

# MRA Documentation & Coding Best Practices

## CARDIOLOGY /

NEBRASKA  
HEALTH  
NETWORK



Should I code for other chronic conditions that aren't related to a cardiac diagnosis?



**Yes!** Document all cardiovascular diagnosis and any other chronic conditions that you address with your patient or that impact your clinical decision making. (ex. Morbid Obesity, Diabetes, Etc.)

### Best Practices

#### 1 Document the diagnosis rather than the symptom when appropriate:

**Example:**

Dyspnea (R06.00) instead of SOB or shortness of breath (R06.02)

#### 2 Document to the highest degree of specificity:

**Example:**

Systolic or diastolic CHF compared to CHF unspecified.

They are different diagnoses and the specificity of the ICD-10 code may impact how care is reimbursed or graded. This impacts risk score and cost targets.

**Example:**

**Arrhythmia (specified)**

**Specify the acuity:** acute, paroxysmal, chronic, etc.

**Document the location:** atrial, ventricular, supraventricular, etc.

**Document the rhythm name:** flutter, fibrillation, type 1 atrial flutter, long QT syndrome, sick sinus syndrome, etc.

#### 3 Never miss an opportunity to document commonly associated conditions: (unless conditions are unrelated)

**Example:**

- Diabetes with peripheral angiopathy
- Sleep apnea with heart failure/hypertension/atrial fibrillation
- Morbid obesity with coronary artery disease (CAD)/heart failure

#### 4 Recognize if your patient has other conditions related to their hypertension:

**Example:**

- Heart disease
- Heart failure
- Chronic kidney disease

If the answer is **YES**, do not use the ICD-10 code of I10-Essential (primary). Instead, choose a more specific code.














Please reference the back page for a further list of ICD-10 codes.








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

# Cardiology ICD-10 Reference

This is not intended to be a comprehensive list of all applicable HCCs/ICD-10s.

 <h2>Hypertension with Heart Disease</h2> <p>(example: Congestive Heart Failure (CHF); Myocarditis; Cardiomegaly)</p>	<h3>Hypertensive Heart Disease</h3> <p><b>I11.0</b> Hypertensive heart disease with heart failure   use additional ICD-10 code below to identify <b>(type)</b> of heart failure (I50.-)</p> <p><b>I11.9</b> Hypertensive heart disease withOUT heart failure</p>
 <h2>Hypertension with Chronic Kidney Disease (CKD)</h2>	<h3>Hypertensive Chronic Kidney Disease</h3> <p><b>I12.0</b> Hypertensive CKD with stage 5 CKD or end stage renal disease   use additional ICD-10 code below to identify <b>(stage)</b> of CKD (N18.1-)</p> <p><b>I12.9</b> Hypertensive CKD with stage 1 through stage 4 CKD, or unspecified CKD   use additional ICD-10 code below to identify <b>(stage)</b> of CKD</p>
 <h2>Hypertension with Heart Disease AND with Chronic Kidney Disease (CKD)</h2>	<h3>Hypertensive Heart Disease with CKD</h3> <p><b>I13.0</b> Hypertensive heart and CKD with heart failure and stage 1 through 4 CKD, or unspecified CKD   use additional ICD-10 code below to identify <b>(type)</b> of heart failure   use additional ICD-10 code below to identify <b>(stage)</b> of CKD</p> <p><b>I13.10</b> Hypertensive heart and CKD withOUT heart failure, with stage 1 through 4 CKD, or unspecified CKD   use additional ICD-10 code below to identify <b>(stage)</b> of CKD</p> <p><b>I13.11</b> Hypertensive heart and CKD withOUT heart failure, with stage 5 CKD, or ESRD   use additional ICD-10 code below to identify <b>(stage)</b> of CKD</p> <p><b>I13.2</b> Hypertensive heart and CKD with heart failure and with stage 5 CKD or ESRD   use additional ICD-10 code below to identify <b>(type)</b> of heart failure   use additional ICD-10 code below to identify <b>(stage)</b> of CKD</p>
 <h2>Essential Hypertension</h2>	<h3>Essential (primary) Hypertension</h3> <p><b>I10.0</b> Essential (primary) hypertension</p>

<p> <b>Heart Failure: HCC 85 (0.331) and (I50-)</b></p> <p><b>I50.1</b> Left ventricular failure, unspecified</p> <p><b>I50.2-</b> Systolic (congestive), heart failure          • Add 5th character: (1) acute, (2) chronic, (3) acute on chronic, (0) unspecified</p> <p><b>I50.3-</b> Diastolic (congestive) heart failure          • Add 5th character: (1) acute, (2) chronic, (3) acute on chronic, (0) unspecified</p> <p><b>I50.4-</b> Combined systolic (congestive) and diastolic (congestive) heart failure          • Add 5th character: (1) acute, (2) chronic, (3) acute on chronic, (0) unspecified</p> <p><b>I50.81-</b> Right heart failure          • Add 6th character: (1) acute, (2) chronic, (3) acute on chronic, (4) due to left heart failure (0) unspecified</p> <p><b>I50.82</b> Biventricular heart failure</p> <p><b>150.83</b> High output heart failure</p> <p><b>150.84</b> End stage heart failure</p> <p><b>150.89</b> Other heart failure</p> <p><b>150.9</b> Heart Failure, unspecified</p>	<p> <b>Chronic Kidney Disease: HCC 136</b></p> <p><b>N18.5</b> Chronic Kidney Disease (CKD), Stage 5</p> <p><b>N18.6</b> End Stage Renal Disease (ESRD)</p> <p> <b>Chronic Kidney Disease: HCC 137 (0.289)</b></p> <p><b>N18.4</b> Chronic Kidney Disease (CKD), stage 4 (severe)</p> <p> <b>Chronic Kidney Disease: HCC138 (0.069)</b></p> <p><b>N18.3</b> Chronic Kidney Disease (CKD), Stage 3 (moderate)</p> <p><b>N18.30</b> Chronic Kidney Disease (CKD), stage 3 (unspecified)</p> <p><b>N18.31</b> Chronic Kidney Disease (CKD), stage 3a</p> <p><b>N18.32</b> Chronic Kidney Disease (CKD), stage 3b</p> <p> <b>Chronic Kidney Disease: No HCC Assigned</b></p> <p><b>N18.1</b> Chronic Kidney Disease (CKD), Stage 1</p> <p><b>N18.2</b> Chronic Kidney Disease (CKD), Stage 2 (mild)</p>
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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, which stands for Monitor, Evaluate, Assess or Address and Treat. 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.

**E evaluate**  
 test results, medication effectiveness, physical exam findings and response to treatment.

**A assess or address**  
 by discussion, acknowledging, reviewing records, documenting status/level conditions and counseling.

**T treat**  
 with prescribing/continuation of medications, referral to specialist for treatment/consultation, surgical/other therapeutic interventions and plan for management of condition(s).

**Examples:**  
**Monitor:** Atrial Fibrillation-Patient on Coumadin followed by primary MD  
**Evaluate:** Congestive Heart Failure-+3LE edema  
**Assess/Address:** Patient has shortness of breath, chest x-ray scheduled  
**Treat:** Patient with hyperlipidemia-well managed on Lipitor



Document and code for all diagnoses for each patient, every year. Keep in mind that a patient with Congestive Heart Failure (CHF) this year is considered to no longer have CHF as of Jan. 1, of the following year or in subsequent years if it is not documented and coded **every calendar year**.