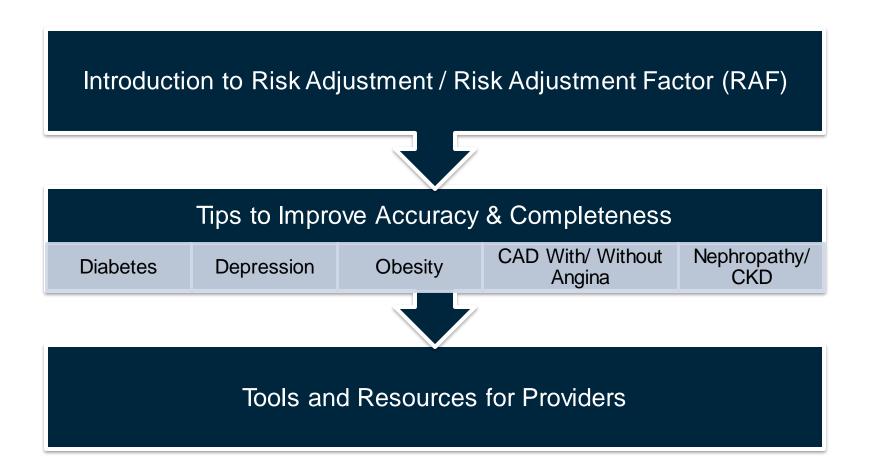
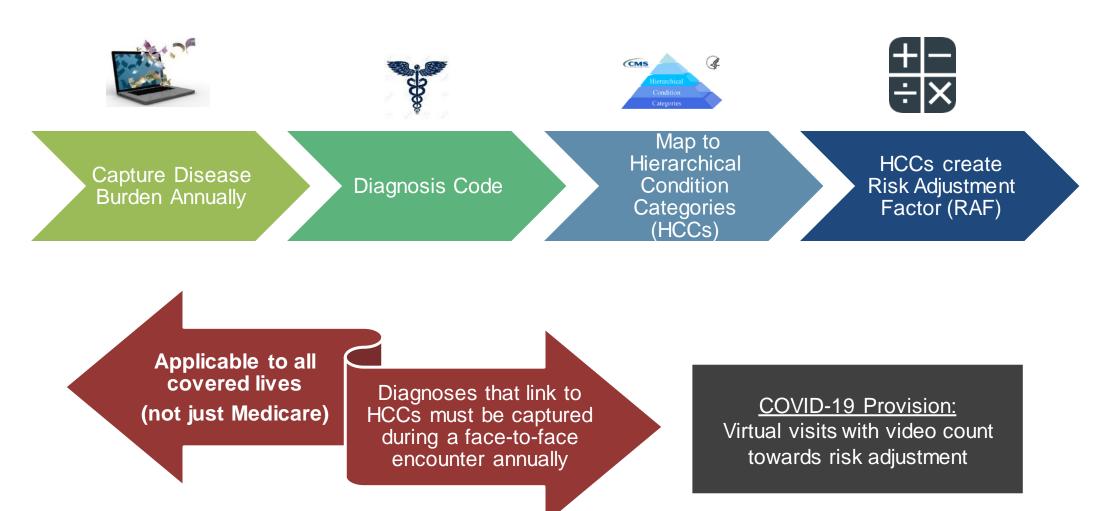
Overview

