AZPCP
6165 West Detroit Street, Chandler, AZ 85226
HCC Department ☎ 480-499-8706/8707/8708

Risk Adjustment 101

Are you documenting?	Could it be?
ASHD (Arteriosclerotic Heart Disease)	Aortic Atherosclerosis
Asthma	Chronic Obst Asthma
Bronchitis	Chronic Bronchitis
CAD (Coronary Artery Disease)	Angina / Old MI
Chest Pain	Angina
Depression	Major Depression
DM	DM w/ Circ. Manf. Peripheral Angiopathy
Dysrhythmia	AFIB (Atrial Fibrillation)
Hep C	Chronic Hep C
Loss of Weight	Malnutrition
Neuropathic	Peripheral Neuropathy
Open Wound	Ulcer
Pacemaker	AFIB (Atrial Fibrillation)
Renal Insuff	Chronic Renal Failure
Resp. Supplies	Hypoxia
Right/Left Side Weakness	Hemiplegia
Sleep Apnea	

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Validated Diagnosis—REQUIRES ALL THREE

Diagnosis (Assessment)

Status (or condition)

Plan (plan of action)

Passing a RADV Audit

The following elements **MUST** be in each medical record **and** on each page of the record:

1. Patient Name (notes spanning multiple pages, must have Patient Name on each page)
2. Patient DOB or other unique identifier
3. Date of Service
4. Provider Signature including credentials (must be legible if handwritten signature; authentication statement and date stamp if electronic signature. *example*: validated by *John Smith, MD* on 10/25/2012)