

RESOURCES FOR OUR COLLEAGUES

NHN
EDUCATIONAL

Resources available to all
NHN clinics, hospitals
and systems

NEBRASKA
HEALTH
NETWORK



RESOURCES

The Nebraska Health Network provides a number of educational resources to help our physicians and providers advance our mission of delivering patient-centered, high-value care.

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DIABETES

Diabetes Screening Guide

Health screenings are a great way for your medical team to identify patient health problems early and to assist in the treatment of many health conditions.

This Diabetes Screening Guide can help track and schedule annual screenings, exams and vaccinations that are important elements for a diabetic care plan.

Common Diabetes Screening Definitions

Dilated Eye Exam
This exam screens for diabetic retinopathy (swelling or leaking of blood vessels in the retina), which is the most common diabetic eye disease and a leading cause of blindness in the United States. For an eye exam, you may either have a dilated eye exam or a retinal scan may be used.

Foot Exam
During this exam, your physician will look for problems signs including blood flow, sensation or skin changes.

A1C Test
This blood test provides information about your average level of blood sugars over the past three months.

Kidney Function Test
This screening examines your urine (looking for protein in your urine) or blood (basic or comprehensive metabolic panel) to determine how your kidneys are performing.

Fasting Cholesterol Test
This panel measures your total cholesterol, triglycerides, good and bad cholesterol levels to provide insight on possible risks of life-threatening conditions like heart attacks, strokes or coronary artery disease.

Blood Pressure
In order to control your blood pressure, you need to know your numbers and review any accurate readings. Talk to your provider about your blood pressure goal. The higher your blood pressure is, the greater your risk for health problems in the future.

Weight
Some people do not get weighed at their doctor's office, but it is extremely important in managing your diabetes. Uncontrolled diabetes may cause weight loss or weight gain, due to your body not converting the food you eat into the proper energy correctly.

Vaccines
Influenza (flu) is a recommended seasonal vaccine, which is to be given yearly. The pneumococcal vaccine helps protect against pneumonia for those under 65. Shingles (Zostavax) vaccine helps reduce the risk of shingles in adults 50 years or older. Tetap vaccine (Tdap) is recommended for those under 65. Tetap vaccine (Tdap) is recommended for those under 65. Tetap vaccine (Tdap) is recommended for those under 65.

A Preventive Screening Guide to Manage Your Diabetes

Health screenings are a great way for your medical team to identify health problems early and to assist you in the treatment of many health conditions. Use the resource below to track and schedule annual screenings, exams and vaccinations that are important elements in your diabetic care plan.

Screening or Test	Check if Completed	Record Your Results	Date Completed or Date You are Scheduled
A1C test			
Blood Pressure			
Cholesterol test			
Dilated Eye Exam			
Foot exam			
Influenza (flu) vaccine			
Kidney function test			
Pneumococcal vaccine(s)			
Shingles vaccine			
Tetap vaccine			
Weight			

The screenings and tests above are typically completed on an annual basis. However, speak with your health-care professional regarding which vaccines and exams are best for you. Some vaccines may occur for individuals with life-threatening allergies, a weakened immune system or those who are pregnant.

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Available in Spanish!

Understanding Type 2 Diabetes

This educational document is designed to help patients understand Type 2 Diabetes and proactive steps they can take to help manage their care. Available in English and Spanish.

Partnering with Your Health-care Team

It is important that you work with your health-care team to proactively manage your diabetes. Here is a guide to help understand how often you should see your provider and which screenings, tests or vaccinations might be needed.

Every Medical Visit	Every Year	As Directed by Your Physician
<ul style="list-style-type: none"> Foot exam Blood pressure Weight/BMI (body mass index) Review all medications 	<ul style="list-style-type: none"> Dilated eye exam Cholesterol panel Fu shot Kidney Function Tests Urinalysis 	<ul style="list-style-type: none"> Meat with lean meat A1C test Pneumonia Breast exam Colon exam Cervical cancer Recommended

Why is an A1C test important?

The A1C test result reflects your average blood sugar over two to three months. The higher your A1C level, the more sugar control, which increases your risk of diabetes.

An A1C Test can help you manage your diabetes by:

- Confirming self-testing blood sugar results
- Judging whether a treatment plan is working
- Showing you how healthy choices can make a difference in controlling your diabetes

The table below shows the average sugar levels by A1C level.

A1C (%)	Estimated Average Sugar Levels (mg/dL)
12	298
11	240
10	200
9	183
8	154
7	126

What is Type 2 diabetes?

Type 2 diabetes is the most common form of diabetes. If you have type 2 diabetes, your body does not use insulin properly, which causes your blood glucose (sugar) levels to rise higher than normal. Over time, high blood sugar levels can cause serious health problems.

Common Diabetes Complications

- Heart disease
- Stroke
- Vision loss
- Nerve damage (neuropathy), which can lead to amputations and skin ulcers
- Kidney failure, which can require dialysis

How can I help manage my diabetes?

- Take your medication(s) as prescribed
- Check your blood sugar level regularly and keep a log as directed
- Exercise at least 30 minutes per day and stay active. Sample activities include walking, water aerobics or yoga.
- Consult a registered dietitian to develop a healthy, well-balanced diet of:
 - Fresh fruit and vegetables
 - Whole grains
 - Lean protein (poultry, fish and poultry)
- Limit foods such as:
 - Sugared beverages (soda, juice)
 - Candy
 - Fast food
 - Processed meats
 - Trans fats, margarine, creamers and fried foods
- Stop or avoid smoking or using tobacco products
- Stay up to date with your health screenings
- Work with your health-care team to set and maintain healthy living goals

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Frequently asked questions about Diabetic Eye Exams & Retinopathy

Why are regular eye exams so important for patients with diabetes?

Diabetic retinopathy is a complication of diabetes that can lead to blindness. Regular eye exams can help detect and treat diabetic retinopathy before it causes vision loss.

How does an eye doctor detect diabetic retinopathy?

Your eye doctor will use a special light to look at the back of your eye. They will look for signs of diabetic retinopathy, such as swelling, bleeding, or abnormal blood vessel growth.

How is this different from a "normal" eye exam?

A normal eye exam is a comprehensive eye exam that includes a visual acuity test, refraction, and a dilated eye exam. A diabetic eye exam is a specialized exam that focuses on detecting and treating diabetic retinopathy.

