

# 2012 PACE Program and ESRD Code Changes

PREMIUM YEAR 2012 – (2011 Dates of Service)

THE IMPORTANCE OF ROBUST  
DOCUMENTATION

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# Today's Agenda

1. WHAT'S NEW
2. IMPLICATIONS
3. EXAMPLES
4. WHAT NO LONGER COUNTS
5. Q & A

## What's New

- The 2012 model has increased from 70 HCCs to 87 HCCs.
- **Examples of the new ICD-9 codes and HCCs include:**
  - Two HCCs for different types of Dementia/Alzheimer's
  - Additional Respiratory Conditions
  - Endocrine and Metabolic Disorders
  - Morbid Obesity/Body Mass Index
  - Neurological Conditions
  - Ophthalmological Conditions

# Expanded Utilization of Additional Codes to Further Define Patient Disease Profiles

Additional Clinical Problems defined that were not historically included

## Implications and Impact on Charting

Documentation of Chronic Conditions each year with special attention to new additions and changes

## The Importance of Details in Documentation



### DISORDERS OF THE METABOLISM:

Endocrine, Nutritional and Metabolic Disorders and Immunity Disorders

Many metabolic conditions now count for HCC reimbursement, be sure to identify conditions.

DOCUMENT: “Neuropathic amyloidosis”

Don't forget Malnutrition - weight loss, poor intake supplements, lab findings - low protein and albumin  
Documentation: “protein calorie malnutrition”

## The Importance of Details in Documentation con't

### OPHTHALMOLOGICAL CONDITIONS:

Diabetes related conditions - document the status of the diabetes and the resulting eye conditions

Diabetes and eye conditions both count and together there is increased reimbursement for the complexity of the combined problems

DOCUMENT: "Diabetes with retinopathy"

## Documenting Disease Interactions

### HYPERTENSIVE HEART - CHRONIC KIDNEY DISEASE

Kidney and heart disease at times are not “connected” in documentation.

Assessment and treatment planning are determined by this clinical connection.

DOCUMENT: “Hypertensive heart with chronic kidney disease”

# Documenting Disease Interactions: An Example for the Community Model

**Sepsis / Acute Respiratory failure  
Combination for capture of 2 HCC  
Categories**

DOCUMENT : “SIRS due to noninfectious process  
with acute organ dysfunction and acute respiratory failure”

## Other “NEW” Conditions: Adult Body Mass Index Respiratory/Lung Conditions

### BMI over 40

**DOCUMENTATION Hint:** patient’s BMI can easily be part of the physical exam portion of the note.

### Lung diseases

**DOCUMENTATION Hint:** document occupational circumstances, or external agents resulting in lung disease

AND DON'T FORGET TO REMIND YOUR PROVIDERS TO  
DOCUMENT THIS ONE!!

**E95.57**  
**SELF INJURY WITH A PAINTBALL GUN**  
**HCC 55**

## WHAT DOES NOT COUNT in 2012?

412 OLD MYOCARDIAL INFARCT	HCC 83
577.9 PANCREATIC DISEASE NOS	HCC 32
579.0 CELIAC DISEASE	HCC 32
799.02 HYPOXEMIA	HCC 79
996.XX DEVICE MALFUNCTIONS	HCC 164
997.XX COMPLICATION OF SURGERY	HCC 164



**REMEMBER :** Medicare Advantage reimbursement requires all current and chronic conditions being treated and/or have an impact on the decision making and treatment planning to be documented EACH year!



# Questions & Discussion