

MEAT Documentation Grid

CMS-HCC V28

What the note must say for each diagnosis to hold up in a RADV audit.

How to use this grid: for every chronic condition you report, the note from that face-to-face visit should show at least one MEAT element — in the provider's own words, signed with credentials. One strong element beats four weak ones.

Letter	Means	What it looks like in the note
M	Monitor	Signs, symptoms, disease progression or regression discussed
E	Evaluate	Test results reviewed, exam findings, response to treatment
A	Assess / Address	Status stated (stable, worsening, controlled), counseling, discussion
T	Treat	Medication started/continued/adjusted, referral, procedure, plan

Payment-model note for 2026

- Payment year 2026 is calculated 100% on the **2024 CMS-HCC model (V28)**. That's the column that matters for current dates of service.
- The V24 column is shown only for reference on older dates of service and for explaining why a code that used to pay no longer does.
- MEAT is an industry documentation standard, not a CMS regulation. What CMS requires is that the medical record from an acceptable face-to-face encounter supports the diagnosis. MEAT is how auditors test that.

Diabetes mellitus

ICD-10-CM	Description	V28 HCC	V24 (legacy)
E11.22	Type 2 DM with diabetic CKD (also code N18.x for stage)	37	18
E11.40	Type 2 DM with diabetic neuropathy, unspecified	37	18
E11.42	Type 2 DM with diabetic polyneuropathy	37	18
E11.11	Type 2 DM with ketoacidosis with coma	36	17
E11.9	Type 2 DM without complications	38	19

MEAT example in provider language

M	"Reports no hypoglycemic episodes since last visit."
E	"A1c 7.8% (09/2026), up from 7.1%. Monofilament: decreased sensation bilateral feet."
A	"Type 2 DM with diabetic polyneuropathy — not at goal."
T	"Increase metformin to 1000 mg BID; podiatry referral."

Common RADV failure

"Diabetes, stable" with no link to the complication. ICD-10 presumes a link between diabetes and CKD or neuropathy, but the complication itself must still be documented and assessed in the note. A problem list alone never counts.

Congestive heart failure

ICD-10-CM	Description	V28 HCC	V24 (legacy)
I50.22	Chronic systolic (HFrEF) heart failure	226	85
I50.32	Chronic diastolic (HFpEF) heart failure	226	85
I50.23	Acute on chronic systolic heart failure	224	85
I50.84	End-stage heart failure	222	85
I11.0	Hypertensive heart disease with HF (add the I50.x type)	via I50.x	85

MEAT example in provider language

M	"Denies orthopnea; 2-lb weight gain this week."
E	"Echo 08/2026: EF 35%. Trace bilateral ankle edema."
A	"Chronic systolic HF, NYHA II, compensated."
T	"Continue carvedilol and furosemide; daily weights; cardiology f/u."

Common RADV failure

"CHF" with no type or acuity, or "history of CHF" for a patient actively on treatment. "History of" tells the auditor the condition is resolved.

Chronic kidney disease

ICD-10-CM	Description	V28 HCC	V24 (legacy)
N18.5	CKD stage 5	326	136
N18.6	End-stage renal disease (add Z99.2 if on dialysis)	326	136
N18.4	CKD stage 4 (severe)	327	137
N18.32	CKD stage 3b	328	138
N18.31	CKD stage 3a	329	138
N18.30	CKD stage 3, unspecified	329	138
N18.1-N18.2	CKD stages 1-2	No HCC	No HCC

MEAT example in provider language

M	"Fatigue unchanged; no edema reported."
E	"eGFR 38 (09/2026), stable vs. 40 in June."
A	"CKD stage 3b, stable."
T	"Avoid NSAIDs; continue lisinopril; renal panel in 3 months."

Common RADV failure

Stage not documented by the provider, or a lab eGFR used as the stage without the provider stating it. Since V28 splits stage 3 into 3a and 3b, "stage 3" alone now leaves value on the table.