What will this cost me?

Many insurance plans cover the cost of a diabetic eye exam. If you do not have insurance, you may be able to get a low-cost exam at a community health center.

What is diabetic retinopathy?

Diabetic retinopathy is a complication of diabetes that can lead to blindness. It is caused by high blood sugar levels that damage the blood vessels in the back of the eye.

Wouldn't I know if I have diabetic retinopathy?

Diabetic retinopathy often has no symptoms in the early stages. Regular eye exams are the only way to detect it before it causes vision loss.

Calendar

Diabetic eye exams should be done every year.

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Poster Available

Diabetic Eye Exams and Retinopathy

Eye exams are critically important for diabetic patients. This one-page overview addresses Frequently Asked Questions.

Diabetes - Daily Self Check

Featured in our Daily Self Check Series, this educational handout helps patients conduct a daily self check to monitor their condition. At-a-glance, patients can see whether they are in the Green, Yellow or Red Zone and what the recommended next steps are.



Type 2 Diabetes Patient Communication Campaign

NHN has developed a number of resources to help supplement your patient outreach efforts. Choose from a series of social media messages that are formatted for use on Facebook, Twitter and LinkedIn; or customize our patient education article that can be used within your practice newsletter, on your blog or sent directly to patients.

CARDIOLOGY

Congestive Heart Failure

Managing Chronic Heart Failure
Your provider may prescribe water medications to help your heart pump more efficiently and to help with swelling. Always take your medications as directed by your provider.

There are additional changes that can help you manage your heart failure and live a full and active life. These changes include:

- Lifestyle**
 - Get vaccinated:** Ask your provider about getting the influenza and pneumonia vaccines.
 - Stop smoking:** Smoking damages blood vessels and can increase blood pressure.
 - Limit alcohol:** Alcohol may interact with some medications and can further weaken your heart muscle.
- Diet**
 - Eat a healthy diet:** Try to eat food such as fruits, vegetables, whole grains and low-fat dairy.
 - Limit sodium (salt) in your diet:** Too much sodium can make you retain fluid which can increase swelling, cause weight gain and shortness of breath. Your provider may instruct you to keep your sodium below a certain number of grams per day.
 - Limit saturated or "trans" fats in your diet:** Too many of these types of fats can cause build-up of fat in your blood and cause your heart to work harder.
 - Talk with your provider and a dietitian about additional nutrition guidelines and information.**
- Weight Management**
 - Discuss weight monitoring with your provider:** Ask your provider how often you should weigh yourself and when your provider needs to know if weight gain.
 - Keep track of your weight and bring the record to your appointments:** This can help your provider determine if you are retaining fluid and need any adjustment in your medications.
 - Limit fluids if instructed by your provider:** You drink in a day to decrease the amount of swelling.
- Be Proactive**
 - Keep a current list of your medications.**
 - Track your blood pressure:** If instructed by your provider, keep track of your blood pressure daily and bring the records with you to your appointments.

Take an Active Role in Your Care

- Be active:** Moderate activity helps the heart, which can reduce the effects of heart failure.
- Reduce stress:** Increased stress can increase blood pressure and make your heart work harder. Find ways to reduce stress such as walking, deep breathing or yoga.
- Sleep smart:** Keep your head and neck elevated if you have trouble breathing at night.

What is Congestive Heart Failure?
Congestive Heart Failure (CHF), also referred to as heart failure, is a chronic condition in which the heart cannot pump enough oxygenated blood to the rest of the body's other organs.

Your heart is still pumping blood throughout your body, just not as efficiently as a healthy heart. In CHF, your cells aren't being supplied with enough blood and oxygen, which can lead to feeling tired and short of breath. Everyday activities such as walking, climbing stairs or carrying groceries can become difficult.

There is no cure for congestive heart failure, but a full, enjoyable life is still possible when the condition is managed with medications, lifestyle changes and medical supervision.

Sign or Symptom	If you have CHF, you may experience...	Why it Happens
Shortness of breath (dyspnea)	Breathlessness during activity, at rest, or while sleeping, which may cause you to wake up at night. You may have difficulty breathing while lying flat and may need to prop up your upper body or pillows. You often complain of waking up feeling or feeling anxious.	Blood "backs up" in the pulmonary veins (the vessels that return blood from the lungs to the heart) because the heart can't keep up. This causes fluid to back up into the lungs making it feel like you're trying to breathe under water.
Persistent coughing or wheezing	Coughing that produces white or pink, blood-tinged mucus.	As bloodflow out of the heart slows, blood returning to the heart through the veins backs up, causing fluid to build up in the tissues. The kidneys are less able to dispose of sodium (salt) and water, also causing fluid retention in the tissues.
Swelling in the feet, ankles, legs or abdomen, or your arms feel light	Swelling in the feet, ankles, legs or abdomen, or your arms feel light.	The heart can't pump enough blood to meet the needs of the body. The body diverts blood away from less vital organs, particularly muscles in the limbs, and sends it to the heart and brain.
Tiredness, fatigue	A tired feeling all the time and difficulty with everyday activities, such as shopping, climbing stairs, carrying groceries or walking.	The digestive system receives less blood, causing problems with digestion.
Lack of appetite, nausea	A feeling of being full or sick to your stomach.	Changing levels of certain substances in the blood, such as sodium, can cause confusion.
Confusion, impaired thinking	Memory loss and feelings of disorientation.	To "make up for" the loss in pumping capacity, the heart beats faster.
Increased heart rate	Heart palpitations, which feel like your heart is racing or fluttering.	

Common Complications of Chronic Heart Failure

- Kidney Damage or Failure:** Severe kidney damage could lead to dialysis.
- Heart Rhythm Problems:** Palpitations and arrhythmias.
- Heart Valve Problems:** The valves in your heart can become damaged and weaker from the strain of your failing pump.
- Liver Damage:** Fluid in the liver can cause damage and scarring to the liver.

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Congestive Heart Failure Overview

This educational resource helps CHF patients understand their symptoms, associated complications and ways to proactively manage their disease and health.

Available
in
Spanish!

