Provider Coding and Documentation Tips

Objective: To accurately report the severity of a member’s illness that affects care and treatment and to comply with the Centers for Medicare and Medicaid Services for a valid HCC, a provider must document in the medical record the clinical findings with supportive details:

- Document thoroughly
- Code to the highest specificity
- Evaluate patients with chronic/complex conditions annually
- Code all conditions that are supported in documentation
- Ensure that codes make it to the claim
- Review medication lists with patient as often as possible
- Utilize past medical history and active condition lists appropriately
- Do not copy and paste
- Review your documentation and verify it supports the codes
- Do not forget to sign the note!

1. Documentation must support the condition that was addressed with the provider at the time of the encounter by discussing:
   - Status of condition
   - Lab values
   - Physical exam
   - Symptoms
   - Education
2. Document all conditions that coexist and effect member care at the time of the visit:
   - Acute and chronic conditions
   - Status codes
3. When coding complications, always remember to use “linking terms” that demonstrate a cause and effect:
   - Due to
   - Associated with
   - Secondary to
   - Diabetic
   - Hypertensive
4. Do not code conditions that were previously treated and no longer exist, instead document the residual deficits, if applicable
5. Member’s problem lists are not accepted by CMS for documentation and validation requirements on risk adjustment data submission
6. If the member’s chronic symptoms continue, the diagnosis codes must be addressed and evaluated during a face-to-face visit:
   - Referral to specialist
   - Status of condition
   - Test ordered and or reviewed
   - Medications refilled
   - Education
7. Always remember to update problem list to reflect the most current severity of illness and remove diagnoses that no longer exist
8. Do not document diagnosis as “history of” if the member is still actively receiving treatment or management
9. Lastly, always remember to sign (e-sign) the progress note along with your credentials and date with the same date of encounter/office visit for complete chart documentation

Questions? Email us at MedicareRiskAdj@hmsa.com