

Accurate Diagnosis Capture and Coding FAQ

1. Could you elaborate on how care management is involved in this process. Is it the PCP responsibility to ensure the RAF scoring information is completed?

CMS requires diagnosis codes be submitted by certain qualified individuals. The following qualifications meet CMS' requirements for submitting diagnosis codes and therefore ensure CMS is receiving full information on a patient's RAF score:

- Medical Doctor – any specialty (MDs)
- Nurse Practitioners (NPs)
- Physician Assistants (PAs)
- Doctors of Osteopathy (DOs)
- Doctor of Podiatry (DPMs)
- Licensed Clinical Social Workers (LCSWs)
- Certified Nurse Midwife
- Certified Registered Nurse Anesthetist
- Certified Clinical Nurse Specialist

The following clinical staff members are not qualified to submit diagnosis codes:

- Registered Nurses (RNs)
- Registered Dietitians (RDs)
- Medical Assistants (MAs)

The documentation to support an HCC code must be entered into the Medical record by an eligible provider as the result of a face-to-face encounter. Typically, Care Managers are not eligible providers and usually do not have contact with patients while they are on site for a visit in the clinic. That doesn't mean that Care Management doesn't have a role in this process. Care Managers can be very helpful identifying HCC conditions and communicating with the Care Team prior to a patient being seen in the clinic. Likewise, and usually assisted by certified coders, they can be helpful identifying HCC conditions that might have been addressed during a visit but not coded as part of the encounter diagnoses. These gaps can then be addressed via an amended claim or by communicating with the provider team to have it added to the encounter. Also, Care Managers can play a critical role assisting in the curation of the Problem List which then supports identification and capture of HCC conditions during future office encounters.