

Achieve Winning Outcomes through Risk Adjustment Coding



Strong documentation will help you improve both quality of care and revenue capture from Medicare Advantage and other value-based programs. These best practices will help you meet the challenge.



Document and submit yearly.

Every January 1, CMS wipes the slate clean for every Medicare beneficiary, and considers them healthy until their physician reports otherwise. Make sure to capture all active, chronic conditions by documenting them in the medical record and submitting diagnoses by Dec. 30 each year. See all your Medicare patients at least once a year by bringing them in for an annual well visit. Twice a year is even better.



Assess & report all acute and chronic conditions.

Document each condition that is present during the encounter. Consider disease specificity and comorbidities. Code all diagnoses to the highest level of specificity.



Use specific ICD-10 codes when possible.

Code the primary diagnosis first, then add up to as many other codes as your EMR, billing company and clearinghouse allow. Record your best clinical guess(es) based upon evidence.



Learn the ICD-10-to-HCC crosswalks.

Become familiar with Medicare's 70+ Hierarchical Condition Categories (HCCs) and the ICD-10 codes they encompass. CMS takes the ICD-10 codes reported by physicians, and groups them into HCCs to determine patient spending benchmarks for value-based programs including Medicare Advantage, MSSP, NextGen ACO, and CPC+. Not all ICD-10 codes map to an HCC, so be specific!



Create thorough encounter notes. Make sure to include:

- Reason for the encounter
- Type of visit (e.g., preventive, follow-up, sick visit)
- Acute vs. chronic/resolved
- Preventive screenings
- Immunizations
- Recommendations
- Treatment plan
- Referrals
- Pending tests
- Medications refilled



Document active, chronic diseases using MEAT:

- **MONITOR:** Signs and symptoms, disease progression/regression
- **EVALUATE:** Test results, medication effectiveness, response to treatment
- **ASSESS/ADDRESS:** Order tests, patient discussion and counseling, review records
- **TREAT:** Medications, therapies and other modalities



Choose an EHR-enabled solution.

Manual efforts can improve your results, but a solution that's part of your electronic health record offers greater opportunities for success.

To learn how your practice could benefit from practice management and clinical best practices as part of Consensus Health, please call (856) 762-2469 or email info@consensushealth.com.