

Risk Coding Tips and Tools

V28: Upcoming ICD-10 Changes

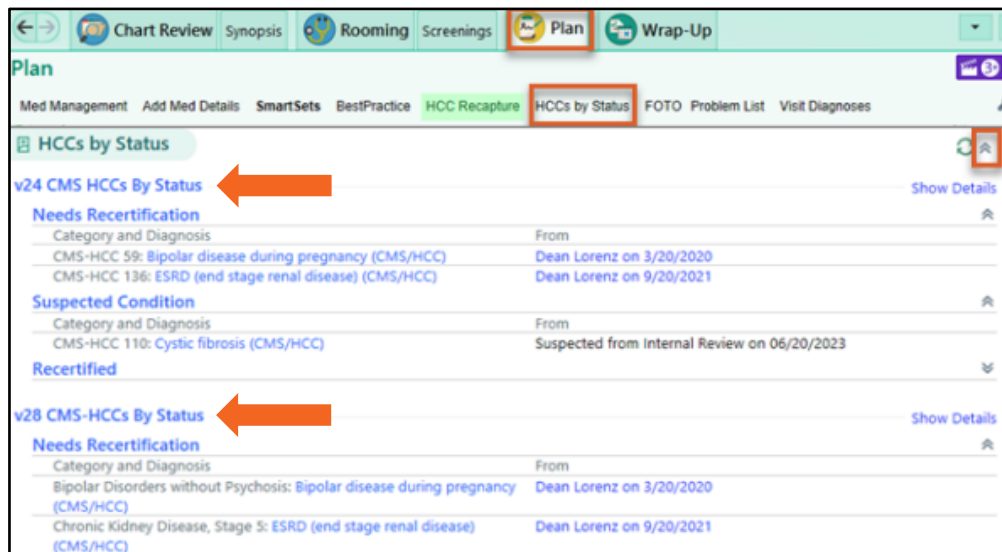
The Centers for Medicare & Medicaid Services (CMS) has introduced a new risk adjustment model, and the transition will begin in 2024. The new model is designed to capture more complete and accurate data about the health status of patients with chronic conditions, to better predict healthcare costs in the future.

How will the changes affect me as a clinician?

- Documentation requirements remain the same!
 - Assess all ongoing conditions annually for accurate risk score calculations.
 - Diagnosis specificity is key, as some “unspecified” codes have been removed from risk score calculations.
 - Take advantage of diagnosis code specificity tools within Epic to ensure accurate coding.

What should you expect to see?

- Updates have already been deployed and will appear in Epic, offering feedback on relevant risk codes based on the new model.
- Medical risk adjustment coders assigned to your practice will continue to surface newly identified codes for your review and approval.



References:

Centers for Medicare & Medicaid Services (2023). *Announcement of calendar year 2024 Medicare Advantage capitation rates and part c and part D payment policies*. CMS.gov. <https://www.cms.gov/files/document/2024-announcement-pdf.pdf>

You can find this resource and others like it in the OHN Risk Coding Corner at www.OrlandoHealth.com/Network/Provider-Resources.

You can also contact us at RiskCoding@OrlandoHealth.com for additional questions or support needs.