

OIG Targeted High Risk Condition Series

Session 3: Major Depression Disorder, Anorexia & Bulimia

Virtual Conference
Thursday, April 3, 2025

Jointly provided by Healthfirst and Northwell Health

OIG Targeted High Risk Condition Series

Session 3: Major Depression Disorder, Anorexia & Bulimia

PROGRAM OVERVIEW

The purpose of this webinar series is to outline strategies and educate Healthfirst clinical providers on ICD-10 accuracy and clinical documentation improvement based on recommendations from the Office of Inspector General (OIG). The aim is to empower the providers and coders while enhancing the quality of healthcare delivery.

Program components include, but are not limited to:

- Interactive sessions covering ICD-10 coding guidelines and documentation requirements.
- Case studies and examples illustrating coding scenarios and documentation challenges.
- Modules covering key aspects of ICD-10 coding and documentation improvement.
- Sharing experiences, tips, and strategies for improving documentation accuracy.

PROGRAM OBJECTIVES

Upon completion of this activity, participants should be able to:

- **Recall** the importance of accurate ICD-10 coding and documentation in healthcare.
- **Identify** common documentation pitfalls and errors impacting coding accuracy.
- **Apply** best practices for clinical documentation improvement to support accurate coding.
- **Comply** with OIG recommendations to minimize risks of improper payments and audits.

SESSION 3 OBJECTIVES

Major Depression Disorder

- Describe episode and severity of depression and select the most appropriate ICD-10 CM code for Major Depression Disorder.

Anorexia & Bulimia

- Identify and support diagnostic criteria for anorexia nervosa and bulimia nervosa and treatment methods while selecting the accurate ICD 10 CM code.

TARGET AUDIENCE

This activity has been planned by and for both physicians and clinical documentation & coding professionals. Medical providers such as PCPS and specialists in the areas of endocrinology, vascular, pulmonology, oncology, cardiology who treat chronically ill patients affected by these disease states and who will improve patient outcomes by enhancing their knowledge of ICD-10 coding are encouraged to join.

OIG Targeted High Risk Condition Series

Session 3: Major Depression Disorder, Anorexia & Bulimia

ACCREDITATION STATEMENT

In support of improving patient care, this activity has been planned and implemented by Northwell Health and Healthfirst. Northwell Health is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE) and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team.



CREDIT DESIGNATION STATEMENTS

Physicians: Northwell Health designates each live activity for a maximum of **1.0 AMA PRA Category 1 Credits™**. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Verification of attendance: This will be provided to all professionals.

REGISTRATION

If you need additional information or to register for the event, please email Angela Sullivan, Manager of Provider Education, at asullivan@healthfirst.org or call 917-748-8455.

AGENDA

Thursday, April 3, 2025

8:55AM	Welcome and Introduction to CME Activity Emily Felzenberg, DO, JD, MPH, FACOI <i>AVP, Associate Medical Director Healthfirst</i>
Session	
9:00AM–9:45AM	OIG Targeted High Risk Conditions: Session 3: Major Depression Disorder, Anorexia & Bulimia Damarys Ayala, MJ, RHIA, CRC, CPMA, CPC, CDEO <i>AAPC Approved Instructor Manager, Provider Education Clinical and Documentation Excellence Healthfirst</i>
9:45AM	Question and Answer Session
10:00AM – Adjournment	

Major Depression Disorder & Anorexia & Bulimia

Clinical Documentation & Coding Dept.

Information Sharing

04/03/2025

Credit: CME/CEU

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AAPC - Continuing Education Units (CEUs)



This webinar is approved by **American Academy of Professional Coders (AAPC)**



Only registered participants will be eligible for CEUs.



To receive a CEU certificate, You must attend at least 45 minutes of the webinar.



Participants must be connected to both the audio and visual parts of the meeting for attendance to be recorded.



After attendance is verified, an AAPC CEU certificate will be emailed to the appropriate participants.



Sharing or claiming a CEU certificate without attending the webinar is strictly prohibited and could be viewed as fraudulent by AAPC.

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CMS Mandate

Any Condition that is taken into account or affects patient care, treatment or management should be documented and ultimately coded.¹

- Addressing and documenting all pertinent diagnoses is imperative!