Hypertension Daily Self Check

Congestive Heart Failure Daily Self Check

The 3 Ms of Medication

- Measure**
 - Take your blood pressure daily at the same time each day.
 - Record your blood pressure in a log or on a chart.
 - Bring your log or chart to your appointments.
- Modify**
 - Ask your provider if your blood pressure is too high or too low.
 - Ask your provider if you need to change your medications.
 - Ask your provider if you need to change your diet or lifestyle.
- Monitor**
 - Watch for side effects from your medications.
 - Watch for changes in your blood pressure.
 - Watch for changes in your symptoms.

Understand your blood pressure readings

What is the AHA recommendation for healthy blood pressure?	Normal	Elevated	Hypertension Stage 1	Hypertension Stage 2	Hypertension Stage 3
Systolic blood pressure (top number)	<120	120-129	130-139	140-159	160 or higher
Diastolic blood pressure (bottom number)	<80	80-89	90-99	100-109	110 or higher

Green Zone CONTINUE
Your blood pressure is in the Green Zone. Keep taking your medications as directed. Continue to monitor your blood pressure daily.

Yellow Zone CAUTION
Your blood pressure is in the Yellow Zone. Call your provider to see if you need to change your medications or your diet/lifestyle.

Red Zone WARNING TAKE ACTION CALL 911
Your blood pressure is in the Red Zone. Call your provider or call 911 right away!

See a care provider or call 911 right away!

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Available
in
Spanish!HOW TO TAKE YOUR
BLOOD PRESSURE

BEFORE Taking Your Blood Pressure

30 MINUTES BEFORE

- DON'T EXERCISE**
- DON'T BATHE OR SHOWER**
- DON'T SMOKE OR USE TOBACCO**
- DON'T DRINK CAFFEINE** (coffee, pop, tea)

5-10 MINUTES BEFORE

- DO USE THE RESTROOM**
- DO SIT CALMLY IN A QUIET ROOM. LEAN BACK AND RELAX.**

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Daily Self Checks: Hypertension and Congestive Heart Failure

Featured in our Daily Self Check Series, these educational handouts help patients understand Congestive Heart Failure and Hypertension. At-a-glance, patients can see whether they are in the Green, Yellow or Red Zone and what the recommended next steps are.

Blood Pressure Card

This pocket card helps accurately measure and monitor blood pressure.

PATIENT RESOURCE |

Chronic Obstructive Pulmonary Disease

NEBRASKA HEALTH NETWORK | METHODIST NEBRASKA MEDICINE

30 MILLION

COPD affects an estimated **30 million** Americans and was the 3rd leading cause of death in 2017

Breathe Easier with these Techniques:

Pursed Lip Breathing:

1. Relax the muscles in your neck and shoulders.
2. Sit in a comfortable chair with your feet on the floor.
3. Breathe in slowly through your nose for 2 seconds.
4. Purse your lips, as if you were going to whistle or blow out a candle.
5. Exhale slowly through your pursed lips for 4 seconds.

Breathing from the Diaphragm:

1. Sit or recline comfortably in a chair.
2. Relax your upper chest, shoulder, back and neck muscles.
3. Place one hand on your belly and the other on your chest.
4. Inhale slowly through your nose, as you inhale, your abdomen should rise as your chest fills up with air, while keeping your chest as still as possible.
5. Exhale slowly through your mouth, as you do this, your abdomen should fall.

Effective or Controlled Coughing:

1. Sit on a chair or on the edge of your bed, with both feet on the floor. Lean slightly forward.
2. Breathe in again by "sniffing" deeply and gently through your nose. This gentle breath helps prevent stress from coming back down your airways.
3. Hold your arms across your belly and exhale through your mouth.
4. Breathe in again by "sniffing" deeply and gently through your nose. This gentle breath helps prevent stress from coming back down your airways.
5. Exhale slowly through your mouth.
6. Repeat again if needed.

What is COPD?

COPD refers to a group of diseases that cause lung damage resulting in airflow blockage and breathing-related problems.

There are two main diseases that fall under COPD:

- Chronic Bronchitis
- Emphysema

What are the Symptoms of COPD?

- Frequent cough and/or wheezing
- Chronic excess phlegm, mucus or sputum production
- Shortness of breath, especially with activity
- Difficulty taking a deep breath

How did I get COPD?

- Smoking
- Chemical exposure (work-related or environmental)
- Previous lung infections, like Pneumonia
- Family history

What can I do to live my best life with COPD?

Educate yourself:

- Know the early warning signs of disease flare ups.

Make YOU a priority:

- Quit smoking
- Avoid second-hand smoke and other pollutants
- Discuss pulmonary rehabilitation with your provider
- Take your bronchodilators and other medications as directed
- Avoid lung infections by staying up-to-date on Flu and Pneumonia vaccinations
- Use supplemental oxygen as needed

Recognize and have a plan for setbacks. Try these interventions:

- Pursued-lip breathing
- Breathing from the diaphragm
- Effective coughing
- Good eating habits
- Exercise

What are the Complications of COPD?

- Activity limitations, such as difficulty running errands, walking and engaging in social activities
- Low Oxygen levels
- Special equipment needs such as portable oxygen tanks
- Depression
- Poor quality of life
- Other chronic conditions
- Increased confusion and memory loss

Call _____ at _____ with any of the following symptoms:

My COPD Medications: _____

My Oxygen Needs: _____

Date of last Flu Vaccine: _____ Date of last Pneumonia Vaccine: _____

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Source: American Lung Association

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Chronic Obstructive Pulmonary Disease Patient Resource

This guide helps patients understand COPD symptoms and provides resources to help them manage the condition including step-by-step guides to common interventions including:

- Pursued-lip breathing
- Breathing from the diaphragm
- Effective coughing
- Good eating habits
- Exercise

PATIENT EDUCATION |

Chronic Obstructive Pulmonary Disease (COPD)

Daily Self Check

NEBRASKA HEALTH NETWORK | METHODIST NEBRASKA MEDICINE

Green Zone CONTINUE DAILY ROUTINE

- ☐ Physical activity level is normal for you
- ☐ No new or worsening shortness of breath or cough
- ☐ No new swelling in legs or feet

Instructions:

- Continue meds as directed
- Continue daily activities
- Keep follow up appointments

Yellow Zone CAUTION! CHECK WITH YOUR CARE PROVIDER

- ☐ Trouble sleeping due to shortness of breath or cough
- ☐ Worsening shortness of breath with activity
- ☐ More breathless or increased coughing/ "chest ache" feeling
- ☐ Increased or thicker phlegm or sputum
- ☐ Increased swelling of legs and feet
- ☐ Using quick relief inhaler or nebulizer more often

Instructions: Call your care provider today to report changes.

