

Major Depressive Disorder *Please document the following:*

Severity – mild, moderate with or without psychotic features

Episode – single episode or recurrent

Status of the episode – partial or full remission

ICD10	DESCRIPTION
F32.0	Single episode, mild
F32.1	Single episode, moderate
F32.2	Single episode, severe without psychotic episodes
F32.3	Single episode, severe with psychotic episodes
F33.0	Recurrent, mild
F33.1	Recurrent, moderate
F33.2	Recurrent, severe without psychotic episodes
F32.3	Recurrent, severe with psychotic episodes
F32.4	Single episode, partial remission
F32.5	Single episode, full remission
F33.41	Recurrent, partial remission
F33.42	Recurrent, full remission

Diabetes (DM) *Please document the following:*

Type – 1 or 2 **Insulin use** – (Z79.4) for Type 2 only

Control – controlled, poorly controlled, uncontrolled, out of control

Complication – caused by, due to, secondary to, with

TYPE 1	TYPE 2	DESCRIPTION
E10.2x	E11.2x	With kidney complications
E10.3x	E11.3x	With ophthalmic complications
E10.4x	E11.4x	With neurological complications
E10.5x	E11.5x	With circulatory complications
E10.62x	E11.62x	With skin complications
E10.63x	E11.63x	With oral complications
E10.65	E11.65	DM with hyperglycemia
E10.9	E11.9	Without complications

Heart Arrhythmias *Please document the following:*

Type – atrial, ventricle, paroxysmal, persistent

ICD10	DESCRIPTION
I48.0	Paroxysmal atrial fibrillation
I48.1	Persistent atrial fibrillation
I48.11	Long-standing persistent atrial fibrillation
I48.2	Chronic atrial fibrillation
I48.21	Permanent atrial fibrillation
I48.3	Typical atrial flutter
I48.4	Atypical atrial flutter
I49.0x	Ventricular fibrillation and flutter

Rheumatoid Arthritis (RA) *Please document the following:*

Rheumatoid factor – with or without

Location – knee, hip, elbow, etc.

Associated disease – lung disease, heart disease, polyneuropathy

ICD10	DESCRIPTION
M05.10 – M05.19	Rheumatoid lung disease with RA
M05.20 – M05.29	Rheumatoid vasculitis with RA
M05.30 – M05.39	Rheumatoid heart disease with RA
M05.40 – M05.49	Rheumatoid myopathy with RA
M05.50 – M05.59	Rheumatoid polyneuropathy with RA
M05.60 – M05.69	Rheumatoid arthritis (RA)
M05.70 – M05.79	RA with rheumatic factor
M06.00 – M06.09	RA without rheumatic factor

Morbid Obesity *Please document the following:*

Body Mass Index – Height/Weight BMI

Clinically document the diagnosis in words – Specific diagnosis (*overweight, obese, morbidly obese, etc.*) must be documented with the BMI.

Severe or Morbid Obesity, E66.01, can be diagnosed with a BMI of 35-39.9 with a comorbid condition of coronary heart disease, atherosclerotic diseases, diabetes, or sleep apnea

ICD10	DESCRIPTION
E66.01	Morbid (severe) obesity due to excess calories
E66.2	Morbid (severe) obesity with alveolar hypoventilation
Z68.41	Body mass index [BMI] 40.0 - 44.9, adult
Z68.42	Body mass index [BMI] 45.0 - 49.9, adult
Z68.43	Body mass index [BMI] 50.0 - 59.9, adult
Z68.44	Body mass index [BMI] 60.0 - 69.9, adult
Z68.45	Body mass index [BMI] 70 or greater, adult

Chronic Kidney Disease (CKD) *Please document the following:*

Stage – 1-5 and end-stage renal disease (ESRD)

Acuity – acute or chronic **Status of condition** – stable, worsening, etc.

Underlying cause – caused by, due to, secondary to

Dialysis – Z99.2 is appropriate with the presence of an AV shunt for renal dialysis if the patient has started dialysis.

ICD10	SEVERITY	eGFR	DESCRIPTION
N18.1	Normal	N18.1	CKD Stage 1
N18.2	Mild	N18.2	CKD Stage 2
N18.3a	Moderate	N18.3a	CKD Stage 3
N18.3b	Moderate	N18.3b	CKD Stage 3
N18.4	Severe	N18.4	CKD Stage 4
N18.5	Kidney Failure	N18.5	CKD Stage 5
N18.6	–	–	ESRD
Z99.2	–	–	Dialysis Status (HD or PD)

Document:

Diagnosis: Document all conditions assessed and treated during every encounter.

Status: Document symptoms, disease progression or regression, reference labs or test results, responses to treatment, etc.

Plan: Record the test(s) ordered, medication(s), therapy(ies), if a referral is made (include who), and/or follow-up in the treatment plan for each addressed condition.

Documentation Tips

- Address chronic conditions at least annually
- Document your medical decision-making process in the Assessment or Plan.
- Diagnose to the highest level of specificity known
- Include credentials with signature
- Include supporting documentation for all diagnoses and status of condition (stable, worsening, etc.)
- Include disease manifestations when known
- Use cause-and-effect language (when appropriate).
 - Such as “due to” and “manifested by.”
- Code acute events (ex. acute stroke or acute myocardial infarction) when in an inpatient or outpatient hospital setting. Otherwise, this is likely an appropriate time to use “history of”
- Remove ambiguity from the medical record
 - Example: Don’t use backslash (“/”) when documenting because it can be misinterpreted (as either “or” or “and”)
- Do not use “history of” for current conditions
- Do not use signature stamps
- Do not use ICD 10 codes as the diagnosis. Diagnostic statements by the Provider are required.