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-Risk-Adjustment-Data-Validation-Program/Other-Content-Types/RADV-Docs/Medical-Record-Reviewer-Guidance.pdf>

¹ "Centers for Disease Control and Prevention." *Classification of Diseases, Functioning and Disability*. 08312009. Centers for Medicare and Medicaid Services (CMS) and the National Center for Health Statistics (NCHS), Web. 21 Jan 2010. <http://www.cdc.gov/nchs/data/icd9/icdguide09.pdf>.

AGENDA

OIG Findings

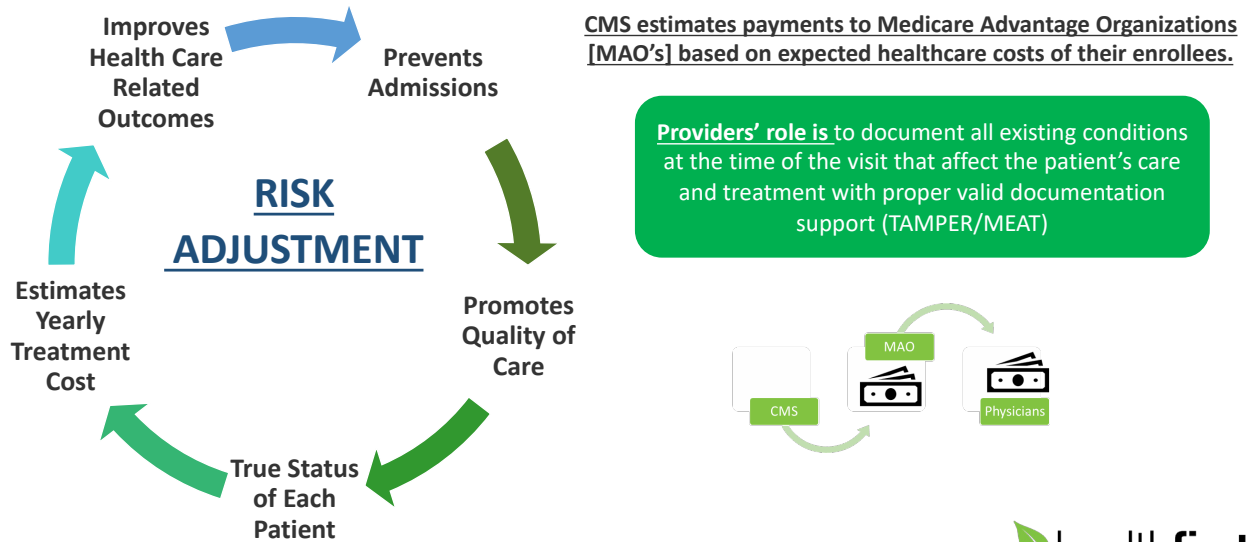
Risk Adjustment Overview

Documentation & Examples

- Major Depression Disorder
- Anorexia & Bulimia

Q&A

CMS-HCC Risk Adjustment Model

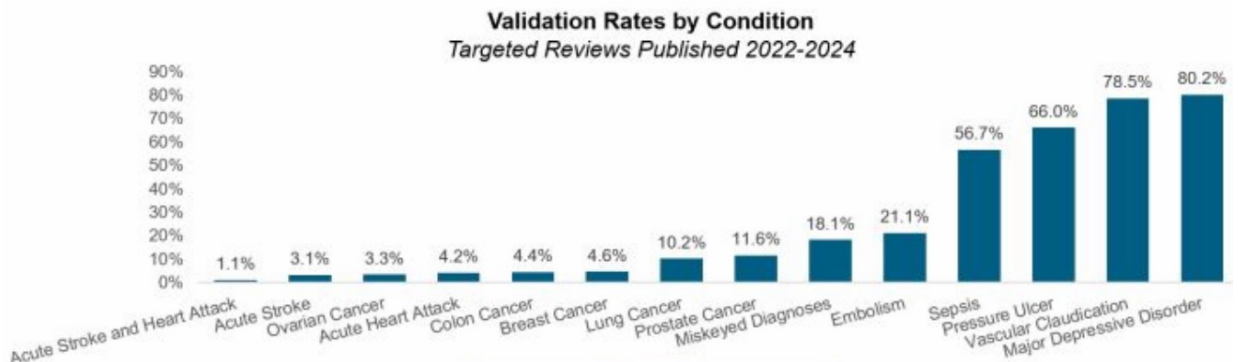


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OIG Audit Findings for 2022-2024



NEW

Conditions in focus in 2024 reports:

