Risk Adjustment Course Quiz (Practical) Answers and Rationales

1. **Answer/Rationale:** A. Glipizide is a common antihyperglycemic medication used for the treatment of type 2 diabetes. A prescription renewal would indicate the physician addressed the patient's diabetes during the encounter. CMS' Contract-Level RADV Medical Record Reviewer Guidance directs auditors to "evaluate the problem list for evidence of whether the conditions are chronic or past and if they are consistent with the current encounter documentation." A prescription refill would fulfill the "evidence" requirement.
2. **Answer/Rationale:** D. Although "neuropathic" is an adjective, it appears in the description under "Neuropathy, neuropathic" (see Neuropathy, neuropathic/diabetic/polyneuropathy) in the ICD-10-CM Alphabetical Index, so it is a diagnosis, not just a diagnostic descriptor. Choose polyneuropathy because both feet are involved. Mononeuropathy is reserved for cases in which the pain is unilateral.
3. **Answer/Rationale:** C. Diabetes and neuropathy are listed only in the past medical history and so cannot be abstracted without further discussion in the note. Radiculopathy is pain radiating along the nerve, and the documentation states the patient had "severe pain radiating down his right leg." This is pain along the nerve line. The physician would need to link the tobacco dependence to the coronary artery disease in order to report F17.218, *Nicotine dependence, cigarettes, with other nicotine-induced disorders.*
4. **Answer/Rationale:** D. Always look at who is billing the charge(s) and performing the service(s). In this case, it is a podiatrist. A podiatrist is an acceptable provider and can bill

through his/her office, even when he/she sees the patient at an unacceptable POS. It is only the facility's bill that is unacceptable for risk-adjustment purposes.

5. **Answer/Rationale:** D. Provided the signature is replicated in a Signature Log, even a signature that is illegible or highly abbreviated is acceptable for the record, according to CMS.
6. **Answer/Rationale:** C. Find the code in the Alphabetical Index under Symptoms/involving/borderline intellectual functioning or Functioning, intellectual, borderline. Patients with this diagnosis generally have an IQ between 71 and 84.
7. **Answer/Rationale:** C. The patient has breast cancer in the right lower quadrant of an unspecified breast, which is still under treatment with anastrozole. Because the breast is unspecified, we report code C50.919. There is lymph node involvement, as evidenced by "N2." In cancer staging, the numbers indicate the size of the cancer and whether it has distant metastases. "N" indicates nodes, and "2" indicates two nodes evidenced metastases. Neither of these malignancies is considered "history" because they are being treated with anastrozole.
8. **Answer/Rationale:** D. An RN is not an acceptable provider for risk adjustment; therefore, documentation from the nurse is not accepted for abstraction. The unspecified pneumonia noted by the physician is what must be abstracted, unless the physician can be queried about the specific pathogen and the documentation amended.
9. **Answer/Rationale:** D. The more severe condition will be the one that contributes to the risk-adjustment factor (RAF) that determines reimbursement for the patient's care for the year. When an HCC from the first column of this table is reported, any codes that fall into the HCCs listed in the third column of this table are omitted (eg, HCC 17 trumps 18 and

19; 27 trumps 28; and 54 trumps 55). In Medicare Advantage, the patient's diagnoses for the past year are used to determine the patient's RAF for this year.

10. **Answer/Rationale:** A. Emphysema is a type of COPD, so to report the COPD would be redundant.
11. **Answer/Rationale:** C. Codes from category I69 are reported after the acute phase of the CVA has terminated, which is generally when the patient is discharged from the acute-care facility following the CVA.
12. **Answer/Rationale:** B. In the Alphabetical Index, see Dementia/with/parkinsonism G31.83 [F02.80]. R15.2 reports the fecal urgency described in the documentation.
13. **Answer/Rationale:** B. NEC means *not elsewhere classified,* which indicates that a specific disorder has not been assigned a unique code. NOS means *not otherwise specified,* which indicates that the documentation does not state the specifics.
14. **Answer/Rationale:** D. Alzheimer's disease is a progressive, incurable form of dementia. It would never be a "history," as defined by the ICD-10-CM guidelines because it cannot be eradicated.
15. **Answer/Rationale:** D. "T" stands for "treatment" in the acronym MEAT, therefore, paracentesis to remove ascites fluid would be an example of treatment.
16. **Answer/Rationale:** D. Coders cannot abstract diagnoses based on symbols such as arrows. This symbol may indicate that a patient's low blood pressure is improving, that a normal pressure is higher than last time, or that the patient has hypertension. Arrows are too ambiguous to code from.
17. **Answer/Rationale:** B. A differential diagnosis is a working diagnosis early in the medical decision-making process as the physician considers signs, symptoms, and test

results to determine the patient's final, or definitive, diagnosis. Usually, several differential diagnoses are being considered.

18. **Answer/Rationale:** A. Coders cannot code from codes; only from words. Code the default for diabetes, E11.- There is an automatic causal relationship between diabetes and cataracts; therefore, report code E11.36X3. Cystic fibrosis without further specification defaults to "unspecified" (E84.9).
19. **Answer/Rationale:** A. In the Alphabetical Index, see Myoma/prostate (D29.1) and Obstruction/urinary. Obstruction/urinary classifies to E13.9; however, because we know the cause of the obstruction, an unspecified code is inappropriate. The correct code is "other specified" (N13.8).
20. **Answer/Rationale:** C. In the Alphabetical Index, see Nodule/rheumatoid/vertebra. Without information about whether the patient is positive or negative for rheumatoid factor, codes specific to affected joints cannot be reported, according to the ICD-10-CM guidelines. For specific joints affected, the Alphabetical Index requires we identify juvenile, seropositive, or seronegative RA, or specified type NEC. In the Alphabetical Index, see Arthritis/rheumatoid, M06.9, which reports unspecified RA. However, because the nodules can be reported with a specific rheumatoid arthritis code, M06.9 would not be appropriate. Report only code M06.38.