

## Documentation and Coding

### Where do I chart that?



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**A quick reference guide to assist with accurate, complete documentation and coding that reflects the true nature of a patient's current health status at the highest level of specificity. Per ICD-10 official guidelines for reporting and coding.**

*"The importance of consistent, complete documentation in the medical record cannot be over-emphasized. Without such documentation, accurate coding cannot be achieved."*

#### **Definition/Overview of the Topic Here**

- Blue Cross North Carolina uses different areas of each chart to validate HCC codes.
- Each location within a provider note indicates whether a condition is active, needs additional documentation to support it, or is resolved.
- This document will provide examples of each with explanations of how our Data Integrity audit team interprets them.

#### **What should be included:**

All conditions should include an onset date, and a resolution date (if resolved). This helps others recognize what is still active with the patient and what conditions need to be considered when providing care to them.

Medications should always be linked to the condition they are being used for. Coders cannot link a medication; it must be done by the provider.

Active Conditions should have MEAT documented:

M – Monitoring signs, symptoms, disease progression, disease regression

E – Evaluating test results, medication effectiveness, response to treatment

A – Assessing/Addressing ordered tests, discussion, review records, counseling

T – Treating medications, therapies, other modalities

Each condition should be reviewed for MEAT. What is being done to monitor it? What is being done to evaluate it?

What is being assessed or what tests are being ordered? What are you doing to treat the condition?

#### **Additional Tips:**

- Be sure to indicate how the problem currently impacts the care being given OR why it should be considered in the care being given.
- Past Medical History (PMH) indicates conditions that *could* affect care in the future but do not currently affect the care being given.
- Some conditions can be included in the problem list if considered in the current care of another condition.
- These should include "history of" and the condition or medication they are linked with should be outlined in the A&P.
- Include onset and resolution dates for all conditions.
- Update your Problem List (PL) and PMH *at least* twice a year.

Problem List	Past Medical History
<ul style="list-style-type: none"> <li>• <b>Active Problems</b></li> <li>• <b>Issues relevant to PRESENT care</b></li> <li>• <b>Issues relevant to FUTURE care</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Past Medical conditions that no longer active or affect present care</b></li> <li>• <b>Surgical Procedures</b></li> <li>• <b>Family History</b></li> <li>• <b>Social History</b></li> <li>• <b>Hospitalizations</b></li> <li>• <b>Allergies</b></li> <li>• <b>Medications</b></li> </ul>

Active Dx Examples	History of Dx Examples	Resolved Dx Examples
<b>Good</b>	<b>Good</b>	<b>Good</b>
<p>Hypertension Diabetes Patient h/o DVT Pineapple allergy</p>	<p>h/o morbid obesity Family history of breast cancer h/o-3 full term pregnancies History of pneumonia</p>	<p>History of Recurrent otitis media History of Femur Fracture History of UTI</p>
<b>Better</b>	<b>Better</b>	<b>Better</b>
<p>Hypertension-takes Lisinopril 10mg twice daily; BP-120/76 HR-68 Diabetes-Type II Patient h/o DVT-on Xarelto Pineapple allergy-anaphylaxis</p>	<p>History of Morbid obesity-s/p gastric bypass surgery. BMI-normal range Family history of breast cancer-mom's side History of 3 full term pregnancies-no complications History of pneumonia-recurrent</p>	<p>History of Recurrent otitis media-bilateral History of Open Femur Fracture History of UTI, recurrent</p>
<b>Best</b>	<b>Best</b>	<b>Best</b>
<p>Hypertension-takes Lisinopril 10mg twice daily; BP-120/76 HR-68. (Onset-2000-Current/Active) Diabetes-Type II-takes Lantus 10units SQ nightly, A1C-7.2. (Onset-2003-Current / Active) Patient h/o DVT-Coumadin continues to prevent recurrence. (Onset-2002-resolved 2002) Pineapple allergy-anaphylaxis-Has EpiPen, last reaction in 2016-3 days in hospital. Education given on proper use of EpiPen. (Onset-1993-Current/Active)</p>	<p>History of Morbid Obesity (Onset-2001 ; Resolved-2009) s/p gastric bypass surgery in 2008. Current BMI-28.1 Family history of breast cancer maternal grandmother, mother, sister, paternal grandfather (all alive) History of 3 full term pregnancies-vaginal deliveries w/o complications (resolved dates-1999, 2003, 2010) History of pneumonia-recurrent (resolved dates-1998, 2001, 2018)</p>	<p>History of recurrent bilateral otitis media- (Onset-1993 ; Resolved 1995) History of right open femur fracture (onset-2005 ; Resolved-2005) History of recurrent UTI (onset-2015 ; resolved-2016)</p>

**Last Review-03.14.24**

### Assessment and Plan

- **List the problem, status, and the plan for treatment**
- **Treatment can include-labs, medications, education, planned follow up**

### Assessment and Plan Examples

#### Good

Hypertension – continue medication

Diabetes – continue medications and A1C monitoring

Patient h/o DVT – continue Coumadin

Pineapple allergy – continue EpiPen

#### Better

Hypertension – BP 120/76, HR 68 during this visit. Continue meds

Diabetes – Type II-Continue Lantus at bedtime, continue to check blood sugar twice a day

Patient h/o DVT – will continue Coumadin, next INR check on Thursday

Pineapple allergy – education provided on administering EpiPen as needed

#### Best

Hypertension– In desired range-BP 120/76, HR 68 during this visit. Continue Lisinopril 10mg twice daily; Return to office for blood pressure re-check in three months.

Diabetes-Type II – Continue Lantus 10units SQ nightly, last A1C-10.2. Followed by Endocrinology. Education provided on importance of avoiding foods with high sugars and carbohydrates. Encouraged to increase intake of vegetables at every meal incorporating more lean meats such as fish and chicken. Continue to see endocrinology for medication management.

Patient h/o DVT – Coumadin continues to prevent recurrence. Last INR 2.3, education provided on avoiding leafy green vegetables while on Coumadin and the importance of continued INR monitoring. Will plan to re-check INR weekly via home health agency and discuss transitioning the patient to Xarelto (will discuss with Vascular prior to next office visit).

Pineapple allergy-anaphylaxis – Has EpiPen, last reaction in 2016-3 days in hospital. Education provided on proper use of EpiPen. Encouraged to avoid “hidden” pineapple juice such as in drinks, recipes, and alcohol. Patient voiced understanding, EpiPen within date.

#### References:

Dick, M. (2018, March 5). Include MEAT in Your Risk Adjustment Documentation. AAPC; 2024 AAPC.

<https://www.aapc.com/blog/41212-include-meat-in-your-risk-adjustment-documentation/>

Newman MD, FAAFP, D., & Dhanda MD, S. (2023). Taming the Problem List. Family Practice Management, 30(3), 5–9.

<https://www.aafp.org/pubs/fpm/issues/2023/0500/problem-list.html>

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