

What is HCC Coding?

Hierarchical Condition Category Coding, or HCC, is a risk adjustment model originally designed to estimate future health costs for patients. The Centers for Medicare & Medicaid Services (CMS) HCC model was initiated in 2004 but is becoming increasingly prevalent as the environment shifts to value-based payment models.

Empower Success

Elevate Your HCC Risk Adjustment Success with Pinnacle's Comprehensive Coding, Audit, Education & Consulting Expertise!

Pinnacle HCC Risk Adjustment Coding, Audit and Education Solution Services offer health plans, facilities, and providers the ability to improve performance by providing:

- HCC Coding, Audit, and Validation Services for "Sweeps"
- Retrospective chart audit service
- Expert medical record review and code assignment from all settings
- Examination of pertinent medical evidence including adherence to all CMS and official coding guidelines
- Data analytics and performance metrics consulting
- Risk score validation and improvement strategies
- Improve coding skills through continuing education "CEUs"

Why Choose Pinnacle?

Pinnacle's resources are AAPC, AHIMA, and NAMAS certified professionals well versed in all aspects of HCC Risk Adjustment. Pinnacle offers competitive pricing and cost-effective and long-lasting solutions.

- Decades of auditing, coding, revenue cycle, and practice management
- Staff mandated for precision assurance
- Pinnacle surpasses industry IT security norms
- Prompt and expedited turnaround time
- Customized reporting

Pinnacle can assist with various HCC risk adjustment models including CMS - HCC, HHS-HCC, ACA – HCC, State Specific Medicaid Models, PACE, ESRD, and RXHCC.

Our certified professionals are proficient with many software systems such as Epic, Cerner and Power / Chart, Allscripts, NextGen, Practice Fusion, eClinicalWorks, and more.