Florida Blue
Your local Blue Cross Blue Shield

December 2023

CMS Diagnosis Coding Updates Vital to RADV Program

Lifelong Permanent Conditions and Capturing ICD-10 Diagnosis Codes from Past Medical History

The Centers for Medicare and Medicaid Services (CMS) made medical diagnosis coding updates in 2022 that are vital to the Risk Adjustment Data Validation (RADV) Program. This program is under the Department of Health and Human Services (HHS)/CMS.

CMS performs RADV audits of health plans, like Florida Blue, annually. The RADV audit focuses on the documentation of a patient's chronic condition(s) within the medical record. Any record that fails to fully support a condition is considered an error. Florida Blue began applying the CMS updates to the RADV provider audits with 2023 dates of service.

The CMS updates are detailed below with background information, action needed from the provider, their staff, and/or coders, and additional reference information.

Lifelong Permanent Condition List

- **Background:** CMS issues this list annually for the RADV audit. The list related to risk adjustment eligible conditions also known as hierarchical condition categories (HCCs) – health conditions requiring ongoing medical attention and typically unresolved/permanent in nature once diagnosed (e.g., Cerebral Palsy, Multiple Sclerosis, etc.). CMS selected and allowed health plans and auditors to use the conditions for the RADV audit. This CMS guidance allowed abstraction from the medical record with documentation present ***only*** in the patient's medical history portion of the record (i.e., without any additional documenting support or MEAT (**m**onitoring, **e**valuating, **a**ssessing/addressing, and/or **t**reating the patient/condition).
- **Changes from CMS:** CMS removed the Lifelong Permanent Conditions List from all RADV audits beginning with benefit year 2022. With this removal, the patient's permanent or lifelong conditions must comply with industry coding standards to be properly documented by the provider at the time of the service.
- **Action Needed From the Provider, Staff, and/or Coders:**
    - The provider should document and substantiate all permanent health conditions that exist at the time of the visit.
    - Each diagnosis must be documented in an assessment and care plan, and show the provider is applying MEAT.
    - Provider's staff and coders should ensure appropriate MEAT is present when coding the medical claim.

Florida Blue is an independent licensee of the Blue Cross and Blue Shield Association.

116402 1123

Coding Clinic Updates

- **Background:** Coding guidelines allowed for capturing/abstraction of conditions where the:
    1) Medication was the only support
    2) Provider did not document the condition and medication was no longer linked
    3) Provider did not document the condition during the encounter
- **New Coding Clinic Guidance:** Further clarification to the Official ICD Coding Guidelines was issued in 2022 relating to medication support. It specifically states medication cannot be the only support within the record and all conditions must be clearly linked to the medication.
- **Action Needed From the Provider, Staff, and/or Coders:**
    - Providers should document all conditions present at the time of the encounter including documentation within:
        1) History of present illness
        2) Physical exam and assessment
        3) Care plan or treatment plan
    - Each diagnosis must document the provider is applying MEAT.

References and Additional Information

Official ICD Coding Guidelines: *The Official ICD Coding Guidelines Outpatient Coding Guidelines (Section IV.J). Code all documented conditions that coexist at the time of the encounter/visit and require or affect patient care treatment or management. Do not code conditions that were previously treated and no longer exist. However, history codes (categories Z80-Z87) may be used as secondary codes if the historical condition or family history has an impact on current care or influences treatment.*

Coding Guidance: A well-documented progress note would include the history of present illness, review of symptoms, physical exam, and medical decision-making process. Each diagnosis must be documented in an assessment and care plan and each diagnosis must show that the provider is applying MEAT. These four factors help providers establish the presence of a diagnosis during an encounter and ensure proper documentation. Simply listing every diagnosis in the medical record does not support a reported HCC code and is unacceptable according to CMS. An acceptable problem list must show evaluation and treatment for each condition that relates to an ICD code.

For additional coding guidance, please visit our Florida Blue Provider site: FloridaBlue.com/providers/programs/risk-adjustment-process

For questions related to risk adjustment coding and documentation education, please reach out via email to: CRAprovidereducationteam@bcbsfl.com

Florida Blue is an independent licensee of the Blue Cross and Blue Shield Association.