You may need a change in your medications or you may need to be seen by your care provider.

Red Zone WARNING! TAKE ACTION - CALL 911!

- ☐ New or worsening dizziness or confusion
- ☐ Severe shortness of breath at rest and unable to lie flat
- ☐ Coughing up blood
- ☐ Chest pain or pressure

See a care provider or call 911 right away!

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SCC114

Available
in
Spanish!

Daily Self Checks: Chronic Obstructive Pulmonary Disease

The NHN Self Check Series guides patients on understanding their condition. At-a-glance, patients with Chronic Obstructive Pulmonary Disease can see whether they are in the Green, Yellow or Red Zone and what the recommended next steps are.

PULMONARY

MEDICARE ANNUAL WELLNESS VISITS

The Basics of Medicare Annual Wellness Visits

There are three types of preventive wellness visits covered by Medicare. This one-page resource helps you learn more about each visit and which one is best for your patient.

Focus on Quality Care

Medicare AWWs are an opportune time to complete or schedule necessary screenings and immunizations. Review this one-page workflow to learn more.

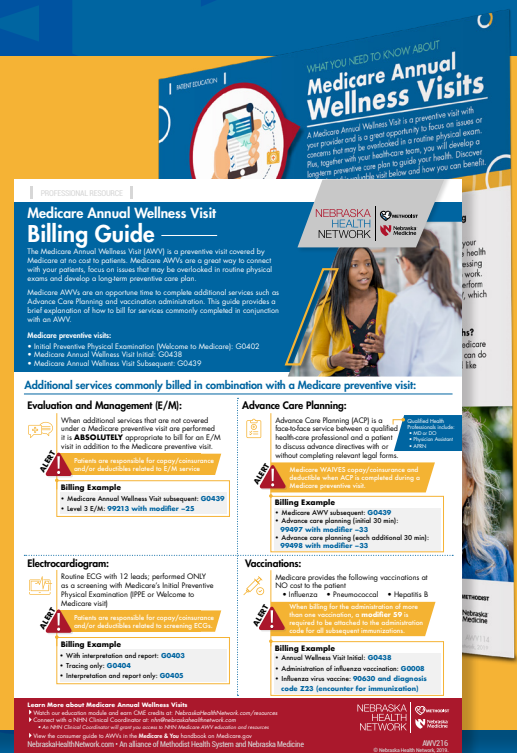
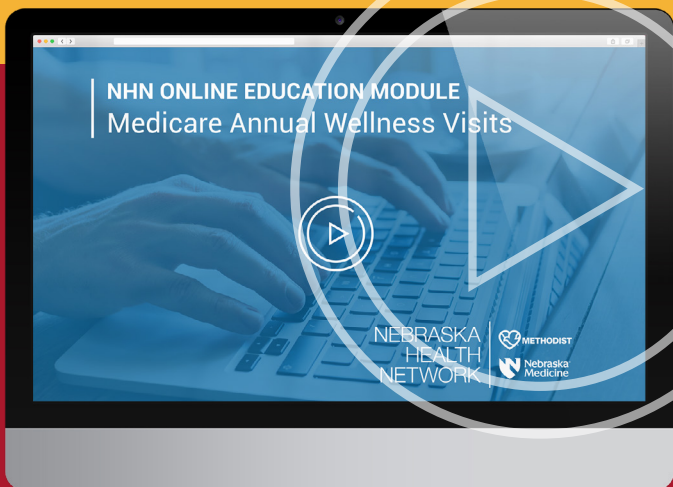


Medicare AWW Billing Guide

This guide provides a brief explanation of how to bill for services completed in conjunction with a Medicare Annual Wellness Visit.

Medicare AWW Patient Overview

Educating your patients on Medicare AWWs can be a daunting task. This patient facing one-pager and poster are designed to help your patients understand Medicare AWW better



Medicare AWW Educational Module

The Medicare Annual Wellness visit module walks through how the visit connects patients and providers to review health records, discuss preventive health-care services, such as screenings and vaccinations and to develop an overall care plan.

This resources is an overview of Hierarchical Condition Category codes and is available in both one-page and pocket guide formats.

These resources provide helpful coding and documentation tips, hints and reminders.

Discover best practices for documentation and coding related to cardiology.

Discover best practices for documentation and coding related to diabetes.

[illegible][illegible]

Documentation & Best Practices

8 When documentation is required, it should be documented at least once each day on Jan. 1, annually. It is the only visit the patient has.

9 When changes and the condition are managed by a specialist, the problem list of each active problem list or add, replace, remove or code 2 and based on testing GFR is at end of medical history.

10 CDR 10 and hypertension. Patient's GFR is a year ago. Patient's hypertension is still on and on.

11 The underlying conditions include chronic kidney disease, protein calorie restriction study 2 code, and test result at 2, 2008 at 2.

12 When medication refills are made outside of a visit, encourage the patient to schedule a check-up to ensure that their treatment can be reviewed and managed at least once a year.

13 Specify the basis for ordering additional testing/treatment. Example: Patient having difficulty managing their eye ordered.

14 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.

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Documentation & Best Practices





For other chronic conditions related to a cardiac diagnosis?

A Yes! Document all cardiovascular diagnosis and any other chronic conditions that you address or

MRA Documentation & Coding Best Practices

DIABETES /



Q Why is accurate coding and documentation for patients with diabetes important?

Should I document multiple diabetes ICD-10 codes if a patient has more than one diabetes-related complication?

A

The only visibility insurers have to the care you provide and the conditions you or a specialist may diagnose is through documentation and coding. This ensures that you do not get penalized for sicker patients.

Yes, as long as it aligns with your patient's conditions and coding guidelines.

Best Practices

Always code to the highest specificity when documenting diabetes and assign as many codes as needed to identify all the associated conditions that the patient has, **along with linking any complication(s)**.


Use the following diagram during patient visits to assist you in additional chronic condition assessment and coding.