Sepsis

Pressure
Ulcers

Ovarian
Cancer

<https://oig.hhs.gov/documents/audit/10142/A-07-22-01209.pdf>

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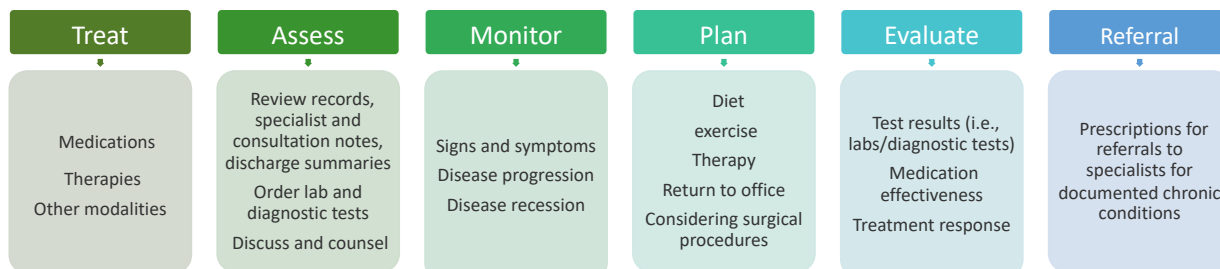


Improving Documentation

- Providers must accurately document the patient's diagnoses for each visit (encounter). **MEAT** (Monitor Evaluate Assess Treat) is most used acronym to assist providers with documentation improvement tips.
- With the growing changes in healthcare, the need to expand clinical documentation has also grown...from **MEAT** to **TAMPER**!

TAKE IT UP A NOTCH!

	M.E.A.T.	T.A.M.P.E.R.
MONITOR	✓	✓
EVALUATE	✓	✓
ASSESS	✓	✓
TREAT	✓	✓
PLAN		✓
REFERRAL		✓



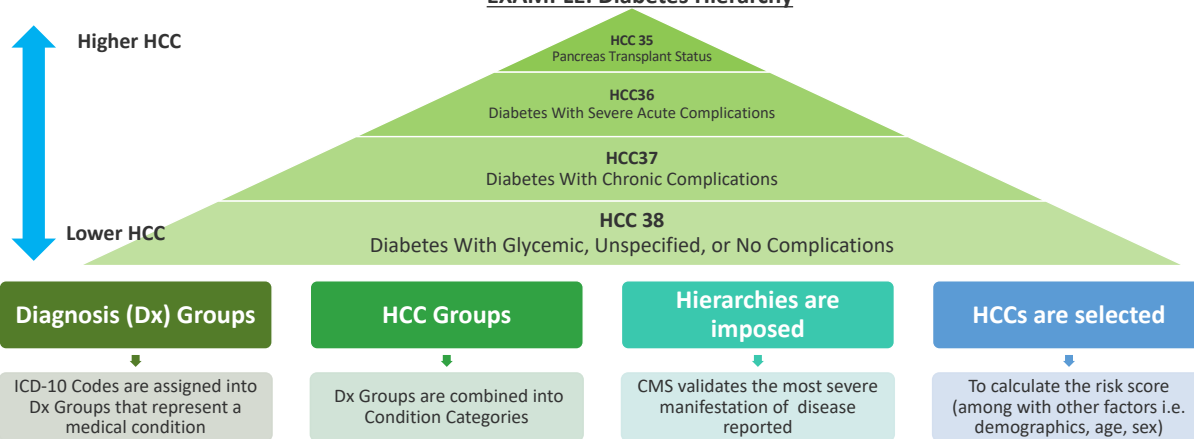
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Hierarchical Condition Categories (HCC)

EXAMPLE: Diabetes Hierarchy



- HCC Model** = Estimates healthcare cost for each patient
- RADV** = Risk Adjustment Data Validation
- HCC** = Hierarchical Condition Categories
- HCC Categories Capture** = Must be documented and re-submitted each year

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Poll Question

Best method of clinical documentation is using the MEAT or Tamper method?

- ★ A. True
- B. False

Poll Question

HCC is an acronym for?

