

The Centers for Medicare & Medicaid Services (CMS) require all Medicare Advantage plans to submit risk adjustment data (ICD-9 codes) to determine a risk score for each Medicare Advantage member.

Basic Documentation Requirements

- Member's Name and date of service on each page.
- Physician's signature **and** credentials. (Name with credentials must be somewhere on each page)
- Documentation in the medical record must substantiate ICD-9 codes submitted via claim.

Documentation Tips

- Chronic conditions should be fully assessed **annually** to properly report the member's health status.
- Documentation should not indicate stroke or CVA unless the member is having one in the office. Code history of stroke (V12.54) or lasting effects of the stroke (438.xx).
- Use the words "history of" for conditions the member no longer has, not conditions that are still active. Remember to use "history of" cancer, stroke, etc., to indicate the condition is no longer a current health concern. Avoid using "history of" for conditions the member still has or for which they are being treated. For example, indicating a history of diabetes is not correct. While the member has diabetes in his history, it is still a current condition. Similarly, he has CHF exacerbation in his past but CHF stable is the current condition. The coding for CHF is the same for both instances – 428.0.
- Some codes are "forever" and should be addressed and documented **at least once a year**.
 - Amputations V49.x
 - Old MI 412.
 - Organ transplant V42.x
 - COPD 496 & 491.xx
 - Drug/alcohol dependency 303.xx
 - HIV/AIDS 042/
 - Ulcerative Colitis 556
 - Quadriplegia 344.x
 - Paraplegia 344.1
 - Rheumatoid Arthritis 714.x
 - Crohn's Disease 555.xx
 - Multiple Sclerosis 340
 - Parkinson's Disease 332
 - Muscular Dystrophy 359.x
 - Epilepsy 345.x
 - Schizophrenia 295.x

Documentation Tips

- Some codes are probably forever and must be addressed each year.
 - Chronic Hepatitis B and C 070.xx
 - CHF (compensated and exacerbation have the same code) 428.0
 - Cirrhosis of the liver 571.x
 - Artificial opening status V44.x
 - Cystic Fibrosis 277.0
 - Cardiomyopathy 425.xx
- Some conditions need two codes. *Consult your ICD-9 book for guidelines.*
 - Pressure ulcers (location and stage)
 - Dialysis (CKD and dialysis code)
 - Diabetes complications (diabetes and manifestations)
 - Sepsis and SIRS (underlying cause and then sepsis)
- Severe sepsis also needs a third code to identify the associated organ dysfunction.
- For each prescribed medication, there needs to be a corresponding diagnosis listed at least once a year. For example, if you refill Metformin, the diagnosis of diabetes needs to be listed. Documenting “doing well on Prozac” can’t be coded as depression. Things such as depression, A-Fib, PVD, diabetes, etc., need to be documented and coded at least once a year while the member is on the medication.
- V codes that are risk-adjusted codes:
 - Renal Dialysis Status V45.11
 - Tracheotomy Status V44.0
 - Respirator Dependence V46.XX
 - Lower Limb Amputee V49.7X
 - Artificial Openings for Feeding or Elimination V44.X
 - Major Organ Transplant V42.X
- E codes that are risk-adjusted codes:
 - Poisoning codes E950-952
 - Injury codes E953-959
- Document radiological/diagnostic findings in the progress note (e.g. spinal fracture, diastolic heart failure, aneurysm, obstructive vs. restrictive airway disease, etc.)
- Cancers
 - Is the cancer the primary or is it metastases?
 - If it is the secondary cancer, code it first and the primary cancer second, even if it is “history of” (V10.x).
 - Cancers coded over a two-year period are suspect and will run the risk of an audit. An exception is breast and prostate cancer patients who are on drugs such as Tamoxifen and Lupron.
 - Is it cancer or history of cancer? When the primary cancer has been eradicated and no further treatment is needed, code “history of” - V10.x.

Documentation Tips

Medical record documents...		Did you mean?	
Open wound		Skin ulcer	707.xx
Bronchitis	490	Chronic bronchitis	491.9
Asthma	493.9	Chronic obstructive asthma	493.2x
Cardiac dysrhythmia	427.89	Atrial fibrillation	427.31
Cardiac dysrhythmia	427.89	Paroxysmal tachycardia	427.2
Anemia chronic disease	285.89	Protein calorie malnutrition	263.x
Anemia chronic disease	285.89	Cachexia	799.4
Loss of weight	783.21	Protein calorie malnutrition	263.x
Failure to thrive	783.7	Protein calorie malnutrition	263.x
Cancer		Hx of cancer	V10.x
Chest pain	786.5	Angina	413.9
Essential tremor	333.1	Parkinson's	332
CAD	414.01	Angina	413.9
CAD	414.01	Old MI	412
CVA/stroke	434.xx	Hx of CVA	V21.59
Atherosclerosis	440	Atherosclerosis of extremity	440.xx
Alcohol abuse	303.0	Alcohol or drug dependence	303.90
Renal failure	584	Chronic renal failure	585.x
Renal insufficiency	584	Chronic renal insufficiency	585.x