<p>Does my patient have Chronic Kidney Disease [stage 3 or worse]?</p>	YES	<p>Document and code for:</p> <ul style="list-style-type: none"> • Stage of Diabetes • Diabetes with CKD • Stage of CKD 	<p>Example:</p> <p>E11.91, E11.92, E11.93, E11.94, E11.95, E11.99, Z91.01, Z91.02, Z91.03, Z91.04, Z91.05, Z91.09, Z91.99, Z92.01, Z92.02, Z92.03, Z92.04, Z92.05, Z92.09, Z92.99, Z93.01, Z93.02, Z93.03, Z93.04, Z93.05, Z93.09, Z93.99, Z94.01, Z94.02, Z94.03, Z94.04, Z94.05, Z94.09, Z94.99, Z95.01, Z95.02, Z95.03, Z95.04, Z95.05, Z95.09, Z95.99, Z96.01, Z96.02, Z96.03, Z96.04, Z96.05, Z96.09, Z96.99, Z97.01, Z97.02, Z97.03, Z97.04, Z97.05, Z97.09, Z97.99, Z98.01, Z98.02, Z98.03, Z98.04, Z98.05, Z98.09, Z98.99, Z99.01, Z99.02, Z99.03, Z99.04, Z99.05, Z99.09, Z99.99</p> <p>See Section One – CKD, on the back for additional specific ICD-10 codes.</p>
NO			
<p>Does my patient have other complication(s)</p> <ul style="list-style-type: none"> • Neuropathy • Nephropathy • Retinopathy • Vascular disease 	YES	<p>Document and code for ALL diabetes-related complications.</p>	<p>Example:</p> <p>E11.91, E11.92, E11.93, E11.94, E11.95, E11.99, Z91.01, Z91.02, Z91.03, Z91.04, Z91.05, Z91.09, Z91.99, Z92.01, Z92.02, Z92.03, Z92.04, Z92.05, Z92.09, Z92.99, Z93.01, Z93.02, Z93.03, Z93.04, Z93.05, Z93.09, Z93.99, Z94.01, Z94.02, Z94.03, Z94.04, Z94.05, Z94.09, Z94.99, Z95.01, Z95.02, Z95.03, Z95.04, Z95.05, Z95.09, Z95.99, Z96.01, Z96.02, Z96.03, Z96.04, Z96.05, Z96.09, Z96.99, Z97.01, Z97.02, Z97.03, Z97.04, Z97.05, Z97.09, Z97.99, Z98.01, Z98.02, Z98.03, Z98.04, Z98.05, Z98.09, Z98.99, Z99.01, Z99.02, Z99.03, Z99.04, Z99.05, Z99.09, Z99.99</p> <p>See Section Two – Other Complications, on the back for additional specific ICD-10 codes.</p>
NO			
<p>Are my patient's blood sugars poorly controlled and require a medication adjustment at this visit?</p>	YES	<p>Document hyperglycemia or hypoglycemia in your note and code for complication(s)</p>	<p>Example:</p> <p>E11.91, E11.92, E11.93, E11.94, E11.95, E11.99, Z91.01, Z91.02, Z91.03, Z91.04, Z91.05, Z91.09, Z91.99, Z92.01, Z92.02, Z92.03, Z92.04, Z92.05, Z92.09, Z92.99, Z93.01, Z93.02, Z93.03, Z93.04, Z93.05, Z93.09, Z93.99, Z94.01, Z94.02, Z94.03, Z94.04, Z94.05, Z94.09, Z94.99, Z95.01, Z95.02, Z95.03, Z95.04, Z95.05, Z95.09, Z95.99, Z96.01, Z96.02, Z96.03, Z96.04, Z96.05, Z96.09, Z96.99, Z97.01, Z97.02, Z97.03, Z97.04, Z97.05, Z97.09, Z97.99, Z98.01, Z98.02, Z98.03, Z98.04, Z98.05, Z98.09, Z98.99, Z99.01, Z99.02, Z99.03, Z99.04, Z99.05, Z99.09, Z99.99</p> <p>See Section Three – Hyperglycemia and Hypoglycemia, on the back for additional specific ICD-10 codes.</p>
NO			

Document and code for diabetes mellitus without complications: >>>>>

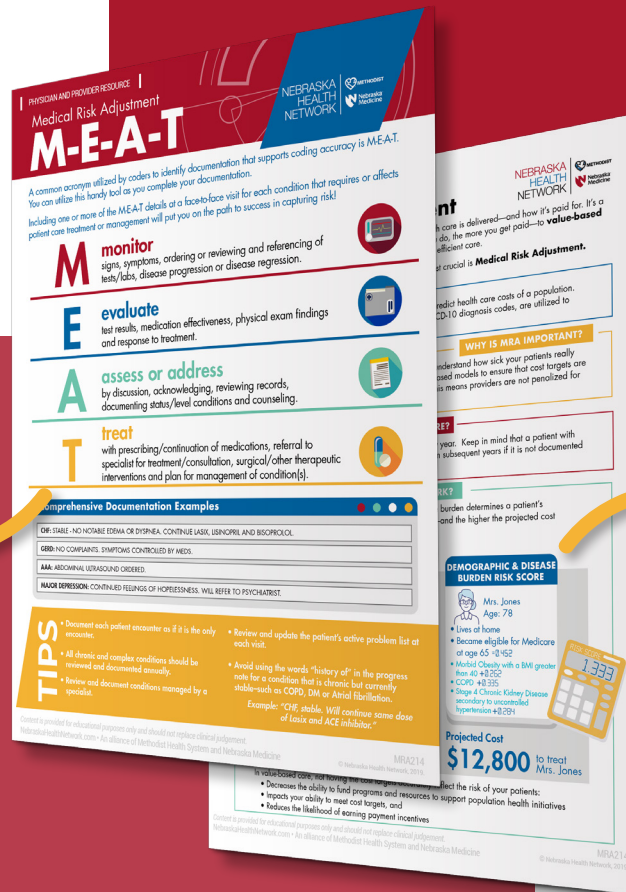
Type 1 Diabetes (E11.0) or Type 2 Diabetes (E11.9)

*A generalist physician documents two conditions listed by the terms "diabetes" or "pre-diabetes" and the physician does not further clarify the condition by the code user in the absence of provider documentation, **unless the provider either does not care or does not know** the condition.*



M-E-A-T

Incorporating one or more of the M-E-A-T (Monitor, Evaluate, Assess or Address, Treat) details at a face-to-face visit for each condition that requires or impacts patient care treatment or management will put you on the path to success in capturing risk.



