nh healthy families™

Documentation & Coding Tips

Conditions that go undocumented usually also go untreated. This is just one of the important reasons that thorough and accurate Risk Adjustment coding is critical to patient care. Additionally, comprehensive coding provides specialists and ancillary providers insight into a patient's complete health profile. Please review the tips below to ensure that you are following the appropriate steps for accurate Risk Adjustment coding.

1 Ensure the signature on the medical record (such as chart notes and progress notes) is legible and includes the signee's credentials.

2 For Electronic Health Records, confirm all electronic signature, date, and time fields are completed. Include qualifying words such as "Authenticated by," "Verified by," or "Generated by."

3 Make sure the physician documents to the highest degree of specificity in the medical record.

4 Assign the ICD-10 code that includes the highest degree of specificity. i.e. Diabetes – Type 2

Code to the highest level of specificity:

Low specificity: E11.8 – Type 2 diabetes mellitus with unspecified complications

High specificity: E11.52 – Type 2 diabetes with diabetic angiopathy with gangrene

5 Include proper causal or link language to support highest degree of specificity in diagnosis and coding.

6 Verify that the billed diagnosis codes are consistent with the written description on the medical record.

7 Please follow the MEAT Process.
Monitor (M)
- Signs, symptoms, disease progression, disease regression

Evaluate (E)
- Test results, medication effectiveness, response to treatment

Assess/Address (A)
- Ordering tests, discussion, review of records, counseling

Treatment (T)
- Medications, therapies, other modalities

8 If a chronic condition is currently present in a member, do not use language such as "history of."

9 On the medical record, document all chronic conditions present in the member during each visit.

10 At least once per year, submit all chronic diagnosis codes based on documentation in a claim.

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