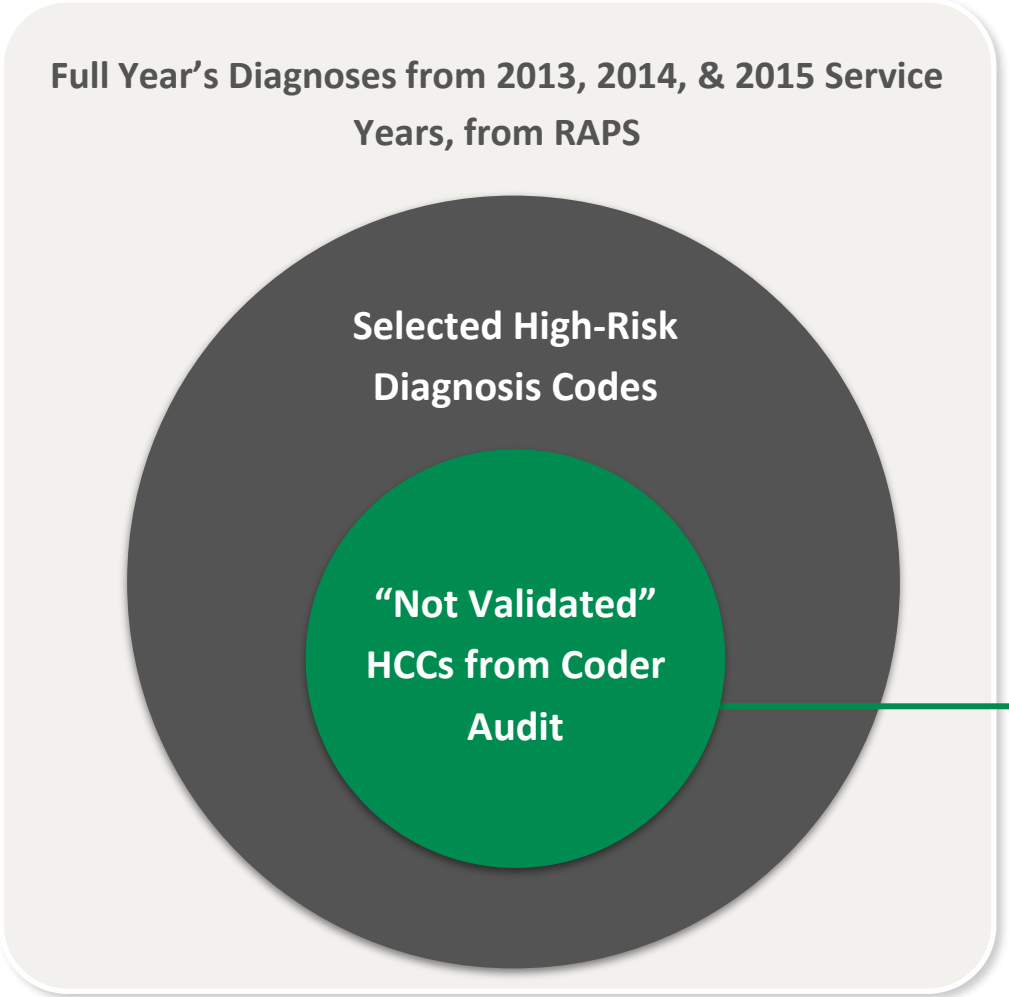
Recent History of OIG Scrutiny

Office of Audit Services (OAS): Selected High-Risk Diagnosis Codes

- OIG Analytics Hub and dashboards
- CMS' FWA mitigation budget has doubled from 2021 to 2022



OAS Audit Steps



Penalty Calculation

- Audited entity is asked to perform internal coding review of the medical record
- Where OIG cannot conclude those reviews meet ICD-10 guidelines, an independent contractor completes the coding review
- "Not Validated" diagnosis codes are used to calculate revised risk score, and subsequent overpayment amount

