BEST PRACTICES

- Documentation must support the diagnosis.
- If you Think It, then Ink It, and then Link It.
- Use M.E.A.T or T.A.M.P.E.R to ensure the documentation supports the diagnosis:

  Monitoring – signs, symptoms, disease progression, disease regression

  Evaluating – test results, medication effectiveness, response to treatment

  Assessing/Addressing – ordering tests, discussion, review records, counseling

  Treating - medications, therapies, other modalities

  OR

  Treatment

  Assessment

  Monitor

  Plan

  Evaluate

  Referral

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- If it is not documented, it didn't happen. Therefore, it is not reportable.
- Code to the highest level of specificity known.
- Tests ordered should be reasonable and necessary for the diagnosis or treatment of an illness or injury.
- Report all diagnoses to completely describe the condition.
- Rule out, consistent with, compatible with, suggestive of, probable, suspected, comparable with, indicative of, or any other uncertain diagnosis cannot be coded. Instead, code the condition to the highest degree of certainty, such as symptoms, signs, abnormal test results, or other reason for the visit.
- Obtain an Advance Beneficiary Notice (ABN) when it is appropriate to do so.
  - The ABN is a waiver of liability and is provided to the patient when Medicare payment is expected to be denied e.g., diagnosis does not meet medical necessity.
  - Applicable to Traditional Medicare
- Obtain a prior authorization when it is appropriate to do so.
  - Requirement that a health care provider obtain approval from the appropriate payer to provide a given service; benefits are only paid if the medical care has been pre-approved by the patient's payer (e.g. genetic testing).

- Do not use “history of” to describe a current or chronic condition that is still present, active, ongoing, or still receiving treatment for the condition.
- Do not use “history of” to describe a current condition in remission. Instead, describe the condition as “in remission.”
- Report “history of” for conditions when the patient no longer has the condition and requires no further treatment.
- ICD-10 Coding Guidelines are updated October 1st of each year and can be found online.
- Know Local Coverage Determination (LCD) and National Coverage Determination (NCD) guidelines and requirements. They can change monthly so check them often for any changes.
- Having a current ICD-10 coding book in the office is helpful to assist in choosing the correct diagnosis and to make sure all required diagnoses are reported. Alternatively, there is a download for ICD-10.

Resources

- CMS.gov
  https://www.cms.gov/medicare-coverage-database/indexes/ncd-alphabetical-index.aspx
- Novitas Solutions
  https://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00024343
- ICD-10-CM coding conventions and guidelines
  https://www.cdc.gov/nchs/icd/data/10cmguidelines-FY2019-final.pdf
- ICD-10 coding book download
  https://www.cdc.gov/nchs/icd/icd10cm.htm#FY%202019%20release%20of%20ICD-10-CM
- AHIMA
  https://bok.ahima.org/doc?oid=302516#.XOb8VHlYaUk

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