Morbid (severe) obesity

ICD-10-CM	Description	V28 HCC	V24 (legacy)
E66.01	Morbid (severe) obesity due to excess calories	48	22
E66.813	Obesity, class 3 (code added Oct 2024 — confirm mapping in the current CMS file)	48*	22*
Z68.41–Z68.45	BMI 40.0 and over, adult (secondary code only)	48	22

MEAT example in provider language

M	"Weight trending up 6 lb over 3 months."
E	"BMI 42.3 today; reviewed sleep study (OSA)."
A	"Morbid obesity, BMI 42.3, complicating HTN and OSA."
T	"Nutrition referral; discussed bariatric evaluation."

Common RADV failure

BMI recorded by the nurse with no obesity diagnosis from the provider. The BMI can come from other clinicians, but the provider must document the clinical condition (morbid obesity) — and the BMI code is reported only alongside it.

COPD

ICD-10-CM	Description	V28 HCC	V24 (legacy)
J44.1	COPD with acute exacerbation	280	111
J44.0	COPD with acute lower respiratory infection	280	111
J44.9	COPD, unspecified	280	111

MEAT example in provider language

M	"Dyspnea on exertion at 1 block, baseline."
E	"Spirometry FEV1/FVC 0.62. Scattered wheezes."
A	"COPD, moderate, stable on current inhalers."
T	"Continue tiotropium; albuterol PRN; pulmonary rehab referral."

Common RADV failure

COPD captured from an inhaler on the medication list with no assessment in the note. Medication lists support MEAT only when the provider ties the drug to the condition.

Major depressive disorder

ICD-10-CM	Description	V28 HCC	V24 (legacy)
F33.1	MDD, recurrent, moderate	155	59
F32.2	MDD, single episode, severe without psychotic features	155	59
F32.9 / F32.A	MDD single episode unspecified / depression unspecified	No HCC	59 / none
F33.0	MDD, recurrent, mild	No HCC	59

MEAT example in provider language

M	"Mood improved; sleeping 6 hrs; no SI."
E	"PHQ-9 today: 12 (was 17)."
A	"MDD, recurrent, moderate — improving."
T	"Continue sertraline 100 mg; therapy referral in place."

Common RADV failure

"Depression" with no episode or severity. Under V28, unspecified and mild depression no longer map to an HCC — severity has to be documented to count.

* Confirm against the current CMS ICD-10 to HCC mapping file before relying on newly added codes.

V28 watch list — codes that used to pay and don't anymore

Diagnosis	What changed in V28	What to document instead
Depression, unspecified / mild	No longer maps to an HCC	Episode (single/recurrent) + severity (moderate/severe) when clinically true
Peripheral vascular disease, unspecified (I73.9)	No longer maps to an HCC	The specific atherosclerosis type and any complication (ulcer, gangrene, rest pain) when present
CKD stage 3, unspecified	Stage 3b now weighted higher than 3a	Stage 3a or 3b stated by the provider
Heart failure, unspecified	Split into end-stage, acute, acute on chronic, and other	Type (systolic/diastolic) and acuity

Audio-only telehealth flag

Diagnoses from audio-only visits do not count for Medicare Advantage risk adjustment

- Telehealth counts as face-to-face only when it uses real-time, two-way **audio and video**.
- A phone-only visit (modifier 93, or FQ for RHC/FQHC) may be billable, but its diagnoses should be excluded from risk adjustment submission.
- Recapture those conditions at the next video or in-person visit.

Provider attestation language

Add to your EMR note template so every signed note carries it:

Sample attestation

"I personally performed this face-to-face encounter [in person / via real-time audio-video telehealth]. Each diagnosis listed in the assessment was evaluated and addressed today as documented above. — [Provider name, credentials], [date]"

- Every note must be signed with the provider's credentials (MD, DO, NP, PA, etc.). Unsigned or uncredentialed notes are a top RADV failure.
- Attestation language supports the note — it never replaces the MEAT documentation itself.

Want us to test your charts?

ProCare runs MEAT/V28 documentation reviews on a sample of your Medicare Advantage charts and shows you exactly what would and wouldn't hold up — with provider-friendly education. info@procarepr.com • procarepr.com

Educational material based on CMS-HCC model documentation, ICD-10-CM Official Guidelines and AHA Coding Clinic. Code-to-HCC mappings change annually; always confirm against the current CMS mapping file. Not legal advice.