



Clinical Champion Update

Date: 6/17/21

Subject: Risk Adjustment Factor (RAF)

RAF coding review: Diabetes

This is our most common diagnosis which carries RAF (Risk Adjustment Factor) value. The goal is to bill every applicable code which adds to RAF score, and not to overwork and bill too many. RAF values can be ROUGHLY converted to dollars per patient per year (pppy) by multiplying by 10,000. I will do so below for added impact.

Many diagnoses with RAF codes can be listed under one HCC (Hierarchical Condition Category) code: the important thing to note is for every single HCC, the RAF code will only be billed once. I listed the HCC codes on your RAF handout sheets; you can check there. As a faster check, as Athena is now giving you the RAF scores, if they are IDENTICAL, it's probably the same HCC. So don't waste your time documenting multiple conditions with the same HCC. All complicated diabetes: uncontrolled, neuropathy, retinopathy, PVD, etc all have the same HCC. (PS, if my RAF scores are off from Athena's, those are correct; it's not worth updating our sheets every 6 months apologies for inaccuracies. 😊)

IMHO best to document E11.8 (HCC 18, RAF \$3,070 pppy) and document in your note which complications your patient has (less work).

Of course there are exceptions to every rule.

- 1) For Nephropathy, you may claim the complication if the microalbumin/creatinine ratio was positive (>30) twice, even if there is no effect on GFR
- 2) If the GFR is <60 do NOT forget to SEPARATELY diagnose and refer to the degree of CKD:

Stage 3A GFR 45-59 ICD N183 HCC 138 RAF \$690 pppy;

Stage 3B GFR 30-44 ICD N183 HCC 138 RAF \$2,890 pppy;

Stage 4 GFR 15-29 ICD N184 HCC 137 RAF \$2890 pppy;

Stage 5 GFR<15 ICD N185 HCC 136 **OR** ESRF N138 HCC 136 \$2,890 pppy. **(for CKD 5 do not forget, if applicable, Dialysis Status Z992 HCC 134 RAF \$4,350 pppy)**

- 3) Diabetes which has no complications AND long term use of insulin both have HCC 19 RAF \$1,060 pppy; so for a well controlled complication-free diabetic with insulin use, you will not get double credit for documenting this; however, the second you diabetic's sugars are no longer controlled you will. Because of this, I suggest documenting insulin use as a separate diagnosis.
- 4) Someone with a BMI of 35-40 with diabetes is considered Morbidly Obese. Bill Morbid Obesity E6601 HCC 22 RAF \$2,500 pppy WITH Diabetes on the same day and document BMI 35-40 with diabetes in the notes

5) Finally, remember any diabetic with **any kind of skin ulcer** (foot, decubitus, venous, arterial) is appropriate for a separate code E11.621/2 HCC 161 \$8,580 pppy

Happy RAF-ing!

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RAF Clinical Champion