Risk Adjustment Annual Validation

CMS resets chronic condition status every year for every Medicare beneficiary. As part of **quality** care delivery, **validation** of all chronic conditions should occur at minimum, annually during a face to face evaluation. All reported diagnoses must have **support** in the medical record documentation and be specific and accurate representation of current health status.

Risk Adjustment Annual Validation

Type of Exam	Code(s) and Frequency	Description	Member Cost
Initial Preventive Physical Exam (IPPE)	**G0402** Once during first 12 months of enrollment	Face to face preventive evaluation and management service	$0
Annual Wellness Visit (AWV)	**G0438 (Initial)** Once per lifetime during second year of Medicare Part B **G0439 (Subsequent)** Once per calendar year following the year after the initial AWV	Face to face preventive physical exam (**not** comprehensive physical) intended to build upon IPPE and includes personalized preventive plan of service	$0
Annual Routine Physical Exam	**99381-99387 (New Patient)** **99391-99397 (Established)** Annually Code based on patient age	Examination performed without relationship to treatment or diagnosis for a specific illness, symptom, complaint, or injury Examinations required by third parties such as insurance companies, business establishments, or Government agencies.	100% Member Responsibility (Medicare does not cover)

Communication Avoids Confusion

Since there are different types of visits that may be utilized to capture risk adjustment diagnoses, communicating to patients about what they can expect will avoid confusion. Patients should know a key component of the AWV is a personalized prevention plan and the time expected to establish this during the visit. Also, not all visit types may be covered and some additional services may result in out of pocket costs for the patient.

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NOTE: This tool is intended to assist with documentation only and not intended to take the place of clinical analysis. Information regarding any law or regulation does not constitute legal or tax advice and is subject to change based upon the issuance of new guidance and/or change in laws or regulations. Reference Official ICD-10-CM coding guidelines and manuals or electronic medical coding software for accurate ICD-10-CM codes and specificity.

Documentation Standard= M-E-A-T

M- MONITOR

Signs, symptoms, disease progression, disease regression

E- EVAULATE

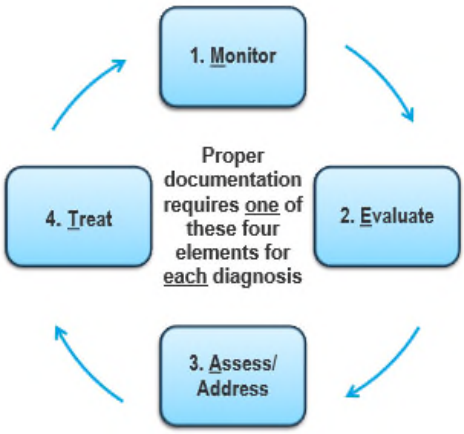
Test results, medication effectiveness, and response to treatment

A- ASSESS/ADDRESS

Ordering Test, discussion, review records, counseling

T- TREAT WITH A PLAN OF CARE

Medications, therapies, other modalities



Frequently Missed Conditions

All active Conditions have to be captured and reported annually and even permanent conditions require annual validation.

- Quadriplegia and paraplegia
- Hemiplegia and hemiparesis
- MS, cerebral palsy, muscular dystrophy
- Major organ transplant
- Amputation status
- Artificial opening status
- Renal dialysis, AB shunt, ESRD
- Congenital disorders/traits

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