Cancer *Please document the following:*

Status – Active, preventative, or palliative treatment. Use “history of” when neoplasm no longer exists.

Type – malignant, benign, in situ, malignant, uncertain behavior

ICD10	DESCRIPTION
C01 – C96.9	Malignant neoplasm
C18.0 – C18.9	Malignant neoplasm colon
C34.00 – C34.92	Malignant neoplasm bronchus and lung
C44.90	Malignant neoplasm skin
C43.0 – C43.9	Malignant melanoma skin
C50.011 – C50.929	Malignant breast
C61	Malignant neoplasm of prostate
D03.0 – D03.9	Melanoma in situ
D32.0 – D35.4	Benign neoplasm
D42.0 – D44.7	Neoplasm of uncertain behavior

TIP – Enrollees with a cancer diagnosis likely have had surgical therapy, radiation treatment, or chemotherapy drug treatments administered within a 6-month period either before or after the diagnosis.

Chronic Obstructive Pulmonary Disease (COPD)

Please document the following:

Acuity – with exacerbation or infection, acute and chronic

Symptoms – wheezing, shortness of breath, frequent respiratory infections

Contributing factors – tobacco use, exposure to smoke

ICD10	DESCRIPTION
J42	Chronic bronchitis, unspecified
J43.x	Emphysema
J44.0	COPD with acute lower respiratory infection
J44.1	COPD with acute exacerbation
J45.x	Asthma
J47	Bronchiectasis
J84.9	Interstitial lung disease
Z99.11	Dependence on respirator
J96.10	Chronic respiratory failure
Z99.81	Dependence on supplemental oxygen
F17.210	Nicotine dependence, cigarette
Z87.891	Hx of Nicotine/Tobacco dependence
G47.33	Obstructive sleep apnea

Congestive Heart Failure (CHF) *Please document the following:*

Acuity – acute, chronic, acute on chronic

Type – diastolic, systolic, combined systolic and diastolic

Underlying cause – caused by, due to, secondary to

ICD10	DESCRIPTION
I50.21	Acute systolic CHF
I50.22	Chronic systolic CHF
I50.23	Acute on chronic systolic CHF
I50.31	Acute diastolic CHF
I50.32	Chronic diastolic CHF
I50.33	Acute on chronic diastolic CHF
I50.41	Acute combined systolic and diastolic CHF
I50.42	Chronic combined systolic and diastolic CHF
I50.43	Acute on chronic combined systolic and diastolic CHF

Status Codes *Please document the following:*

Annual – These conditions frequently lacking adequate annual documentation due to the permanence of the chronic condition

ICD10	DESCRIPTION
Z89.4 – Z89.5	Amputee status
Z93	Artificial opening (ostomy)
Z21	HIV status
Z79.4	Insulin-dependent (type 2 only)
Z99.11	Respirator dependence
Z99.2	Dialysis status (HD, PD, presence of arteriovenous shunt, or renal dialysis status NOS)
Z94	Transplant status
Z86.73	History of TIA (cerebral infarction without residual defects)
Z95.0	Permanent pacemaker status
Z95.811	Presence of heart assist device

Social Needs and Frailty Conditions

ICD10	DESCRIPTION
R26.2	Difficulty in walking, not elsewhere classified
R26.89	Other abnormalities of gait and mobility
R26.9	Unspecified abnormalities of gait and mobility
R41.81	Age-related cognitive decline
R53.1	Weakness
R53.81	Other malaise
R53.83	Other fatigue
R54	Age-related physical debility
R62.7	Adult failure to thrive
R63.4	Abnormal weight loss
R63.6	Underweight
R64	Cachexia

Vascular Disease *Please document the following:*

Type of Vascular Disease – Peripheral artery disease (PAD), Atherosclerosis, Aneurysm, etc.

Manifestations – Limited mobility, infection, amputation, heart attack, stroke

ICD10	DESCRIPTION
I73.9	Peripheral vascular disease
I27.82	Chronic pulmonary embolism
I170.0	Aorta
I170.1	Renal Artery (stenosis)
I70.221 – I70.229	Atherosclerosis of native arteries of extremities with rest pain, right/left, bilateral, other, unspecified.
I71.3	Abdominal aortic aneurysm
I77.0	Arteriovenous aneurysm

TIP: Anticoagulant medication is typically used to treat an embolism. If the member was not dispensed an anticoagulant within the service year, a diagnosis of “history of embolism” may be appropriate.

Heart Disease *Please document the following:*

Angina – with or without

Occurrence of pain – at rest, with exertion, or stress

Complication – caused by, due to, secondary to, with

ICD10	DESCRIPTION
I20.0	Unstable angina
I24.0	Acute coronary thrombosis
I24.9	Acute ischemic heart disease, unspecified
I25.110	Atherosclerotic heart disease with unstable angina
I25.700	Atherosclerosis of coronary artery bypass graft with unstable angina
I25.710	Atherosclerosis of autologous vein coronary artery bypass graft with unstable angina
I25.720	Atherosclerosis of autologous artery coronary artery bypass graft with unstable angina
I11.0	Hypertensive heart disease with heart failure
I13.0	Hypertensive heart and CKD with heart failure and Stage 1-4 CKD
I13.11	Hypertensive heart and CKD without heart failure, with Stage 5 CKD or ESRD
I13.2	Hypertensive heart and CKD with heart failure and with Stage 5 CKD or ESRD