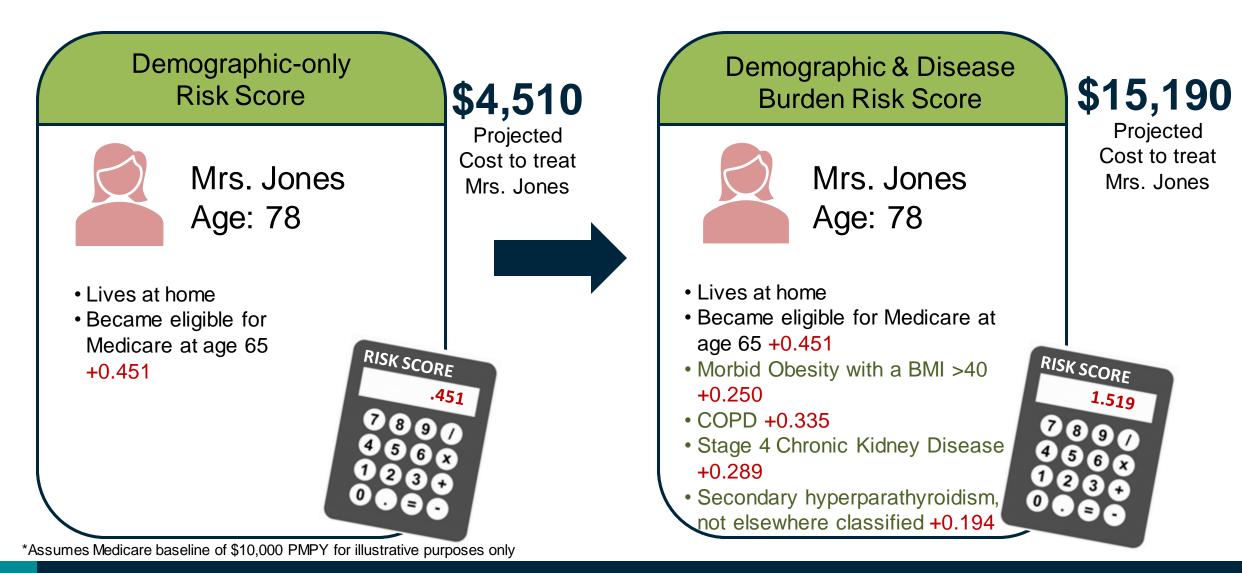


Critical Core Competency

Capturing Disease Burden

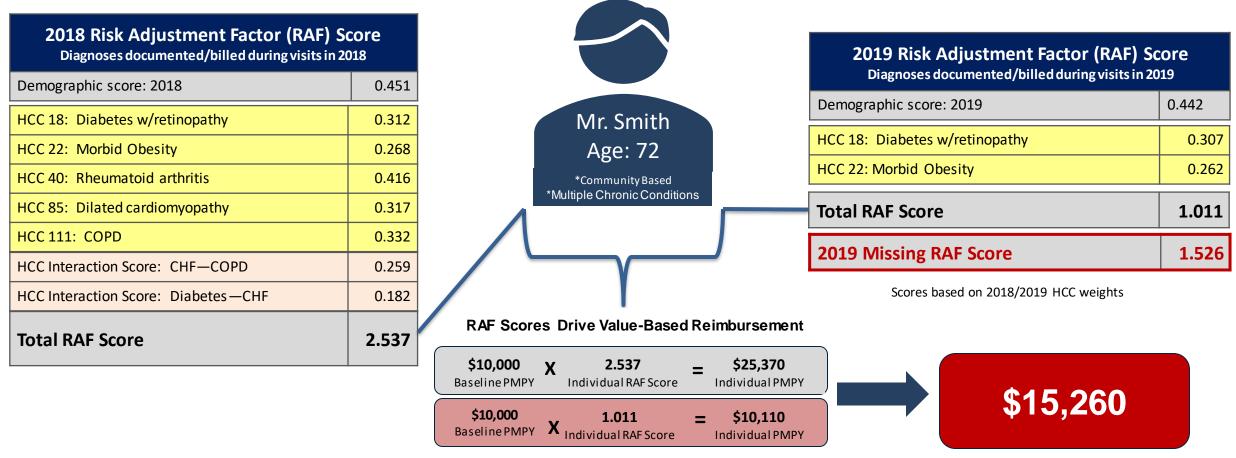


Financial Impact of Risk Adjustment



3

Persistency in Documentation is Imperative RAF resets annually



Projected Cost Lost 2019

4

"Myth Busting"

Maximum of 4 diagnoses can be documented per encounter

A maximum of **12** diagnoses can be documented per encounter

Currently we submit an average of **2.9** total diagnoses per encounter



Based on 2019 Medicare & MA Claims

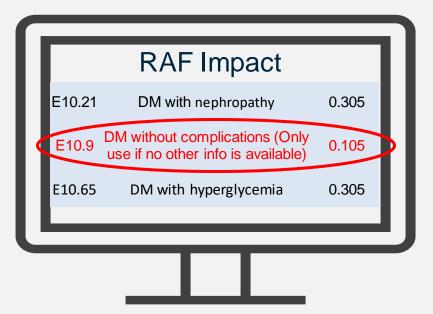
Primary Care is responsible for risk adjustment

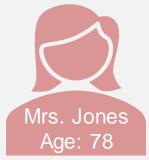
Claims from all providers may contribute to risk adjustment

Diabetes

Codable Language Tip:

Do not say "uncontrolled" diabetes





When seeing a diabetic patient remember the following:

Evaluate every diabetic for complications



Link the complication to diabetes

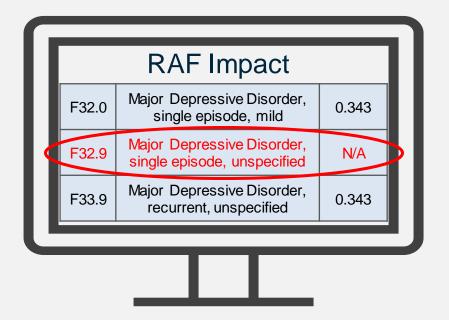


Diabetic ulcers: Consider addt'l code for atherosclerosis of the lower extremity

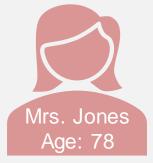
Major Depressive Disorder

Codable Language Tip:

