

# Documentation Tips for Risk Adjustment

Volume Three



## Exudative Macular Degeneration

Exudative macular degeneration is a diagnosis typically made by eye care specialists (ophthalmologist or optometrist) and is a diagnosis that Medicare includes in their risk model. When present, the primary care provider is expected to **address this diagnosis annually and document it in the medical record**. It is important that the provider specify the type of macular degeneration as exudative (wet) vs. non-exudative (dry) in the documentation to reflect the accurate severity of illness.

Since most of the time this diagnosis is managed exclusively by an eye care specialist, the PCP's documentation can simply reflect that fact. If the PCP is aware of the management, for example, intraocular injections or follow up plan, they can include it when documenting exudative macular degeneration.

When present, providers must document exudative or wet macular degeneration at least once a calendar year. If known, management or follow-up plans with an eye care specialist should be documented.

## Chronic Respiratory Failure

Patients with advanced lung disease, such as COPD, emphysema, pulmonary fibrosis or interstitial lung disease, are at risk for developing chronic respiratory failure. Hypoxemic chronic respiratory failure is defined as a PaO<sub>2</sub> < 60 mmHg at rest, on room air. This is equivalent to an SpO<sub>2</sub> < 88% and is the threshold at which patients are started on chronic supplemental oxygen therapy. Any patient who qualifies for chronic supplemental home oxygen meets the definition of the chronic hypoxemic respiratory failure. This doesn't include patients placed on supplemental oxygen for short periods of time following an acute illness or surgery.

Chronic respiratory failure should be addressed and documented yearly in patients who meet the criteria. If known, the type of chronic respiratory failure should be specified in the documentation as either hypoxemic or hypercapneic.

Type of Chronic Respiratory Failure	PaCO <sub>2</sub> /PaO <sub>2</sub>
Chronic Hypoxic Respiratory Failure	PaO <sub>2</sub> < 60 mmHg when FiO <sub>2</sub> is ≥ 0.6
Chronic Hypercapneic Respiratory Failure	PaCO <sub>2</sub> > 45 mmHg

Patients on life-long supplemental home oxygen meet the definition of chronic hypoxemic respiratory failure. Chronic respiratory failure, whether hypoxemic or hypercapnic, must be addressed and documented at least once every calendar year.

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### Drug and Alcohol Use, Abuse and Dependence

Although drug and alcohol use, abuse and dependence can be difficult subjects for the PCP to address with patients, these are clinical diagnoses that the PCP can make and must document appropriately in the medical record. "Use" refers to drinking alcohol or using psychoactive drugs recreationally. "Abuse" is defined as a pattern of drinking alcohol or using a psychoactive drug too much and too often. "Dependence" and "addiction" are used synonymously and indicate that the patient has developed a physical dependence to the substance (alcohol or drug) with an inability to quit regardless of negative consequences.

The DSM-V provides a complex set of definitions and criteria for drug and alcohol dependence and abuse, as drug and alcohol use disorder. In the DSM-V, if the patient has at least four of the 11 symptoms, then it is appropriate to document drug or alcohol dependence. If the PCP answers "yes" to the question "Will the patient develop withdrawal symptoms if they stopped using the substance abruptly?", then that should prompt the PCP to ask the patient additional questions to confirm and document additional symptoms in the DSM-V criteria.

It's important to specify in the documentation if the patient is intoxicated or if they are exhibiting withdrawal symptoms (nausea diaphoresis, abdominal cramping, itching, agitation) at the time of the evaluation. Any complications of alcohol or drug use, abuse of dependence should be documented including delirium, hallucinations, delusions, anxiety, or mood disorders.

Dependence on drugs or alcohol are lifelong diagnoses. A patient may undergo successful detoxification, treatment or rehabilitation and remain clean and sober for extended periods of time, but it doesn't mean they no longer carry the diagnosis. In these cases, "drug or alcohol dependence, in remission" would be the proper documentation.

**Drug and alcohol abuse and dependence are high-risk diagnoses and must be addressed and documented yearly along with any associated complications. Although patients may be in remission for long periods of time, drug and alcohol dependence are life-long diagnoses.**

ICD-10-CM diagnoses codes are ICD-10-CM Official Guidelines for Coding and Reporting are subject to change. It's the responsibility of the provider to ensure that current ICD-10-CM diagnosis codes and the current ICD-10-CM Official Coding Guidelines for Coding and Reporting are reviewed prior to the submission of claims.

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