- A. HHS comorbidity categories
- ★ B. Hierarchical condition category
- C. Health complication classifications
- D. Hierarchical complication category

Coding Example for MDD - Illustrative Purposes Only

Diagnosis	F33.3 Major depressive disorder, recurrent, severe with psychotic symptoms	HPI	Background Hx: Pt is a 72 years old Hispanic female with long Hx of mental illness, was diagnosed with MDD with Psychotic features was seeing the psychiatrist and therapist for many years for her ongoing depression and perceptual disturbances. Pt reported that because of the Pandemic she was unable to continue her outpatient treatment with her Psychiatrist and the therapist.
HCC Category	152—Psychosis, Except Schizophrenia	ROS	Patient reports no alcohol cravings/abuse and feels safe in a relationship; pt reported doing much better with her depression, decreased hearing the voices and which were less stress full. She reports no fever, no recent involuntary weight loss, no recent involuntary weight gain, no night sweats, and exercises regularly. She reports no loss of consciousness, no numbness, no weakness, no restless legs, no seizures, no frequent or severe headaches, and no dizziness. She reports no runny nose, no sinus pressure, no hives, no frequent sneezing, and no pruritus.
Diagnosis Supported	Yes	Assessment / Plan	
HCC Validated	Yes	IMPRESSION	MDD, Recurrent, With Psychotic Features, Moderate Insomnia
Coding Rationale	HCC Validated	PLAN:	Continued Vilbryd 20 mg po for her depressive symptoms Continued Risperidone 0.5 mg po HS to control her voices. Added Ambien 5 mg po HS to address her sleep difficulties. Recommended to continue her individual psychotherapy
Comments	HPI-HX of MDD with psychotic features was seeing the psychiatrist and therapist. ROS-Doing much better with depression, decreased hearing the voices. A/P-MDD on Vilbryd		Pt was explained the benefits, risks and side effects of both Vilbryd and Risperidone, especially the sedation and EPS symptoms with risperidone - Pt understood and verbalize the consent and agreed to the current treatment plan.
Recommendation	Continue to support Major Depressive Disorder recurrent, severe with psychotic symptoms using meat or tamper.		1. Severe recurrent major depression with psychotic features F33.3: Major depressive disorder, recurrent, severe with psychotic symptoms 2. Major depression with psychotic features - - Continued Vilbryd 20 mg po for her depressive symptoms Patient was informed that sertraline has side effects that include but are not limited to sexual dysfunction, decreased appetite, nausea, diarrhea, constipation, dry mouth, insomnia, sedation, agitation, tremors, headache, dizziness, CNS-activation, sweating, bruising, rare bleeding, rare hyponatremia, rare hypotension, and SIADH. Patient acknowledged these risks and the benefits of the medication

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Major Depression Disorder (MDD)

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Criteria for Major Depressive Disorder

According to DSM-5



5 symptoms must be present within a 2wk period
a minimum of 1 has to be depressed mood or loss of interest usually the first 2 questions.



Documentation must also support the symptoms causing the patient stress or impairment in areas of functioning (i.e social or occupational)



Not a result of substance abuse or medical comorbidities.

PHQ9 Final Score Interpretation

Guide for Interpreting PHQ-9 Scores			ICD-10-Codes	
Score	Depression Severity	Action	Single Episode	Recurrent Episode
0 - 4	None-minimal	Patient may not need depression treatment.		
5 - 9	Mild	Use clinical judgment about treatment, based on patient's duration of symptoms and functional impairment.		
10 - 14	Moderate	Use clinical judgment about treatment, based on patient's duration of symptoms and functional impairment.	F32.1	F33.1
15 - 19	Moderately severe	Treat using antidepressants, psychotherapy or a combination of treatment.	F32.2	F33.2
20 - 27	Severe	Treat using antidepressants with or without psychotherapy.	F32.3	F33.3

Patient Health Questionnaire (PHQ-9)

Name: _____ Date: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

For office coding: Total Score _____ = _____ + _____ + _____

Total Score _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

☐ Not difficult at all ☐ Somewhat difficult ☐ Very difficult ☐ Extremely difficult

Documentation Specificity for Major Depressive Disorder

Identify the Status

- ☐ Stable
☐ Single Episode
☐ Recurrent Episode

Include Severity

- ☐ Mild
☐ Moderate
☐ Severe

Presence or absence of

- ☐ Psychosis/Psychotic Features
☐ Other
Note: For Presence of Psychotic Symptoms or Features, if present the level of severity is severe

Remission status

- ☐ Partial
☐ Full

Treatment

- ☐ Medication
☐ Managed by Psychiatrist
☐ All Behavioral Conditions as appropriate

