PROFESSIONAL RESOURCE

MRA Documentation & Coding Best Practices

Documentation Tips & Hints

1. **ALL chronic conditions need to be documented at least once annually.** The patient's slate is wiped clean on Jan. 1, annually.

2. **Document each patient visit as if it is the only visit the patient will have this year.**

3. **Document medication/medication changes and the condition being treated.**
   Example: Major depressive disorder-increase Paxil to 50 mg/day.

4. **Review and document conditions managed by a specialist.**

5. **Review and update the patient's active problem list at each visit. If a condition is no longer active, either remove or add "history of".**
   Example: Patient has history of CKD Stage 3 and based on trending GFRs is now diagnosed with CKD Stage 4-referring to nephrologist today.

6. **Be specific with documentation.**
   Example: Instead of documenting-ESRD, HTN, GFR 10.
   Document instead: End stage renal disease and hypertension. Patient's GFR is stable at 10. Continues dialysis three times per week. Patient's hypertension is well controlled with anti-hypertensives noted on med list.

7. **For BMI documentation: Code first the underlying condition such as overweight, obese, morbidly obese, protein calorie malnutrition and then the corresponding status Z code.**
   Example: Patient is morbidly obese (E66.01) with BMI of 42.5 (Z68.41) and here to discuss weight loss referral.

8. **When medication refills are made outside of a visit, encourage the patient to schedule a check-up to ensure that their condition(s) can be reviewed and managed at least once a year.**

9. **Specify the basis for ordering additional testing/treatment.**
   Example: Patient having difficulty breathing-chest x-ray ordered.

10. **Tell your patient's story: The only visibility insurers have to the care you provide and the conditions you manage is through your documentation and coding.**

NEBRASKA HEALTH NETWORK

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Medical Risk Adjustment M-E-A-T

A common acronym utilized by coders to identify documentation that supports coding accuracy is M-E-A-T. You can utilize this handy tool as you complete your documentation. Including **one or more** of the M-E-A-T details at a face-to-face visit for each condition that requires or affects patient care treatment or management will put you on the path to success in capturing risk.

M — monitor
signs, symptoms, ordering or reviewing and referencing of tests/labs, disease progression or disease regression.
*ex: **CHF:** Stable - no notable edema or dyspnea. Continue Lasix, lisinopril and bisoprolol.*

E — evaluate
test results, medication effectiveness, physical exam findings and response to treatment.
*ex: **GERD:** No complaints. Symptoms controlled by meds.*

A — assess or address
by discussion, acknowledging, reviewing records, documenting status/level conditions and counseling.
*ex: **AAA:** Abdominal ultrasound ordered.*

T — treat
with prescribing/continuation of medications, referral to specialist for treatment/consultation, surgical/other therapeutic interventions and plan for management of condition(s).
*ex: **Major depression:** continued feelings of hopelessness. Will refer to psychiatrist.*

ICD-10 Priority Examples

Below are ICD-10 Opportunities for chronic condition recapturing year after year. Following each Hierarchical Condition Category (HCC) is the corresponding risk adjustment value (ex. 0.318) for that condition.

Morbid Obesity HCC22 (0.262)	
E66.01	Morbid (severe) obesity due to excess calories
E66.2	Morbid (severe) obesity with alveolar hypoventilation
Z68.41	Body mass index (BMI) 40.0-44.9, adult
Z68.42	Body mass index (BMI) 45.0-49.9, adult
Z68.43	Body mass index (BMI) 50.0-59.9, adult
Z68.44	Body mass index (BMI) 60.0-69.9, adult
Z68.45	Body mass index (BMI) 70 or greater, adult

Diabetes with CHRONIC COMPLICATIONS HCC18 (0.307)*	
E11.649	Type 2 diabetes mellitus with HYPOglycemia without coma
E11.65	Type 2 diabetes mellitus with HYPERglycemia
E11.69	Type 2 diabetes mellitus with other specified complication
E11.8	Type 2 diabetes mellitus with unspecified complications
E11.40	Type 2 diabetes mellitus with diabetic *neuropathy,* unspecified
E11.42	Type 2 diabetes mellitus with diabetic *polyneuropathy*
E11.51	Type 2 diabetes mellitus with diabetic *peripheral angiopathy without gangrene*
E11.59	Type 2 diabetes mellitus with other circulatory complications
E11.21	Type 2 diabetes mellitus with diabetic *nephropathy*
E11.22	Type 2 diabetes mellitus with diabetic *chronic kidney disease*
E11.621	Type 2 diabetes mellitus with *foot ulcer*
E11.622	Type 2 diabetes mellitus with other *skin ulcer*
E11.628	Type 2 diabetes mellitus with other *skin complications*

Chronic Obstructive Pulmonary Disease HCC111 (0.335)	
J44.0	Chronic obstructive pulmonary disease with acute lower respiratory infection
J44.1	Chronic obstructive pulmonary disease with (acute) exacerbation
J44.9	Chronic obstructive pulmonary disease, unspecified
J41.0	Simple chronic bronchitis
J42	Unspecified chronic bronchitis
J43.9	Emphysema, unspecified

Congestive Heart Failure HCC85 (0.310)	
I50.22	Chronic systolic (congestive) heart failure
I50.30	Unspecified diastolic (congestive) heart failure
I50.32	Chronic diastolic (congestive) heart failure
I50.42	Chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.9	Heart failure, unspecified
I11.0	Hypertensive heart disease with heart failure
I13.0	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I42.0	Dilated cardiomyopathy
I42.8	Other cardiomyopathies
I42.9	Cardiomyopathy, unspecified
I27.0	Primary pulmonary hypertension
I27.2	Other secondary pulmonary hypertension

* *Best practice is to also document and code for related complication(s)*