Basics of MRA

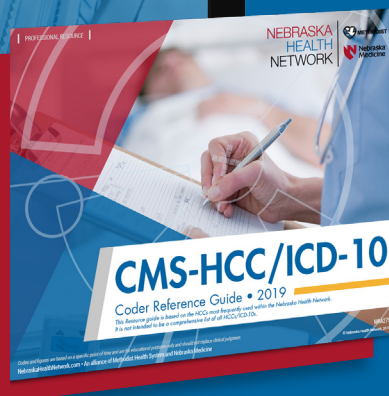
This quick, one-page document helps you or your fellow providers and coders understand WHAT MRA is, WHY it's important, HOW to optimize risk capture and a quick example on how MRA works.

NHN ONLINE EDUCATION MODULE Medical Risk Adjustment

NEBRASKA
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MRA Education Module

This educational module helps you understand how MRA works and what you can do to insure you are not penalized for taking care of sicker patients.



HCC Coder Reference Guide

This is a digital resource guide based on the HCCs most frequently used within Nebraska Health Network.

PATIENT RESOURCE

Why am I sick?
Virus or Bacteria?

When you don't feel well, your top focus is getting better fast. Depending on your illness, taking an antibiotic may be just what you think you need to begin the healing process.

As you might think, bacterial infections are caused by bacteria, and viral infections are caused by viruses. Antibiotics are only needed for treating certain infections caused by bacteria and will not treat or cure viral infections.

Taking an antibiotic when it's not needed can have many unwanted side effects including diarrhea, nausea, dizziness and yeast infections. Plus, overuse of antibiotics can lead to drug resistant infections or "superbugs." Drug resistance means that the usual antibiotics may not work, which can make it more difficult to treat bacterial infections. Knowing what is causing your illness is a good first step in understanding whether an antibiotic is right for you.

What could be causing my illness?

Common Condition	Common Cause			Are Antibiotics Needed?
	Bacteria	Bacteria or Virus	Virus	
Common cold/runny nose			●	No
Sore throat (strep throat)	●		●	No
Flu			●	No
Bronchitis/chest cold (in otherwise healthy children and adults)		●		No*
Middle ear infection		●		Maybe
Sinus infection		●		Maybe
Strep throat	●	●		Yes
Urinary tract infection	●			Yes
Whooping cough	●			Yes

*Studies show that in otherwise healthy children and adults, antibiotics for bronchitis won't help you feel better.

What can help me feel better?

- Get plenty of rest
- Drink plenty of fluids
- Use saline nasal spray or drops
- Use a clean humidifier or cool mist vaporizer
- Use cough drops and sore throat lozenges
- Take acetaminophen, ibuprofen or naproxen to relieve pain or fever**

**Take these medications only if directed by your health-care provider.

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Why am I sick? Virus or Bacteria?

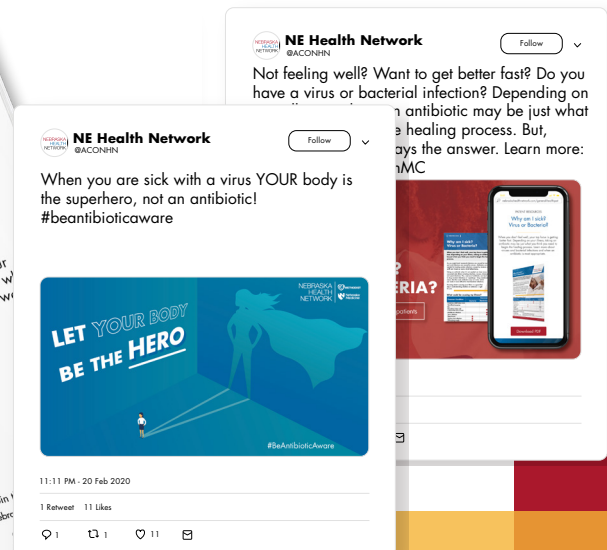
When patients don't feel well, their top focus is getting better fast. This one-page flier helps explain the differences between viruses and bacterial infections and when antibiotics are most important. This patient education is also available as a written article.

GENERAL HEALTH, PREVENTION & SCREENINGS

ANTIBIOTICS

Let Your Body Be the Super Hero

This social media campaign contains six posts that you can share on your social channels that help communicate the differences between viruses and bacteria.



GENERAL HEALTH, PREVENTION & SCREENINGS

COLON CANCER

Colon Cancer Screening Guide

This resource helps patients understand the screening options for colorectal cancer and which methodology is best based on their family history and overall needs.

Colorectal Screening Guide

What is Colon Cancer?
Colon cancer is cancer within the large intestine and is the third leading cause of cancer deaths in the United States. Because colon cancer is so common, and the survival rate is so high when caught early, screenings for colon cancer are important.

What is a polyp?
A polyp is an abnormal growth of cells that can progress into cancer.

Colon Cancer Risk Factors

- Family history of colon cancer
- Personal history of polyps or cancer in other parts of the body
- Smoking
- Alcohol Use (more than four drinks per week)
- Obesity
- Diet high in red meat and processed meat
- Other diseases like Crohn's and ulcerative colitis

Colonscopies are the gold standard for finding and removing polyps. This is especially true if you have a personal history of polyps and/or colon cancer, or if you have a family history of colon cancer.

If you do not have a personal or family history of colon cancer, and a colonoscopy seems overwhelming, you may be eligible for other screening options. Talk to your provider about what is best for you.

Test/Frequency	Screening Type	Benefits	Considerations
Colonoscopy Every 10 years	Moderately invasive procedure	<ul style="list-style-type: none"> Visual examination of the entire colon Can remove polyps and take biopsies Other diseases can be detected Most comprehensive screening 	<ul style="list-style-type: none"> Full bowel prep Risk of tears The only option for those who are at high risk for colon cancer
Flexible Sigmoidoscopy Every 5 years	Minimally invasive procedure	<ul style="list-style-type: none"> Views only 1/2 of colon Risk of tears A colonoscopy is needed if results are abnormal 	<ul style="list-style-type: none"> Full bowel prep Not for those with certain allergies A colonoscopy is needed if results are abnormal
Stool-based tests Every 1-3 years	Non-invasive	<ul style="list-style-type: none"> Can detect blood in stool Other diseases can be detected 	<ul style="list-style-type: none"> Nonbleeding polyps can be missed A colonoscopy is needed if results are abnormal

Available
in
Spanish!