MDD - Single Episodes

- ☐ Moderate - F32.1
☐ Severe Without Psychotic Features - F32.2
☐ Severe With Psychotic Features - F32.3

MDD - Recurrent Episodes

- ☐ Moderate - F33.1
☐ Severe Without Psychotic Features - F33.2
☐ Severe With Psychotic Features - F33.3

Example: Mild recurrent Major depressive disorder – cont. Zolof



Coding Example for MDD - Illustrative Purposes Only

Diagnosis	F33.3 Major depressive disorder, recurrent, severe with psychotic symptoms	History of Present Illness <u>Depression - Screening</u> PHQ-9 Little interest or pleasure in doing things Nearly every day, Feeling down, depressed, or hopeless Nearly every day, Trouble falling or staying asleep, or sleeping too much More than half the days, Feeling tired or having little energy More than half the days, Poor appetite or overeating Nearly every day, Feeling bad about yourself or that you are a failure, or have let yourself or your family down More than half the days, Trouble concentrating on things, such as reading the newspaper or watching television Several days, Moving or speaking so slowly that other people could have noticed; or the opposite, being so fidgety or restless that you have been moving around a lot more than usual Several days, Thoughts that you would be better off dead or of hurting yourself in some way Not at all, Total Score 17, Interpretation Moderately Severe Depression. <u>Depression Screening:</u> PHQ-2 (2015 Edition) Little interest or pleasure in doing things? Nearly every day, Feeling down, depressed, or hopeless? Nearly every day, Total Score 6. <u>Care Transitions:</u> Pt is seen today for initial TOC visit. Pt states having some difficulty getting to PCP and was referred to RCS. pt states she was recently admitted to the hospital then rehab from 7/8-7/16. Rehab D/C states pt was admitted from change in mental status and UTI. Pt states she follows a Psych for depression but does not have a therapist. Pt states feeling much better today. Ambulates with cane and sometimes walker. No recent falls to report. NO chest pain, /sob or LLE.
HCC Category	152—Psychosis, Except Schizophrenia	
Diagnosis Supported	Yes	
HCC Validated	Yes	
Coding Rationale	HCC Validated	Treatment 1. Heart failure, unspecified Continue Metoprolol Tartrate Tablet, 100 MG, 1 tablet with food, Orally, Twice a day Continue Aspirin Tablet Delayed Release, 81 MG, 1 tablet, Orally, Once a day LAB: LIPID PANEL LAB: VITAMIN D 25-HYDROXY LAB: MICROALB/CREAT RATIO PANEL LAB: VIT B12 & FOLATE LAB: HEMOGLOBIN A1C LAB: URINALYSIS W/FLX CULTURE Imaging: Chest X-ray PA and lateral Imaging: Electrocardiogram (EKG) 2. Unspecified asthma, uncomplicated Continue Montelukast Sodium Tablet, 10 MG, 1 tablet, Orally, Once a day 3. Essential (primary) hypertension Continue Losartan Potassium Tablet, 25 MG, 1 tablet, Orally, Once a day 4. Major depressive disorder, recurrent, severe with psychotic symptoms Continue Lexapro Tablet, 5 MG, 1 tablet, Orally, Once a day Continue risperidONE Tablet, 0.5 MG, 1 tablet, Orally, twice a day
Comments	HPI- PHQ-9 score 17 Little interest or pleasure in doing thing nearly everyday. A/P-MDD on Lexapro and Risperidone	
Recommendation	Continue to support Major Depressive Disorder recurrent, severe with psychotic symptoms using meat or tamper.	

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Poll Question

Which example is documented to highest level of specificity?

A. A 25-year-old patient is seen for a follow up visit. Continues to express feelings of loneliness, sadness, and loss of interest in hobbies that he once enjoyed. Patient is diagnosed with depression.



B. Patient presents for a follow up of her **recurrent major depressive disorder of moderate severity**. Patient complaints of loss of interest or pleasure in most activities, tiredness, fatigue, low motivation for routine tasks. Today her a PHQ9 score is 13. Counseled the patient and updated medication of Prozac.

Rationale:

Documentation specifies **episode of recurrence** and **severity** of major depressive disorder and includes MEAT-with Medication Prozac.

