

RISK ADJUSTMENT FACTORS (RAF) TIPS (CHAPTER 1)

CMS uses patient diagnoses to determine compensation paid to the health plans with which HFNI is contracted. The diagnoses must be documented in the progress notes of the patients' medical records every year. The diagnoses must be documented with specificity, related conditions, treatments, and progress.

Here are a few tips to help you document thoroughly for a diagnosis-based compensation plan versus a procedure-based compensation plan.

1. Always report, and discuss, "chronic conditions" (e.g. atrial fibrillation, CHF, rheumatoid arthritis, COPD, old MI, Diabetes Mellitus and its complications) at least once each year.
 - TIP: Review the patients "problem list" for chronic conditions that have not been reported and coded, at least once yearly.
 - TIP: Review and document all chronic conditions at medication refill appointments. Document results from labs, tests, and consults at the next encounter.
 - TIP: Review ongoing prescription drugs for hints that a chronic medical condition has not been reported and coded (e.g. beta blocker use for "old MI").
 - TIP: Always report special "patient status" codes (e.g. stroke residual effects, paraplegia, colostomy, amputations) at least once each year.
2. Always report the highest degree of diagnostic certainty for each visit or service. It does not matter if the "final" diagnosis is something else (e.g. if your working diagnosis is "angina", use that code instead of non-specific chest pain until angina is excluded).
 - TIP: "Rule Out" ICD9 codes **do not** exist.
3. If a problem is due to another, make that clear with specific ICD9 coding. For example, if peripheral neuropathy is due to Diabetes, use the code for diabetes with that complication (250.6x), not Diabetes and Peripheral Neuropathy separately and unlinked. If you aren't sure of the coding, write it out, e.g. "Diabetes complicated by peripheral neuropathy". This would result in reporting codes 250.6x, diabetes with neurologic manifestations, and 337.1, peripheral autonomic neuropathy. Similarly, always report conditions that are the cause the current clinical problem (e.g. the decubitus or chronic skin ulcer that causes cellulitis or sepsis).
 - TIP: How to link them together. Use the following linking terms to join the dependent condition to the primary causative condition.
 - With
 - Secondary to
 - Diabetic...
 - Due to
 - Associated with
 - Tip: The following do not link diabetes with a manifestation
 - Slash
 - Dash
 - Comma

- You may document the manifestation immediately without listing the higher level of manifestation category. *i.e. instead of writing "DM with Renal manifestations", which does not specify the manifestation, use "DM w/CKD" to be more concise.*
- 4. Code "metastatic [type] cancer — site [specify]" when appropriate. Do not use codes for cancer at two different sites (e.g. lung and brain) when the patient has metastatic cancer involving lung and brain.
- 5. ICD9 codes for Trauma, Motor Vehicle Accidents, Falls, and Substance Abuse (e.g. alcohol) also risk adjust payments and should be reported.