Colon Cancer Social Campaign

This social campaign encourages patients to download the colon cancer screening guide and learn more about possible screening options.

PATIENT RESOURCE

Determining What Level of Care is Best for Your Needs

A Guide to Care Options

Primary Care

Call your primary care provider first. \$

The primary care office is your first line of defense for medical care. Your current provider and care team have records of your health history, medications and current needs, and often are best suited to handle non-urgent medical care. However, if your primary care team is unavailable or it is after hours, understanding your other options is important.



Urgent Care

\$ \$

Urgent Care facilities are for common health problems that need to be treated soon and cannot wait until the primary care clinic has an appointment available.

Urgent Care is a good solution for minor illnesses and injuries. Although every situation is different, you typically will experience shorter wait times and lower costs at an urgent care facility versus the emergency department.



Please see the back of this page for common conditions that can be seen at an Urgent Care facility.

Emergency Department

\$ \$ \$

Emergency Departments are for serious, **life-threatening** conditions that need to be treated immediately!



Please see the back of this page for common conditions that can be seen in an Emergency Department.

CALL 9-1-1

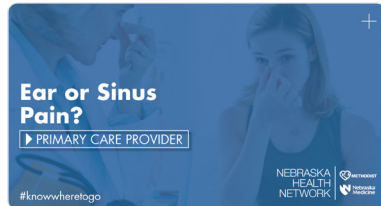
If you find yourself in a **life-threatening** situation and need assistance, please call 9-1-1.

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Ear or sinus pain? Consider calling your primary care provider before heading to an Urgent Care near you. Know where to go. Download our resource. #knowwheretogo #rightsiteofcare



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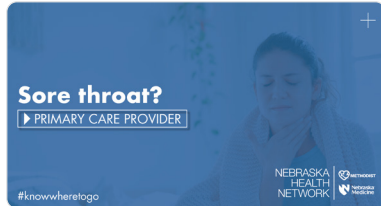
1 Retweet 11 Likes

1 Retweet 11 Likes

NE Health Network @ACONHN

Follow

Sore throat? Consider calling your primary care provider before heading to an Urgent Care near you. Know where to go. Download our resource. #knowwheretogo #rightsiteofcare



Determining What Level of Care is Best for Your Needs: A Guide to Care Options

When patients need medical assistance, it can be difficult to know where to go. These NHN patient resources addresses some common symptoms that patients may experience, and which level of care is most appropriate for them including primary care, urgent care or a trip to the emergency department. The resources include a front/back patient flier as well as a patient-focused article and social campaign that can be shared via your own communication channels.

GENERAL HEALTH, PREVENTION & SCREENINGS SITE-OF-CARE

WOMEN'S HEALTH



Women's Health

This resource highlights the importance of breast and cervical cancer screenings and provides a "guide through the ages" to help women identify which screenings are most important based on their age.

EDUCATIONAL RESOURCE

Adolescent Immunizations

ADOLESCENT IMMUNIZATIONS - COMBO 2

Assesses adolescents 13 years of age who had the following between their 11th and 13th birthday:

- 1 dose of meningococcal vaccine
- 1 Tdap vaccine
- The **complete** human papillomavirus (HPV) vaccine series

CHILDHOOD IMMUNIZATIONS - COMBO 2

Assesses children 2 years of age who had the following by their 2nd birthday:

- 4 diphtheria, tetanus and acellular pertussis (DTaP)
- 3 polio (IPV)
- 1 measles, mumps and rubella (MMR)
- 3 haemophilus influenza type B (Hib)
- 3 hepatitis B (HepB)
- 1 chicken pox (VZV)
- 4 pneumococcal conjugate (PCV)
- 1 hepatitis A (HepA)
- 2-3 rotavirus (RV)
- 2 influenza (flu) vaccines

WELL-CHILD VISITS (15 MONTHS)

Assesses children who turned 15 months old during the measurement year and had six or more well-child visits with a primary care physician by the time they are 15 months old. These visits can

Adolescent Immunizations

This resource outlines child and adolescent immunizations including well-child visits for the first 15 months.

GENERAL HEALTH, PREVENTION & SCREENINGS

Flu Shot

New flu vaccines are released every year to keep up with rapidly adapting flu viruses. Making sure your patients know flu shots are available in your clinic/system helps keep them healthy throughout flu season.



Personal Information:	Primary Care Providers:	Medical History:	Health Care Map:
Name:	Office Phone #:	Allergies:	Date:
Date of Birth:			
Address:		My medical conditions are:	Colonoscopy
Phone:		<input type="checkbox"/> Heart Failure	Mammogram
Emergency Contact:		<input type="checkbox"/> High Blood Pressure	DEXA Scan
Emergency Contact Phone #:		<input type="checkbox"/> Diabetes	Shingles Vaccine
		<input type="checkbox"/> Asthma/COPD	Pneumonia Vaccine
		<input type="checkbox"/> Pericarditis/Dilatative	Influenza Vaccine
		<input type="checkbox"/> Blood Thinners	Tdap Vaccine
		Other:	Serious (OT) Vaccine

Medication Log

This pocket-size resource helps patients accurately track their medications, provider information and medical history.



Choosing a Provider: Resources for Medicare Beneficiaries

The Centers for Medicare and Medicaid Services have a number of resources to help Medicare beneficiaries select their primary clinician through a process called Voluntary Alignment.

This resource explains voluntary alignment and the steps to take to complete it.

SPEAK
for YOURSELF



Nebraska Emergency Treatment Order (NETO)

The advanced illness work group has developed this program to assist providers in helping patients plan for medical emergencies.

Fall Prevention

This educational resource reviews household modifications that can help reduce risk of falls.

EDUCATIONAL RESOURCE

Fall Prevention

Simple Changes Can Help Reduce Your Risk

Falls can be devastating. According to the Centers for Disease Control, they are the leading cause of non-fatal injuries among adults. One out of every 10 falls causes a serious injury, such as a hip fracture or head injury, often requiring hospitalization. Every year, 3 million older Americans are treated in emergency departments for fall injuries.

Reducing your risk for falls can help you remain independent and safe in your daily life. Talk to your health-care team about what preventions are right for you and simple changes you can make to help reduce your risk.

