Documentation and ICD-10 Coding Tips

MVP Health Care (MVP) shares your priority of ensuring your patients receive the care they need. Accurate documentation and coding to highest level of specificity are crucial components of high quality, cost-efficient care. Both allow for more meaningful data exchange between MVP and providers and improve your practice's quality and risk adjustment data, reducing the time spent collecting additional data for audits and chart reviews, and increasing the time your practice has to focus on patient care.

Reminder: All health conditions addressed or assessed during a visit should be documented, coded, and submitted on a claim.

Frequently missed or miscoded conditions	
Condition	**Miscoding**
1. Diseases of the Nervous System	• Cerebral Palsy G80
2. Pervasive Developmental Disorders	• Autism F84
3. Factors Influencing Health Status Z00-99 codes Z codes are for the reporting of factors influencing health status and contact with health services in any healthcare setting.	• Homelessness Z59.0 • Inadequate Housing Z59.1 • Foster Care Z62.21, Z62.22 and Z62.29 • Transplant Status Z94 • Dialysis Status Z99.2 • Ostomy Status Z93 • History of Amputation Z89 • HIV Status. Z21 **Additionally** • Quadriplegia G82

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Mental and Behavior Disorders			
	Type of mood disorder	**Frequency of occurrence**	**Level of severity**
Mood (affective) Disorders F30 – F39	• Manic episode F30 • Bipolar disorder F31 ▪ May include o Hypomania o Mania o Depression	• Single episode • Recurrent episode	• In Full Remission • In Partial Remission • Mild • Moderate • Severe with or without psychotic features or symptoms • Mixed mania and depression with Bipolar disorder

Neoplasms	
Current C00-D49	• Active cancer diagnosis • Individual is receiving treatment or; • Individual who has a cancer diagnosis, via objective means, and is not receiving treatment (for any reason)
Personal History of Malignant Neoplasm Z85	• The primary malignancy has been excised • No further treatment is directed to the site • There is no evidence of an existing malignancy

Coding Tips	
Coding Tips	• Do not use "rule-out" statements; therefore, avoiding associating an inaccurate diagnosis to a patient. • Distinguish between acute and chronic conditions when appropriate • Use Approved Abbreviations and Acronyms to avoid misinterpretation a. IF no definitive diagnosis is determined, document and code signs and symptoms
Be Specific	• More precise diagnoses lead to more efficient claim processing • Coders, only, code based on documentation in the medical record • Identify and Document: a. Location on the body or within a body part b. Type or stage of the condition c. Conditions linked to another condition in a causal relationship
Chart Documentation includes Current and Coexisting Conditions	Use linking phrases: • "Due to" • "Because of" • "Related to" • "Associated with" • "Secondary to"

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Organize Documentation by using CHEDDAR, MEAT or SOAP formats	All progress notes should stand on their own merit to provide context if they are reviewed independent of the rest of the medical record
Avoid Vague References including	• "Consistent with" • "Probable" • "Possible Q" • "Questionable" • "Rule out" • "Likely" • "Suspected"

Notes:

For additional Coding, Medical Record Documentation and Education, visit our website at **mvphealthcare.com/providers/reference-library/#coding-medical-record-documentation-and-education**
If you have any questions, please contact Mary Ellen Reardon at **585-279-8583** or Audra Wilson at **585-327-2214**.