The Importance of Proper Clinical Documentation

A complete and well organized medical record will allow any care team member to access vital information about the patient's health. No matter the setting, the documentation by the physician remains the foundation on which many decisions are based. Good clinical documentation does not always equate to a greater volume of documentation.

Charting Tips

○ Document completely and clearly every condition being addressed.

○ Diagnoses in the assessment should have a treatment and status.

○ "History of" language should be avoided if the condition is not resolved and the patient is still receiving active treatment for the condition.

○ All chronic conditions must be fully assessed annually. Examples of terms that indicate evaluation and treatment:

  – Stable on <medication name>

  – Conditions improving/worsening <include change>

  – Patient followed by <specialist provider name>

  – Tests ordered – document as reviewed and results in the treatment plan

If it is not documented, it did not happen.

See next page for example of proper documentation for risk adjustment reimbursement.

For additional questions or support needs, contact us at **RiskCoding@OrlandoHealth.com**.

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Example of proper documentation for risk adjustment reimbursement

A follow-up visit for end-stage kidney disease

HPI: The patient missed dialysis today. Hypertension is stable, type 1 diabetes without complication is well controlled.

Vitals:

Ht. 5'4 ft., **Wt.** 145 lbs., **BP** 140/60, **Oxygen Sat** 96%

Exam:

General appearance: pleasant and very alert

Lungs: clear to auscultation, no wheezing

Extremities: normal strength and tone

Abdomen: soft, normal bowels sounds

Assessment and Plan:

End-stage Kidney Disease

Continue dialysis twice a week and follow up with nephology

Hypertension

Continue taking Benazepril and Hydrochlorothiazide as needed

Type 1 Diabetes without Complications, Insulin Dependent

Continue taking insulin as needed, exercise regularly and healthy diet

Reference: *Centers for Medicare & Medicaid Services | CMS*
Documentation tips based on the *Official ICD-10 Guidelines for Coding and Reporting* and *CMS Guidelines*

You can find this resource and others like it at the Orlando Health Network Risk Coding Corner on our website at **OrlandoHealth.com/Network/Resources**.