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REDUCE FALLS AT HOME

Making changes around your home can lower your chances of falling. Basic interventions include increased exercise and home modifications such as: Handrails in stairwells, increased lighting, grab bars in the bathroom and showers and removal of throw rugs or small area rugs. Follow our guide below to see what you can do in the main rooms in your house.

UPSTAIRS

- Use handrails for both sides of stairways
- Install nonslip treads for barewood steps
- When using the stairs, take one step at a time

BEDROOM

- Place night lights in your bedroom, bathroom and hallways
- Place a lamp within reach of your bed for middle-of-the-night needs

EXERCISE

- Consider regular exercise that focuses on flexibility, strength training and balance
- Choose footwear with a nonslip tread on the bottom of the shoe

KITCHEN

- Store dishes, food and other necessities within reach
- Immediately clean spilled liquids, grease or food

BATHROOM

- Use a raised toilet seat or one with armrests
- Install grab bars for the shower or tub
- Utilize a shower chair and include a hand-held shower nozzle for bathing while sitting down

LIVING ROOM

- Remove boxes, newspapers, electrical cords and phone cords from walkways
- Remove area and throw rugs
- Wear comfortable shoes even when inside

HOUSE MAINTENANCE

- Avoid carrying large objects like vacuums up and down stairs
- Avoid using step stools and ladders when changing light bulbs or reaching high objects
- Use extra caution outside and avoid puddles, ice and snow



Join the conversation. Follow us!

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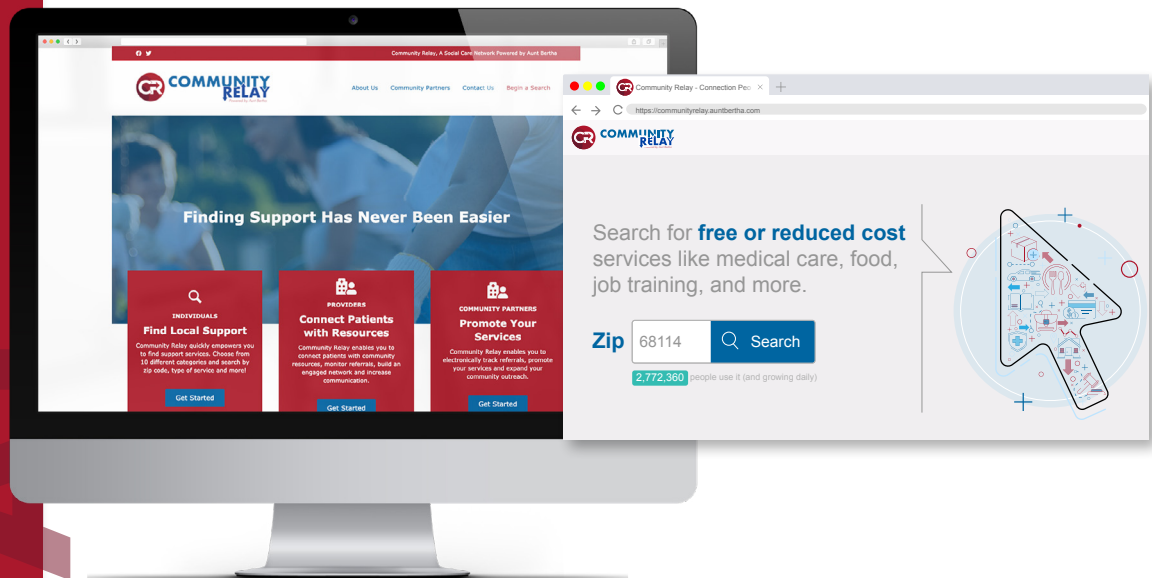
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GENERAL HEALTH, PREVENTION & SCREENINGS



COMMUNITY RELAY

Powered by Aunt Bertha



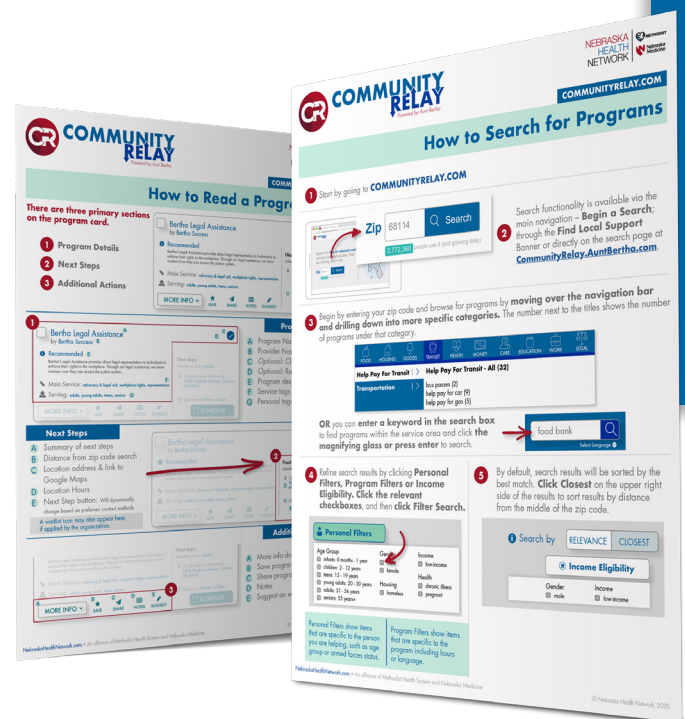
CommunityRelay.com

Together with Methodist Health System and Nebraska Medicine, Nebraska Health Network has created Community Relay, a patient and provider resource powered by Aunt Bertha. Community Relay is a social care network that enables users to search for free or reduced cost services like food, job placement, transportation, legal services and more.

Educational Tip Sheets

This series of tip sheets helps you discover:

- How to Search for a Program
- How to Read a Program Card
- How to Save Your Favorite Program
- How to Share a Program
- How to Refer Individuals to a Program
- How to See People I am Helping
- How to Suggest a Change or Program
- How to Share Results in a Different Language



VISIT COMMUNITYRELAY.COM

Z CODES



Z code Quick Reference Guide

This digital reference guide is based on Z codes that directly relate to Social Determinants of Health.

COVID-19 Focused Best Practices

Discover examples and best practices when using Z codes regarding COVID-19.



NHN EDUCATIONAL RESOURCES

View and download our entire resource library at:



NebraskaHealthNetwork.com

Join us on social media for updates about new resources and more.