Selected High-Risk Diagnosis Codes

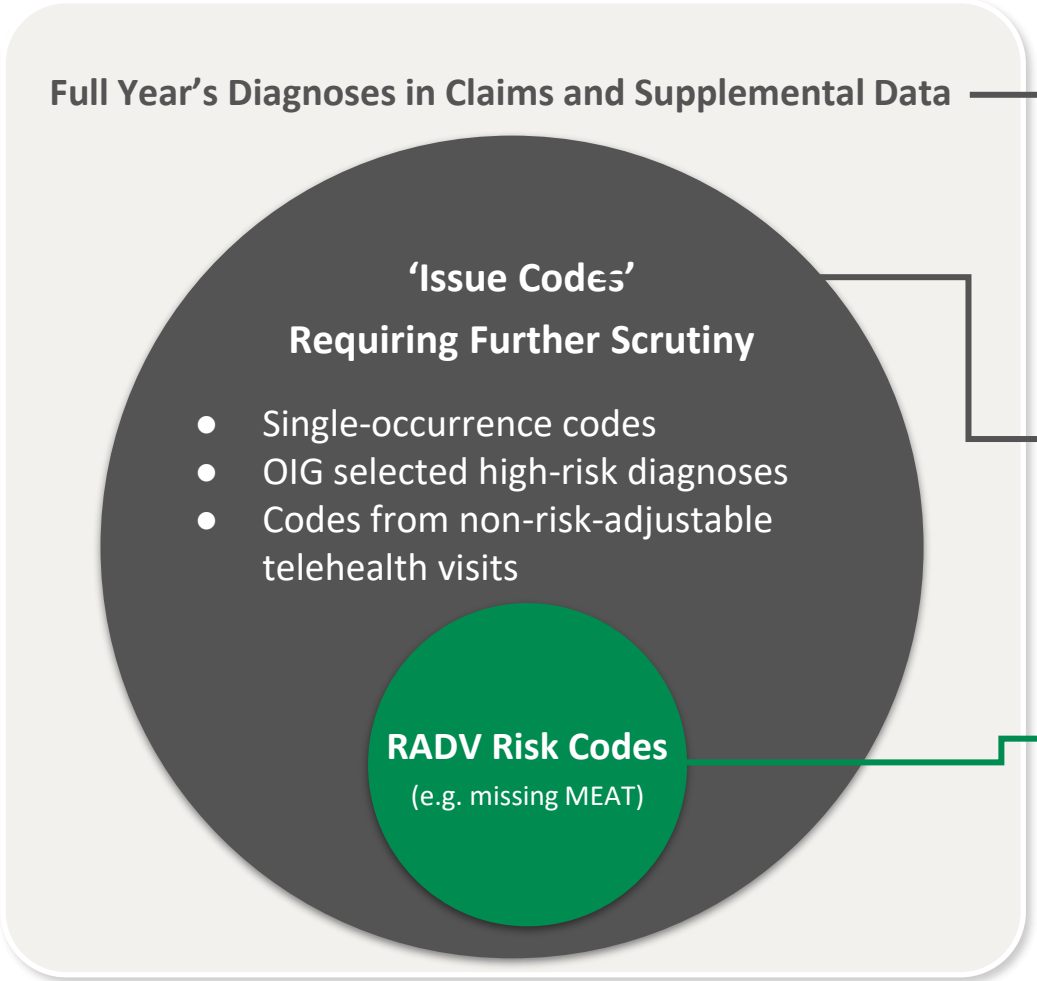
Diagnosis on a physician claim without a corresponding inpatient claim	• Acute stroke • Acute heart attack • Acute stroke and acute heart attack combination
Diagnoses that would typically be treated with medicine, but had no corresponding prescription	• Embolism • Major depressive disorder • Vascular claudication
A cancer diagnosis that did not have surgical, radiation therapy, or chemotherapy within 6 months preceding or following the diagnosis	• Lung cancer • Breast cancer • Colon cancer

Poll: Which of the following risk adjustment areas do you find most vulnerable to OIG interrogation?

- **A** Non-risk adjustable telehealth visits
- **B** Un-linked chart reviews
- **C** Selected high-risk diagnosis codes
- **D** Other

Replicating the OIG Audit Methodology Through NLP-Assisted Audit

Performing a Focused Audit



Assemble Source Data

- Medical claims
- Pharmacy claims
- Coding outputs

Identify 'Issue Codes'

- Data mining
- NLP flagging in medical record

Narrow Down to Codes Requiring Intervention

- Perform coder audit to identify diagnoses presenting RADV risk

Dissecting a High-Risk Diagnosis Code

"An enrollee received one diagnosis that mapped to either the HCC for Acute Myocardial Infarction or to the HCC for Unstable Angina and Other Acute Ischemic Heart Disease (Acute Heart Attack HCCs) on only one physician claim but did not have that diagnosis on a corresponding inpatient hospital claim (either within 60 days before or 60 days after the physician's claim). A diagnosis for a less severe manifestation of a disease typically should have been used."

Medical Claim

- ICD-10 code — **HCC86 or HCC87**
- Date of service
- Place of service — **21**

Dissecting a High-Risk Diagnosis Code

"An enrollee received a lung cancer diagnosis, which maps to one of the lung cancer HCCs, but did not have surgical therapy, radiation treatments, or chemotherapy drug treatments administered within a six-month period either before or after the diagnosis. In these instances, a diagnosis of history of lung cancer (which does not map to an HCC) typically should have been used."

