

## Coding Corner

The federal government reimburses Medicare Advantage plans based on the documented health of their members through a method used by CMS called "Risk Adjustment." This reimbursement is based on the anticipated cost of members' healthcare and is what health plans rely on to accurately estimate healthcare costs and provide high quality affordable Medicare Advantage products.

Providers play an important role in the risk adjustment process. Medical record documentation and claims coding data is used to help indicate the complete picture of health for plan members. This data also enables Blue Advantage to analyze and design programs to help manage member care.

Documentation and coding must mirror one another in order to accurately capture the patient's complete picture of health. Use our resources below to provide the most accurate, complete coding and documentation possible. *Please note: If you are not a registered ProviderAccess user, some of the content will not be viewable. Contact the practice administrator for your associated practice for a user ID and login password.*

## Coding Tips

- [TAMPER – Know When to Code Patient Conditions](#)
- [Common ICD-10 HCC Flier](#)
- [ICD-10 Data](#)
- Coding by Condition:
  - [COPD and Heart Failure](#)
  - [Depression](#)
  - [Diabetes](#)
  - [Neoplasms \(Cancer\) and Other Conditions](#)

## Documentation

- [Documentation and Coding Guidance](#)
- [Medical Record Documentation](#)

## Risk Webcasts

### **Clinical Review of Medicare Advantage Risk Adjustment and Chronic Condition Coding September 2020**



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**Diabetes  
July 2021**

**Vascular Disease  
July 2021**

**Depression  
July 2021**

**Heart Failure  
July 2021**