

Risk Adjustment Review Summary for [REDACTED]

This review has been provided for [REDACTED] providers at the request of [REDACTED] for 2007 and 2008. For this practice, the documentation for [REDACTED] providers has been reviewed by experienced coders. Careful documentation is critical to accurate and complete data collection for Risk Adjustment. This review has been separated into 3 parts. The first part contains a list of all errors and omissions as provided by [REDACTED] along with the total number of occurrences of each E/O code for the entire file.

The second part contains a list of all new HCCs found during the review, with the total number of occurrences for the entire file.

The third part is a breakdown, by physician, of all new HCCs and any errors or omissions. Each patient is listed separately, with each new HCC listed along with the corresponding ICD-9 code and the date of service. Any errors or omissions would then be listed.

The following is a list of all error codes identified for [REDACTED]

EO Code	Occurrences	Description
2	13	No provider signature on progress note
3	2	Provider's signature does not meet CMS guidelines
4	139	Progress note is illegible or partially illegible
5	5	No date of service on progress note
7	22	Abbreviations that are not standard
8	5	Provider treated the patient's diagnosis, but did not document it in the progress note or it was unclear
9	2	Provider diagnosed the patient, but there is no progress note to support that the provider evaluated or treated the patient's condition during the chart review year
12	7	Progress note indicates inferred diagnosis codes. Provider documented "History of...", but did not diagnose nor treat the patient's condition
14	4	Provider did not document diagnosis code to the highest degree of specificity
17	98	Provider documented unacceptable symbols associated with a valid diagnosis code in the progress note
20	17	More info required, request to be sent

The following HCC codes were identified during the review process for [REDACTED]

HCC Code	Occurrences	Description
10	5	Breast, Prostate, Colorectal and Other Cancers and Tumors
104	1	Vascular Disease with Complications
105	13	Vascular Disease
108	16	Chronic Obstructive Pulmonary Disease
112	1	Pneumococcal Pneumonia, Empyema, Lung Abscess
131	9	Renal Failure
149	9	Chronic Ulcer of Skin, Except Decubitus
19	149	Diabetes without Complication
26	2	Cirrhosis of Liver
38	8	Rheumatoid Arthritis and Inflammatory Connective Disease Tissue
54	5	Schizophrenia
55	1	Major Depressive, Bipolar, and Paranoid Disorders
71	8	Polyneuropathy
74	2	Seizure Disorders and Convulsions
79	1	Cardio-Respiratory Failure and Shock
80	10	Congestive Heart Failure
9	11	Lymphatic, Head and Neck, Brain, and Other Major Cancers
92	16	Specified Heart Arrhythmias

The Mechanics of Chart Documentation

Documentation validates that services were provided, ensures continuity of care, supports medical necessity and verifies that services provided are reported with accuracy. Good documentation supports the level of service billed resulting in appropriate reimbursement.

- The physician's signature and credentials must be on each chart entry.
- The patient name and the date of service must be on each page of the patient chart.
- The medical record must be complete and legible.
- Only standard medical abbreviations should be used.
- Note all acute and chronic diagnoses with the current status and treatment plans in the progress note.

ICD-9-CM Guidelines and Tips

- Current year version of ICD-9-CM must be used for accurate diagnostic coding.
- Superbills need to be managed, updated, expanded and revised yearly.
- Diagnosis codes must be accurate and specific. If a code offers 5 digits in ICD-9-CM, five digits must be used. Each digit adds specificity.
- Avoid unspecified (.9) codes unless there is not a more specific code available.
- Avoid nonspecific terminology such as "HTN" or "OA", as this leads to the overuse of unspecified codes.
- When there is a disease process along with a manifestation, code both the etiology (underlying disease) and the manifestation of the disease. The underlying disease would be coded first, with the manifestation of the disease in 2nd place.

Example: **Kaposi's sarcoma due to HIV**

- 042 (HIV) underlying disease
- 176.0 Kaposi's sarcoma (manifestation)

- When a combination code is offered in ICD-9-CM to classify two diagnoses, it must be used.

Example: **Malignant Hypertensive Chronic Kidney Disease**

Chronic Kidney Disease Stage V

- 403.01 Hypertensive chronic kidney disease, malignant, with CKD Stage V or End Stage Renal Disease
- 585.5 Chronic kidney disease, Stage V

Careful documentation is critical to accurate and complete data collection for Risk Adjustment. The following codes have been captured according to the official CMS coding guidelines and requirements for Risk Adjustment Validation. The following summary is a listing of HCC conditions that were captured by experienced coders during your record review for 2007 and 2008 dates of service. CMS requires that relevant diagnoses be submitted at least once per calendar year.