Single vs. Recurrent Episode If Single, specify mild/moderate/severe



7



When seeing a major depressive disorder patient remember the following:

Clinical Judgement or PHQ-9 result to document severity of depression



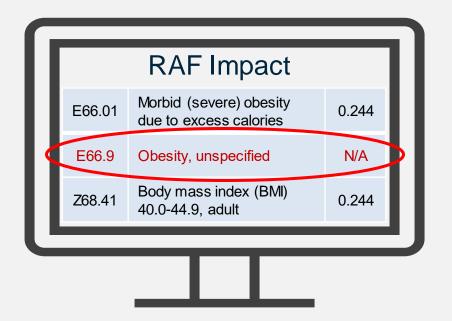
PHQ-9 Score

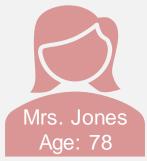
5 to 9 = Mild 10 to 14 = Moderate 15 to 19 = Moderately Severe 20 to 27 = Severe

Obesity

Codable Language Tip:

Morbid Obesity





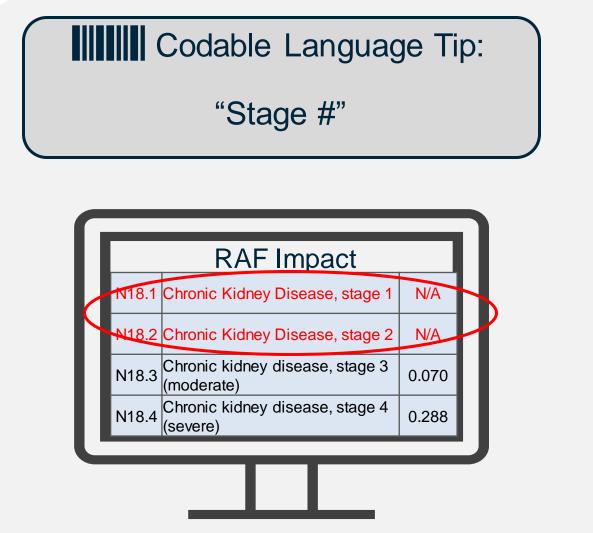
When seeing an obese patient remember the following:

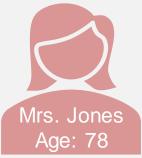
 $BMI \ge 40 = Morbidly Obese$

 $BMI \ge 35 = Morbid Obesity and one or more comorbid conditions$

Documenting BMI calculation is not enough

Chronic Kidney Disease





When seeing a chronic kidney disease patient remember the following:

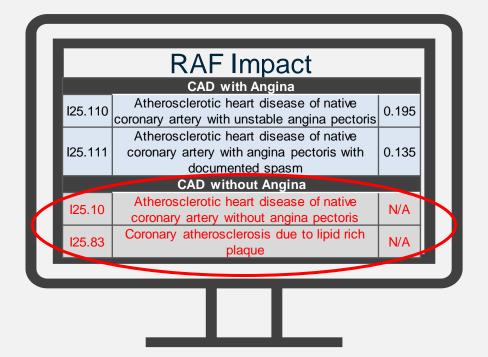
Note if patient is dependent on dialysis

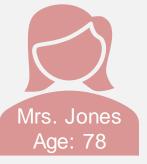


Specify Stage I-V or ESRD Stage I: GFR >=90 Stage II: GFR 60-89 Stage III: GFR 30-59 Stage IV: GFR 15-29 Stage V: GFR < 15 (or dialysis)

CAD with/without Angina

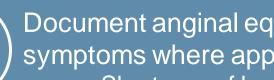
Codable Language Tip: "Angina"





</>

When seeing a patient CAD remember the following:



Document anginal equivalent symptoms where appropriate:

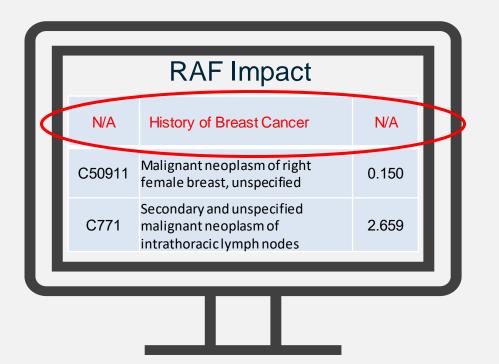
- Shortness of breath
- Diaphoresis
- Extreme fatigue
- Chest pain

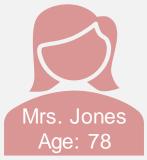
Nitroglycerin PRN = Angina

Oncology

Codable Language Tip:

Active vs. History of





When seeing an oncology patient remember the following:



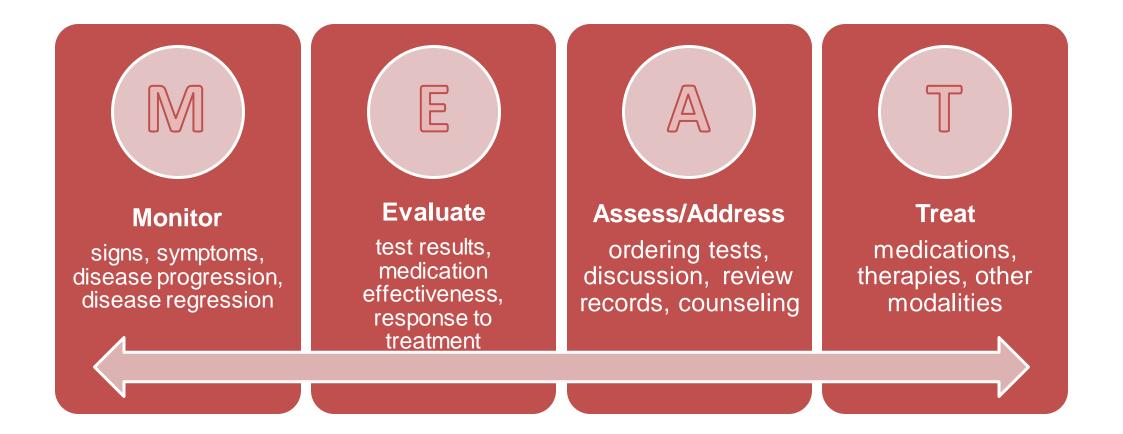
When coding cancers do **not** use "**History of**" to describe

- current or chronic condition that is still present, active or ongoing
- Patients being treated with adjuvant therapy (Breast & Prostate Cancer)



Metastatic is coded as secondary malignant neoplasm

Does your documentation have MEAT?



Other Risk Adjustment Tips

Senile purpura	Other nonthrombocytopenic purpura	0.192
Dementia	New in 2020 all dementia codes map to risk adjustment	0.346
Aortic Calcifications	Atherosclerosis of the aorta	0.288
СКD	Consider secondary hyperparathyroidism	0.194
Home oxygen requirement (COPD)	Consider coding chronic respiratory failure	0.282
Congestive Heart Failure (CHF)	Once diagnosed it is chronic even if asymptomatic	0.331

Tools & Additional Resources



CarolinasPhysicianAlliance.org

info@CarolinasPhysicianAlliance.org

	Behavioral Health	500	-		-	
10	Description		VPE 1	1	YPE	2 MITMOUT
9	Schlapphrenia, unspecified	-	PE 1		EIIB YPE 2	Usbeles main
		0.309	0.44	E	11.44	Diabetes melitus without complications WITH COMPLICATION amyorcom
2	Delusional disorders	0.309	42		1,618	artivesentry NEC
1,0	Bipolar disorder, unapecified	0.309	22	ETT	810	cataract Cotaract
2.0	Major Depressive Disorder, single episode, mild	0.309		ETT	44 59	chicong kidney of skaze
12.1	Major Depressive Disorder, single episode, moderateD	906.0	F	ETTA		remarks Vox uber
_	2020 CMS HCC Ti	n	H	E114 114	1	ungeneral astropanalysis
32.2	Changed and Change		H	11 21	-	2219 Areas Stratus Areas Areas
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132.4	Major Depreserve Develop single in the la full remission	0.309	EI	640	hypo	an using
132.5	Major Depressive Disorder, single episode, in full remission	NIA	ETT	10	k atoa	Type 2 Tips
F32	Major Depressive Disorder, single apisode, unspecified	0.309		2	we we	
	Descentive Disorder, recurrent, mild		11.4		ionun yashi	Subsections NECC * Developmental for multi-specific sec-
F33	in manufar, recurrent, moderate	0.300	100	2	phrone.	Na loogia
F33	Major Depressive Disorder, recurrent, severe without psychotic Major Depressive Disorder, recurrent, severe without psychotic	0.309		100	rologi	
F3	1.2 Major Depressive Disorder, recurrent, severe with psychotic	0.309	al.	Cau	opath	e complication REC Y Cocumentation must
F3	3.3 Major Depressive Disorder, Voorton symptoms	0.30	F	oral o	omply	Complication NEO * Decement
=	Major Depressive Disorder, recurrent, in remissivic, and	0.30		penod	ont M o	a construction read specify velationship
-	Disorder, recurrent, in partial remission		- 6	with enjohe	22.02	gopañy The
10	Ali Major Depressive Disorder, recurrent, in full remission Major Depressive Disorder, recurrent, in full remission	0.30	2			ropathy
1	42 Major Depressive Disorder, recurrent, unspecified	0.3	90			