



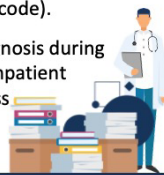
# Medicare Advantage OIG Coding Audits at a Glance

The Office of Inspector General (OIG) has announced that 7-9 Medicare Advantage Payor audits that will be conducted in 2021. We have already seen the release of 4 as of June 2021. Here are some lessons we have learned from these audits:

## FINDINGS

### Acute Conditions But No Hospital Care

- **Acute stroke:** An enrollee received this diagnosis during the claim year but did not have a corresponding inpatient hospital claim. OIG states the physician should have used a diagnosis of “history of stroke” (which does not map to a HCC code).
- **Acute heart attack:** An enrollee received this diagnosis during the claim year but did not have a corresponding inpatient hospital claim within 60 days. OIG states that a less severe diagnosis should have been used.



### Diagnosed But Not Treated

- **Embolism:** An enrollee received this diagnosis but did not have anticoagulant medication dispensed on his or her behalf.
- **Vascular claudication:** An enrollee received this but was prescribed a medication typically used for neurogenic claudication. Due to this medication, OIG stated that the diagnosis was not supported.
- **Major depressive disorder:** An enrollee received this diagnosis but did not have antidepressant medication dispensed on his or her behalf.



## HCC Coding Basics



Medicare Advantage – Payors submit bids to Medicare to manage the care of Medicare patients. The basic concept is that payment is higher for patients that are likely to need more care.



Provider diagnoses are used to calibrate payment based on acuity. So the ICD-10 provider diagnoses are matched with HCC codes, which are predictive and prospective – they increase payment for future years.



Code recording is required by a provider in both face-to-face as well as telehealth visits.

## Key Takeaways



### Provider Diagnosis

Diagnostic codes are clinical in nature and approved by the physician as a part of their face-to-face visit of the patient. Patients with coded conditions also have a care plan setting forth treatment for the conditions.



### Audit Accuracy

Use audits to ensure coding accuracy. This means that audits should not only be used to add codes, but detect errors that once found, must be addressed.



### Listen and Respond

Welcome and encourage an open and transparent dialogue. Listen to anyone with concerns or questions.