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Documentation of Behavioral Conditions

SUSPECT

When a behavioral disorder is suspected but not yet confirmed
(i.e: "Suspected", "Rule out")
Cannot be abstracted as established diagnosis

CONFIRMED

When diagnosis is confirmed
Presence of diagnosis should be documented along with medication and types of therapy:
➤ "well controlled on medication"
➤ "pt receiving active psychotherapy"

RESOLVED

Behavioral disorders documented as "resolved" that do not require continued treatment.

Example:

- Individual who has previously been diagnosed with MDD, received treatment & is no longer depressed or receiving treatment (no meds). You may code **Z86.59 - Personal History of other mental and behavioral disorders**.
 - If patient's symptoms resolved due to ongoing medication use, the conditions should be documented and coded as "full or partial remission"
- *Note there's always a risk of relapse even after achieving remission.

Note:

A patient with major depression disorder should not be documented as having "history of MDD", instead use provider's active voice indicating condition is still active. (i.e patient with severe MDD, on Prozac.)

Poll Question

When documenting major depressive disorder include the following?

- A. Recurrence, such as single episode or recurrent
- B. Severity(Mild, moderate, or severe)
- C. Presence of psychotic features(if applicable)



D. All of the above

Anorexia & Bulimia

Tips for Documenting and Coding Major Depression Disorder

Coding MDD accurately requires the documentation to note the following:

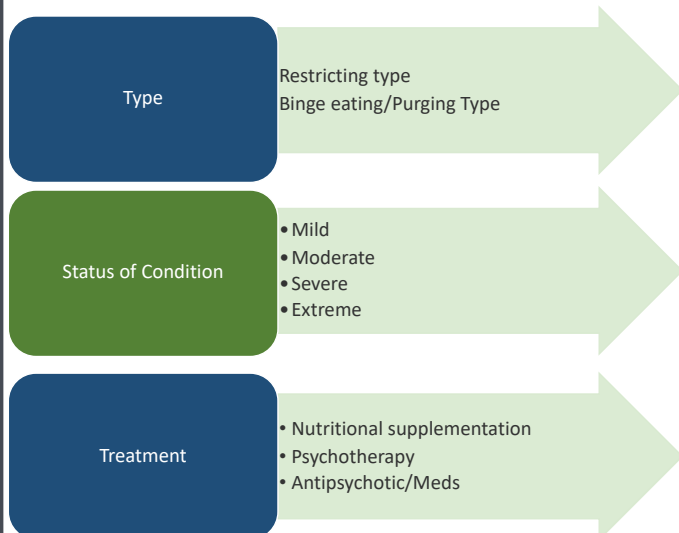
- Symptoms are present for at least 2 weeks,
- If it is single, recurrent episode,
- if it is mild/moderate, severe with/without psychotic features, and if partial or full remission.

Always document to the highest degree of specificity

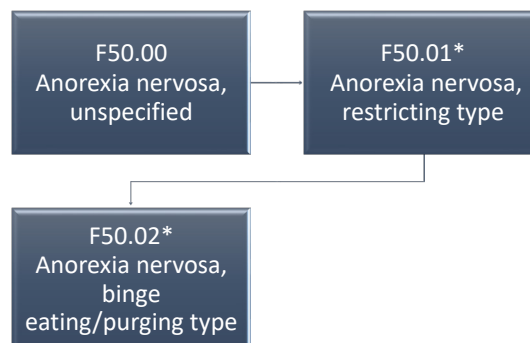
Avoid using the acronym “MDD” to represent Major Depressive Disorder, as it also can represent manic depressive disorder, which classifies to a different diagnosis code. As a best practice, spell out the diagnosis in full for all applicable descriptors and include information about any antidepressant medication

Anorexia Nervosa-New HCC

Documentation Recommendation



Anorexia Nervosa Diagnoses Codes



Document BMI and any complications related to poor nutrition or vitamin deficiency

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Example for Anorexia

Illustrative Purposes Only

Diagnosis	F50.021 - Anorexia nervosa, binge eating/purging type, moderate
Diagnosis supported	Yes
HCC Category	153 – Personality Disorder, Anorexia/Bulimia Nervosa
HCC Supported	Yes
Rationale	HCC Validated
Comments	Presents for follow up for anorexia with binge eating/purging type BMI:16-moderate referred to eating disorder treatment program.
Recommendation	Continue to support all chronic conditions with meat/tamper as shown in the example.