Provider Name: [REDACTED]

Provider ID:

Patient: [REDACTED]

DOB: [REDACTED]

ICD 9	HCC	DOS	Documentation Issues
250	19	5/5/2008	
250	19	3/3/2008	

Patient: [REDACTED]

DOB: [REDACTED]

ICD 9	HCC	DOS	Documentation Issues
428	80	3/25/2008	
428.2	80	3/17/2008	
428	80	2/26/2008	
428	80	2/21/2008	

Patient: [REDACTED]

DOB: [REDACTED]

ICD 9	HCC	DOS	Documentation Issues
571.5	26	7/5/2007	
571.5	26	1/1/2007	No provider signature on progress note

Patient: [REDACTED]

DOB: [REDACTED]

ICD 9	HCC	DOS	Documentation Issues
496	108	4/4/2008	
496	108	9/25/2007	

Patient: [REDACTED]

DOB: [REDACTED]

ICD 9	HCC	DOS	Documentation Issues
585.4	131	6/9/2008	
250	19	6/9/2008	
250	19	4/21/2008	
585.4	131	4/21/2008	

250	19	3/6/2008	
585.4	131	3/6/2008	
585.4	131	11/6/2007	
250	19	11/6/2007	
585.4	131	9/17/2007	
250	19	9/17/2007	
585.4	131	8/20/2007	
250	19	8/20/2007	
250	19	6/27/2007	
585.9	131	5/17/2007	"More info required, request to be sent"
250	19	3/8/2007	
250	19	2/20/2007	

Patient: [REDACTED]

DOB: [REDACTED]

ICD 9	HCC	DOS	Documentation Issues
250	19	3/11/2008	

Patient: [REDACTED]

DOB: [REDACTED]

ICD 9	HCC	DOS	Documentation Issues
296.9	55	5/5/2008	

Provider Name: [REDACTED]

Provider ID:

Patient: [REDACTED]

DOB: [REDACTED]

ICD 9	HCC	DOS	Documentation Issues
250	19	7/17/2008	

Patient: [REDACTED]

DOB: [REDACTED]

ICD 9	HCC	DOS	Documentation Issues
250	19	7/7/2008	
250	19	1/8/2008	Abbreviations that are not standard
444.81	104	11/28/2007	Provider documented unacceptable symbols associated with a valid diagnosis code in the progress note
250	19	10/23/2007	
250	19	9/25/2007	Provider documented unacceptable symbols associated with a valid diagnosis code in the progress note
799.02	79	7/30/2007	Provider documented unacceptable symbols associated with a valid diagnosis code in the progress note
250	19	7/9/2007	
250	19	4/16/2007	Progress note is illegible or partially illegible
443.9	105	3/6/2007	
492.8	108	2/6/2007	
443.9	105	2/6/2007	
250	19	2/6/2007	
250	19	1/19/2007	

Patient: [REDACTED]

DOB: [REDACTED]

ICD 9	HCC	DOS	Documentation Issues
185	10	3/20/2008	
185	10	2/21/2008	
185	10	9/18/2007	Provider documented unacceptable symbols associated with a valid diagnosis code in the progress note
358	71	6/14/2007	
358	71	4/2/2007	
358	71	2/5/2007	Abbreviations that are not standard

Patient: [REDACTED]

DOB: [REDACTED]

ICD 9	HCC	DOS	Documentation Issues
250	19	9/10/2008	
250	19	8/27/2008	
250	19	5/28/2008	
250	19	2/26/2008	
250	19	7/30/2007	
250	19	7/11/2007	
250	19	7/11/2007	
250	19	4/11/2007	
428	80	4/11/2007	

Patient: [REDACTED]

DOB: [REDACTED]

ICD 9	HCC	DOS	Documentation Issues
557.9	105	5/8/2008	Provider did not document diagnosis code to the highest degree of specificity
585.9	131	12/3/2007	Abbreviations that are not standard
174.9	10	5/8/2007	
174.9	10	4/25/2007	Progress note is illegible or partially illegible

Patient: [REDACTED]

DOB: [REDACTED]

ICD 9	HCC	DOS	Documentation Issues
510.9	112	9/3/2008	
428	80	8/11/2008	
250	19	7/8/2008	
250	19	3/6/2008	
250	19	1/7/2008	
250	19	11/28/2007	
443.9	105	11/16/2007	
250	19	11/7/2007	
250	19	8/8/2007	

250	19	3/20/2007	
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Patient: [REDACTED]

DOB: [REDACTED]

ICD 9	HCC	DOS	Documentation Issues
250	19	7/29/2008	
250	19	4/14/2008	

Patient: [REDACTED]

DOB: [REDACTED]

ICD 9	HCC	DOS	Documentation Issues
250	19	6/4/2007	Provider documented unacceptable symbols associated with a valid diagnosis code in the progress note

Patient: [REDACTED]

DOB: [REDACTED]

ICD 9	HCC	DOS	Documentation Issues
441.4	105	9/3/2008	
707.13	149	5/1/2008	
707.15	149	5/1/2008	
780.39	74	1/8/2008	Progress note is illegible or partially illegible
250	19	10/15/2007	
250	19	8/13/2007	
441.4	105	8/13/2007	
250	19	5/23/2007	
250	19	3/1/2007	