Errata for *Risk Adjustment Documentation & Coding*

Please see the following correction(s) to the answer(s) in the PowerPoints (slide #22 [answer for question 2] and slide #23 [answer for question 1]) for Chapter 1.

**Chapter 1: Risk Adjustment Basics**

**SLIDE #22**

- The tables beginning on pages 316-332 identify the condition categories that are linked to HCCs and RxHCCs, with the HCC tables appearing first.
  - **What might you conclude from the HCC values assigned to age and sex factors associate in Table VI-1 on page 316?**
  - **The HCC disease coefficients begin on page 316 and continue to page 321. What is the highest paying HCC for community/nondual/aged?**
  - **Why might HCC 173 for traumatic amputation be valued at less than half of HCC 189 for amputation status, lower extremity?**

**Correction:** *Answer for question 2 has been corrected and it’s in red underlined text below.*

**Answers:**

1. Aged men are less healthy than aged women; the highest risk is with advanced age.
2. **HCC 8 for metastatic cancer and acute leukemia.**
3. Most amputations are due to chronic conditions, including diabetes, atherosclerosis, or peripheral vascular disease, and represent ongoing issues for the patient. In addition, loss of limb affects mobility, and lessened mobility will affect a patient’s overall health status.

**SLIDE #23**

- RxHCCs begin on page 325.
  - **What is the highest paying RxHCC for community/nondual/aged?**
  - **What is the lowest?**
  - **What reason could there be for the HCC for HIV/AIDS to be significantly lower than the RxHCC for HIV/AIDS?**

**Correction:** *Answer for question 1 has been corrected and it’s in red underlined text below.*

**Answers:**

1. **RxHCC 15** is the highest and **RxHCC 45** is the lowest.
2. Medications for HIV/AIDS are much more expensive than the cost of encounters, tests, or hospitalizations for HIV/AIDS patients.