The importance of documentation

Medicare Advantage: Provider quick tips

- Documentation should be clear, concise and legible.
- CMS requires submission of risk adjusting diagnosis codes:
  - From a face-to-face or audio-visual telehealth visit with physician or other approved provider.
  - Within the reporting period each calendar year.
- Document conditions that coexist at the time of the encounter/visit, and require or affect patient care, treatment and/or management.
- Diagnoses cannot be coded from diagnostic reports alone. The review and pertinent findings of the diagnostic reports should be documented in the progress note.

Documentation and coding example

- Chest x-ray completed 4/10/20, confirms COPD, continue Ipratropium as prescribed
- Diabetes type 2 hypoglycemia, CKD 4 stable eGFR 20
- Rheumatoid arthritis, stable on Enbrel
- Hypertensive heart disease, stable, seeing cardio tomorrow
- Patient's BMI has increased since last visit from 42 to 43, patient has class III obesity, right foot amputation 3 years ago contributes to their severe due to limited mobility

Language of documentation

- Diagnosis codes reported must be supported by documentation in the medical record. It is recommended to identify evidence of monitoring, evaluating, assessing/addressing and/or treating (M.E.A.T.).
- Utilize adjectives to specify conditions documented & coded such as: severity, site, stage, laterality, episode, type, complications, comorbidities, insulin status or amputation status.

MONITOR	EVALUATE	ASSESS/ ADDRESS	TREAT
• Status	• Signs and/or symptoms	• Counseling about condition	• Prescription: Start, continue, stop, change
• Disease progression	• Response to treatment	• Review specialist's notes	• Referral to specialist
• Adherence to treatment plan	• Lab or radiology results	• Complications	• Order labs and/or radiology testing

Per the ICD-10-CM Official Guidelines for Coding and Reporting FY 2020: "A dash (-) at the end of an alphabetic index entry indicates that additional characters are required. Even if a dash is not included at the alphabetic index entry, it is necessary to refer to the tabular list to verify that no 7th character is required." The bolding of the ICD-10-CM codes represents categories, subcategories or codes that map to the CMS-HCC risk adjustment model for payment year 2021: https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Risk-Adjustors

Centers for Medicare & Medicaid Services. 2008 Risk Adjustment Data Technical Assistance For Medicare Advantage Organizations Participant Guide. Palmetto GBA. https://www.csscoperations.com/Internet/Cssc3.Nsf/files/participant-guide-publish_052909.pdf/$File/participant-guide-publish_052909.pdf. Published 2008. February 20, 2020.

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