



Comprehensive Annual Visit (CAV) Documentation and Coding Guide

Comprehensive Annual Visit Requirements

- Exam performed by a licensed primary care physician, nurse practitioner or physician assistant
- Patient name, identifier (e.g., DOB) and date of service (DOS) on each page
- Document all diagnoses to the greatest level of specificity with status and plan of treatment including:
 - All conditions requiring medication
 - Chronic conditions
 - Active status conditions (amputations, ostomy status, implanted devices)
 - Pertinent past conditions coded as "Personal history of"
 - Conditions that affect the patient's day-to-day life
- Review medications and lab results
- Legible chart note
- Chart note signed (with credentials) and dated by the treating clinician
- Submit claim reporting applicable Quality Measure codes (see below) and up to 12 diagnosis codes with the greatest level of specificity for current conditions

Claim Submission Quality Measure Codes

Include the following quality procedure and/or diagnosis codes as appropriate on claim submission:

Adult BMI Assessment (adults 18-74 years of age)

ICD-10 Dx	BMI Range	ICD-10 Dx	BMI Range	ICD-10 Dx	BMI Range
<input type="checkbox"/> Z68.10	≤19.0	<input type="checkbox"/> Z68.29	29.0-29.9	<input type="checkbox"/> Z68.39	39.0-39.9
<input type="checkbox"/> Z68.20	20.0-20.9	<input type="checkbox"/> Z68.30	30.0-30.9	<input type="checkbox"/> Z68.41	40.0-44.9
<input type="checkbox"/> Z68.21	21.0-21.9	<input type="checkbox"/> Z68.31	31.0-31.9	<input type="checkbox"/> Z68.42	45.0-49.9
<input type="checkbox"/> Z68.22	22.0-22.9	<input type="checkbox"/> Z68.32	32.0-32.9	<input type="checkbox"/> Z68.43	50.0-59.9
<input type="checkbox"/> Z68.23	23.0-23.9	<input type="checkbox"/> Z68.33	33.0-33.9	<input type="checkbox"/> Z68.44	60.0-69.9
<input type="checkbox"/> Z68.24	24.0-24.9	<input type="checkbox"/> Z68.34	34.0-34.9	<input type="checkbox"/> Z68.45	70.0 or greater
<input type="checkbox"/> Z68.25	25.0-25.9	<input type="checkbox"/> Z68.35	35.0-35.9		
<input type="checkbox"/> Z68.26	26.0-26.9	<input type="checkbox"/> Z68.36	36.0-36.9		
<input type="checkbox"/> Z68.27	27.0-27.9	<input type="checkbox"/> Z68.37	37.0-37.9		
<input type="checkbox"/> Z68.28	28.0-28.9	<input type="checkbox"/> Z68.38	38.0-38.9		

Care for Older Adults (ages 66 years and older)

Advance Care Planning

- 1123F Discussed; plan or surrogate decision maker documented in the medical record
- 1124F Discussed; patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan

Medication Review

Both codes must be reported if service performed

- 1160F Review of all medications by a prescribing practitioner (prescriptions, OTCs, herbal therapies and supplements) documented in the medical record
- G8427 Eligible clinician attests to documenting in the medical record they obtained, updated, or reviewed the patient's current medications

Pain Assessment

- 1125F Pain severity quantified; pain present
- 1126F Pain severity quantified; no pain present

Functional Status Assessment

- 1170F Functional status assessed

Comprehensive Diabetes Care (ages 18-75 years old with diabetes diagnosis)

Blood Pressure Reading

CPT	Systolic	CPT	Diastolic
<input type="checkbox"/> 3074F	< 130 mm Hg	<input type="checkbox"/> 3078F	< 80 mm Hg
<input type="checkbox"/> 3075F	130-139 mm Hg	<input type="checkbox"/> 3079F	80-89 mm Hg
<input type="checkbox"/> 3077F	≥ 140 mm Hg	<input type="checkbox"/> 3080F	≥ 90 mm Hg

HbA1c Level

CPT	HbA1c
<input type="checkbox"/> 3044F	< 7.0%
<input type="checkbox"/> 3045F	7.0-9.0%
<input type="checkbox"/> 3046F	≥ 9.0%

Nephropathy Screening, Monitoring or Treatment

CPT	Test/Treatment
<input type="checkbox"/> 3060F	Positive microalbuminuria test
<input type="checkbox"/> 3061F	Negative microalbuminuria test
<input type="checkbox"/> 3062F	Positive macroalbuminuria test
<input type="checkbox"/> 3066F	Documentation of nephropathy treatment

Documentation Tips

Document cause and effect relationship when one condition is caused by another condition

Example: Type 2 diabetes mellitus with diabetic neuropathy (E11.40)

Add an additional diagnosis code when needed

Refer to ICD-10 book for “use additional code” guidance.

Example: Hypertensive CKD with stage 1 through stage 4 CKD (I12.9)
Use additional code to identify the stage of chronic kidney disease (N18.1-N18.4, N18.9)

Use only industry-standard abbreviations

Examples: COPD, DM, CHF, CKD, etc.

Uncertain diagnoses cannot be coded

Until a diagnosis is confirmed, only report rule out or suspect conditions using the Symptoms, Signs and Abnormal Clinical and Laboratory Findings (R00-R99) diagnosis codes.

Problematic wording

Cannot Use for Diagnosis Reporting	May Use for Diagnosis Reporting
Suggestive of / Symptoms of / Likely	Early / Underlying
Consistent with / Compatible with	Evidence of
Suspicious for / Pending	Component of
Presumed / Sign(s) of / Suspect	Significant
Pre- _____ / or _____ vs. _____	Compensated
Rule-Out / Perhaps / Questionable	Results show _____

Caution documenting the term “History of”

“History of” indicates the condition no longer exists to coders. The term should not be used for chronic conditions receiving current treatment.

Instead of Documenting...	Document This...
History of diabetes	Patient with diabetes since 2009
History of CHF, meds Lasix	Compensated CHF, stable on Lasix
History of COPD, meds Advair	COPD controlled with Advair

Use “History Of” codes when...

Fractures: Fractures are not coded once they have been repaired

Cancers: Use a “history of” code if cancer has been excised and the patient is no longer receiving treatment

CVA: CVA may not be coded once a patient is discharged; instead, a “history of” code should be used

Myocardial Infarction: Only report as a current if MI occurred within 4 weeks; otherwise, report as old myocardial infarction (I25.2)

Anything that is listed as: **repaired, resolved, fixed, or managed through prophylaxis**

Submit copy of form and chart note to **ATRIO Health Plans:**
 CAV Team Fax: (866) 255-1032 or Email: CAV@atriohp.com **Secure email only**
 Email Questions To: QI@atriohp.com