Follow up: 21-year-old patient with anorexia nervosa, binge eating/purging type comes in complaining of generalized weakness and fatigue. Physician exam showed a BMI of 16, erosion of the incisors and lab tests confirmed hypokalemia. The patient was referred to an eating disorder treatment program.

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Example for Bulimia

Illustrative Purposes Only

Diagnosis	F50.22-Bulimia nervosa, moderate
Diagnosis supported	Yes
HCC Category	153 – Personality Disorder, Anorexia/Bulimia Nervosa
HCC Supported	Yes
Rationale	HCC Validated
Comments	Patient with compulsive binge eating and purging five times per week for the last 3 months. Exercise 7 days a week 2 times a day. Frequent trips to the bathroom using laxatives. Withdrawals from friends.
Recommendation	Continue to support all chronic conditions with meat/tamper as shown in the example.

A new patient presents with compulsive binge eating and purging five times per week for the last 3 months. The patient has excessive exercise regimen 7 days a week 2 times a day. The patient has frequent trips to the bathroom using laxatives and has withdrawals from friends and activities. After examination by the provider, the patient is diagnosed with Bulimia nervosa, moderate

Poll Question


When documenting for Anorexia, BMI is important for specificity.

★ **A. True**

B. False


Bulimia Nervosa-New HCC

Documentation Recommendation




Severity

- Mild
- Moderate
- Severe
- Extreme
- In Remission



Status of Condition

- Stable
- Improving
- Worsening



Treatment

- Cognitive behavioral therapy
- Interpersonal psychotherapy
- Selective serotonin reuptake inhibitors(SSRIs)

ICD-10 Code and Descriptions



Document any complications related to poor nutrition or vitamin deficiency

Bulimia Examples

Unspecified Diagnosis

- Patient presents to E/R for dehydration and irregular menstruation. Patient medical history is bulimia nervosa being following by Dr. X. Pt refuses to tell how many episodes of inappropriate compensatory behavior per week. Physician codes - **F50.20-Bulimia nervosa, unspecified.**

Higher Level of Specificity

- Patient presents to E/R for dehydration and irregular menstruation. Patient medical history is bulimia nervosa being following by Dr. X. Pt advised physician that she has 5 episodes of inappropriate compensatory behavior per week. Physician codes - **F50.22-Bulimia nervosa, moderate.**

High Quality Documentation



Complete – Fully addressing all concerns in the patient record.



Consistent – non contradicting/conflicting documentation.



Timely – prepared, signed and dated at the time the care was provided.



Clear – thorough description of what occurred with the patient



Precise – clearly defined by highest level of specificity that can be determined from the clinical evidence



Legible – clear and easy for the reader to interpret



Reliable – trustworthy documentation

Poll Question

What should the documentation for Bulimia include?

- ★ A. Severity(Mild, Moderate, Severe, Extreme)
- ★ B. **Severity & Treatment**
- C. None of the above

Healthfirst Job aids for Providers & Coders



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Poll Question

Documentation of evaluation or treatment of a chronic condition must occur at which of the following intervals to be captured for risk adjustment?

- A. Quarterly
- B. Twice Yearly
- ★ C. **Annually**
- D. Every other year

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Healthfirst Provider Website (HFproviders.org)

Register for June Provider Education Events

Posted Jun 04, 2024

Together, we can improve patient outcomes. Join us at a provider education workshop, training, or event.

To receive future event invitations, sign up [here](#).

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Healthfirst Provider Symposia

2024 Fall Provider Symposium

- Nov 15, 2024, at 8:30am - [Register Here](#)

Trainings

On-Demand Professional Education Course:
American Lung Association's Asthma Educator Institute

- On-demand course - [Register Here](#)

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Asthma Educator Institute™ (AEI)
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Continuing Medical Education

Prescription for Long Life Dinner Series

- Details and registration information are [available here](#)
- This CME conference series is provided in collaboration with Healthfirst, Chinese American Medical Society (CAMS), CAIPA, Charles B. Wang Community Health Center, and Maimonides

<https://hfproviders.org/resource-posts/provider-education-events>



- ✓ Continuing Medical Education
- ✓ Webinars & Workshops
- ✓ Past Events & Sessions Recordings

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<https://hfproviders.org/what-s-new/provider-education-events>

Healthfirst Provider Website (HFproviders.org)

Healthfirst for Providers

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Provider Home / Homepage

Healthfirst Provider Portal
Get all the tools you need to manage your practice and deliver excellent service to Healthfirst patients