Medical Claim

- ICD-10 code — **HCC9**
- CPT Code — **96401, 96402, …**
- Date of service

Pharmacy Claim

- NDC Code — **0003-3756, 0003-3734, 0003-3772, …**
- Date of service

Resolution Workflow

Use structured data in claims and supplemental files to isolate Issue Codes → Medical chart "spot check" → Delete invalidated diagnoses. Save validated diagnoses

Output

Red Flag Codes

- Wrong place of service
- Not treated
- Codes inappropriate for telehealth

Review Codes

- Single-occurrence codes
- Conditions occurring only in telehealth encounters

Output

Validated diagnoses → Save evidence in RADV-readiness archive

Invalidated diagnoses → Delete the code from the encounter

Diagnoses from encounters on charts not already in-house → Retrieve and code the chart, and delete as required. Otherwise:

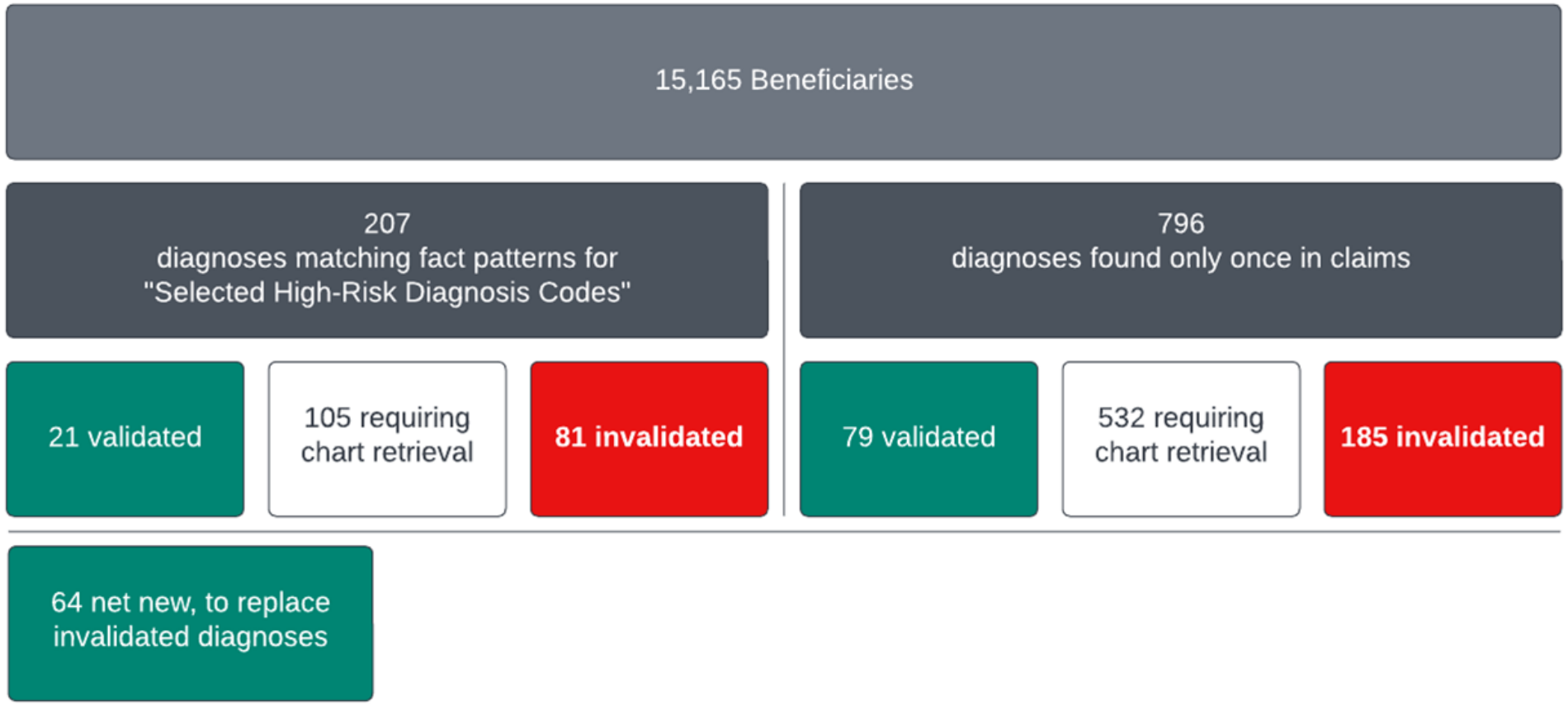
Red Flag Code – raise for care management review and delete

Review Code – assume this code is compliant, unless there is other contradictory evidence

Let's Chat: What are implementation hurdles for integrating concepts from the OIG literature into the oversight of your risk adjustment program?

Case Study: Correcting Documentation Issues

Case Study: 266 Diagnoses Invalidated



Let's Chat: How do you ensure quality in your risk adjustment documentation?

Let's Chat: How do you engage and share with providers the requirements for proper risk adjustment documentation?

THANK YOU