# Medical record documentation
## Documentation and coding best practices

**Santa Clara Family Health Plan™**

## Hypertension and assumed relationships

According to ICD-10 Official Guidelines for coding and reporting hypertension, certain heart and/or kidney diseases presume a cause and effect relationship as the two conditions are linked by the term "with" in the Alphabetic Index. These two linked conditions should be coded as related, unless documentation states they are unrelated in which case they are then coded separately.

### Coding for hypertension heart and kidney related conditions

| Hypertensive | Document and Code |
|---|---|
| Hypertension with heart conditions coded to I50.-, I51.4-I51.7, I51.89, I51.9 | • A code from category I11, hypertensive heart disease; and<br>• If applicable, code from category I50 heart failure to identify the type of heart failure |
| Hypertensive Chronic Kidney Disease | • A code category I12, hypertensive chronic kidney disease; and<br>• A code from category N18 to identify the stage of chronic kidney disease |
| Hypertensive Heart and Chronic Kidney Disease | • A code from category I13, hypertensive heart and chronic kidney disease<br>• If applicable, code from category I50 heart failure<br>• A code from category N18 to identify the stage of chronic kidney disease |

## Documented diagnoses not submitted on claims

From chart review audits, the Office of Inspector General has noted multiple conditions that are documented in the chart but not submitted on claims. According to the official coding guidelines, all documented conditions that coexist at the time of the encounter and require or affect patient care must be coded. All ongoing chronic conditions should be coded each time the patient receives treatment.

Submitting all diagnoses codes on the claim that coexist at the time of the encounter and affect patient care aids in: supporting medical necessity, informing payers why the service was performed, and expresses to Medicare Advantage plans and CMS how sick the patient is.

**Common diagnosis categories in documentation but not submitted on claims:** vascular disease, morbid obesity, pulmonary diseases, diabetes with chronic complication, congestive heart failure, mental health disorders, arthritis and inflammatory connective tissue disease, cancer and leukemia, drug and alcohol dependence, coagulations defects, chronic ulcers, and amputations.

**Note:** Each ongoing condition must be coded at least once per year. This includes amputations, active cancers, morbid obesity, and diabetes with complication.

## Telehealth billing tips:

• To bill for real-time interactive audio and video visits, use the place of service (POS) codes that you would have billed if it were a face-to-face visit with modifier 95.
• To bill telephone/audio-only visits, use POS 02
• Public-facing communications tools are not accepted, e.g., Facebook Live, Twitch, and TikTok.