## **Documentation and Coding Tips**

## **General Physician Documentation**

Follow these simple charting tips and examples to address common coding and compliance shortcomings that can lead to appropriate risk scores.

- Review and update problem lists. Lists should reflect active medical problems.
  - Type 2 diabetes mellitus
  - Chronic obstructive pulmonary disease
- Document conditions that coexist at the time of the encounter/visit and that require or affect patient care, treatment, or management.
  - PCP Example: COPD managed by patient's Pulmonologist. Stable, continue current regimen on Proair HFA 90 mcg/inhaler.
  - Specialist Example: Patient with CKD, stage 4 seen today in nephrology for review of recent GFR results. Longstanding history of diabetes and hypertension, which are stable and managed by his PCP.
- Review and update medication lists. Lists should reflect currently prescribed medications and the condition prescribed for.
  - Gabapentin 100 mg capsule by mouth 3 times daily for type 2 diabetes mellitus with neuropathy
- Document your Assessment and Plan in a format that clearly aligns each diagnosis to a treatment plan.
  - Assessment and Plan: Type 2 diabetes mellitus-Metformin, 500 mg bid; draw A1C in 3 months
- Identify any complications and document what caused the complication.
  - Chronic kidney disease, stage 4 due to type 2 diabetes mellitus
- · Use linking language for related conditions.
  - Aphagia due to CVA rather than Aphagia and CVA
- Acknowledge pertinent laboratory or radiology results in the body of the documentation.
  - Chronic kidney disease (CKD) stage 3a, GFR of 47
- Always code status conditions when present.
  - Amputation, dialysis, ostomy, transplant, etc.
- In an outpatient environment, do not code diagnoses as "consistent with", "likely" "probable", "questionable", "rule-out" or "suspected". Document and code the signs and symptoms if you do nothave a definitive diagnosis.
- Avoid copy and paste to ensure documentation is unique to each encounter. Each note stands alone.
- Documentation must have MEAT for each diagnosis.
  - Only one of the four elements of MEAT is needed for each documented condition

MEAT	Support	Disease Example	Documentation Example
Monitor	Signs, symptoms, disease progression/regression	Congestive heart failure	Congestive heart failure is stable. Will continuesame dose of Lasix.
Evaluate	Test results, medication effectiveness, response to treatment	Type 2 diabetes mellitus	Blood sugar log and A1C results reviewed withthe patient.
Assess/Address	Order tests, discuss tests, review records, counseling, status/level of condition	Peripheral neuropathy	Decreased sensation of BLE by monofilament test.
Treat	Prescribe medications/therapies, surgical/therapeutic interventions, referral to specialist	New diagnosis of Chronic kidney disease, Stage 3	Referred to nephrology clinic.