Acuity Documentation:
Congestive Heart Failure

Best Practice: Document with M.E.A.T.

Monitor
- Review signs and symptoms
- Review logs (blood sugar, BP)
- Disease progression/regression noted

Evaluate
- Reviewing lab/test results
- Review of diagnostic tests
- Medication/treatment effectiveness
- Relevant physical examination

Assess/Address
- Stable, improving, worsening, etc.
- Discussion/counseling
- Exacerbation of condition
- Relevant record review

Treat
- Referral to specialist
- Adjusting, refilling, prescribing medication
- Surgical procedures

Noting any <u>one</u> of the M.E.A.T criteria will satisfy the documentation requirements needed to code that condition on a claim

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M.E.A.T. Documentation Keywords:

Assessment	Plan
Stable	Monitor
Improved	D/C meds
Tolerating meds	Continue meds
Deteriorating	Refer to / Followed by

Examples:
- Chronic systolic heart failure – followed by cardiology, stable, continue digoxin.
- Chronic combined CHF – no increase in SOB, weight increased 2 lbs, continue to monitor weights at home.

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CHF
Key Points

Document and report CHF at any visit where it factors into the medical decision making.

Be as specific and detailed as you can be in your documentation, the details make a difference in what DX code can be reported

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Documentation Tips:

⬂ Document type of CHF, the acuity level, etiology and any complications resulting from the CHF

⬂ Use terms such as "decompensation" or "exacerbation" to indicate a change in status

⬂ Documenting *Heart Failure* with *preserved ejection fraction (HFpEF)* is sufficient for capturing **Diastolic HF** <u>or</u> *Heart Failure with reduced ejection fraction (HFrEF)* for **Systolic HF**

⬂ <u>Diastolic dysfunction</u> (I51.9) is not the same as <u>Diastolic heart failure</u> (I50.30). Your documentation must support a diagnosis of diastolic heart failure

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Common ICD-10 Codes

ICD-10	Description
I50.21	Acute systolic congestive heart failure
I50.22	Chronic systolic congestive heart failure
I50.31	Acute diastolic congestive heart failure
I50.32	Chronic diastolic congestive heart failure
I50.42	Chronic combined systolic & diastolic congestive heart failure
I50.9	Unspecified heart failure
*I11.0	Hypertensive heart disease w/ heart failure
I42.0	Dilated cardiomyopathy
I27.0	Primary pulmonary hypertension
R60.0	Localized edema
* Use additional code to identify type of heart failure	

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Keeping Compliant Documentation

⬲ Completeness and accuracy is always our goal!

⬲ Never document or bill diagnoses that are not present or currently being treated

⬲ Never up-code diagnoses to achieve a higher risk score

⬲ Do not document a resolved or historical medical condition as current if it is no longer being treated

⬲ Correct any errors in diagnoses previously reported or that no longer apply

⬲ Keep accurate, specific problem lists to easily pull the most appropriate codes into encounter notes

⬲ Avoid using abbreviations unless the condition is previously established in the documentation within the same OV note.

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