What's New

Important Posted Aug 24, 2023, 2:12:00 PM
Provider-Identified Overpayments
Information for providers who determine that Healthfirst has overpaid a claim. 0

Important Posted Aug 16, 2023, 1:25:00 PM
Provider Education Events
Join us at a provider education workshop, training, or event. 2

Important Posted Aug 16, 2023, 1:00:00 PM
Improving Specificity in ICD-10-CM Diagnosis Coding
Invalid ICD-10-CM diagnosis codes are expiring. 0

Important Posted Aug 1, 2023, 11:00:00 AM
Medications Requiring Prior Authorization Under the Medical Benefit
Ensure you remain current on the most recent changes. 29

Provider Resources

HF Cares App
Provider Welcome Kit
2 items
Modified Jul 14, 2023

Provider Alerts
132 items
Modified Aug 24, 2023

Coding
91 items
Modified Aug 28, 2023

Coronavirus (COVID-19)
35 items
Modified Jun 29, 2023

Telehealth
10 items
Modified May 24, 2023

Claims & Billing
106 items
Modified Jul 24, 2023

Compliance, Regulatory & Policies
103 items
Modified Aug 24, 2023

Behavioral Health and Foster Care
63 items
Modified Jul 12, 2023

Patient Care Resources
279 items
Modified Jun 15, 2023

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Healthfirst Provider Website

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Provider Home / Coding

Coding ▾

Resource Type

- ☐ Policy, Billing, or Coverage Update
☐ Practice Guidelines and Tips
☐ Provider Newsletter
☐ Video

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[CMS-HCC_V28 Model Updates](#) [Coding](#) [COVID-19](#)
[General ICD-10/ICD-11 Information](#) [HCCS](#)
[Risk Adjustment Data Validation Audit](#) [Smoking Cessation](#)

Year

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Coding - Video - 2024

Video - Documentation and Coding of Breast Cancer

This 5-minute video offers guidance on proper clinical documentation and coding of breast cancer.

[Open external link](#)

[Clinical Documentation Improvement](#) 0

Coding - Practice Guidelines and Tips - 2024

Documentation and Coding: Aspiration Pneumonia, CMS-HCC_V28 Model Updates

This tip sheet is intended to assist providers and coding staff with the documentation and ICD-10-CM selection, along with the Centers for Medicare & Medicaid Services (CMS) Hierarchical Condition Category (HCC) Version 28 Model Updates, on services submitted to Healthfirst—specifically for types of Aspiration Pneumonia.

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Documentation and Coding: Outpatient Evaluation and Management

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Provider Education –
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Documentation & Coding of Breast Cancer

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Coding - Practice Guidelines and Tips - 2024

Documentation and Coding: Specified Heart Arrhythmia, CMS-HCC_V28 Model Updates

This tip sheet is intended to assist providers and coding staff with the documentation and ICD-10-CM selection, along with the Centers for Medicare & Medicaid Services (CMS) Hierarchical Condition Category (HCC) Version 28 Model Updates, specifically for common types of Specified Heart Arrhythmia.

[Open document](#)

[Clinical Documentation Improvement](#) [CMS-HCC_V28 Model Updates](#) 1

Coding - Practice Guidelines and Tips - 2024

Documentation and Coding: Chronic Obstructive Pulmonary Disease, CMS-HCC_V28 Model Updates

This tip sheet is intended to assist providers and coding staff with the documentation and ICD-10-CM selection, along with the Centers for Medicare & Medicaid Services (CMS) Hierarchical Condition Category (HCC) Version 28 Model Updates, on services submitted to Healthfirst—specifically for Chronic Obstructive Pulmonary Disease (COPD).

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[Clinical Documentation Improvement](#) [CMS-HCC_V28 Model Updates](#) 1

Coding - Practice Guidelines and Tips - 2024

Documentation and Coding: Pancreatic Cancer, CMS-HCC_V28 Model

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References:

- [AAPC When is an injury Initial, Subsequent & Sequela?](#)
- [2024-icd-10-cm-coding-guidelines](#)

Questions



Website of Job Aids: <https://hfproviders.org/provider-resources/coding>

Email any questions or concerns at: [#Risk_Adjustments_and_clinical_Documentation@healthfirst.org](mailto:Risk_Adjustments_and_clinical_Documentation@healthfirst.org)

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of the OIG Targeted High Risk Condition Series
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