COMPLIANCE TIP

TO: Compliance Alert Distribution List

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SUBJECT: Documenting Diagnoses

DATE: June 13, 2016

With the implementation of electronic medical records, Compliance has noted a trend where multiple diagnosis codes are listed under the Visit Diagnosis/Assessment area of a note but the documentation does not always support that the diagnosis was addressed during the encounter.

When in doubt as to whether to capture a diagnosis under the Visit Diagnosis/Assessment area of a note, get to the “MEAT” of the issue. The documentation must clearly state that the specific diagnosis/condition was either:

M onitored

E valuated

A ssessed

or

T reated during the face-to-face encounter on that date of service.

Each diagnosis/condition listed under a visit’s assessment area should have a corresponding plan of care. As mentioned during a previous compliance tip (Status of Diagnoses – March 31, 2016), the status of each previously diagnosed diagnosis/condition should also be documented.

The Active Problem List should contain problems for which the patient is actively being treated for more than short-term management, or those which require continuous treatment.
Problems listed under the Active Problem List may not necessarily be addressed at each and every visit. Therein lies the distinction between the Active Problem List and the Visit Diagnosis/Assessment.

Visit Diagnosis/Assessment
A current medical issue/diagnosis that is associated to a specific visit or encounter and may or may not be reflected in the active problem list.

A chronic problem is a current active medical issue that is being managed on a long-term basis. If a chronic problem is not addressed during a particular visit, or does not require or affect patient care treatment or management, then do not report it as a visit diagnosis even if it is listed under the Active Problem List.

When documenting comorbidities, indicate why they have a bearing on the other diagnosis(es) being managed during the visit on a particular date.

Please share as appropriate with faculty, residents/fellows, nonphysician practitioners, billing and clinic staff.