Geisinger

Documentation requirements for accurate and complete coding

The documentation needs to represent a face-to-face encounter between a credentialed provider and a patient. This is usually demonstrated by a physical examination and conversation about all acute and chronic conditions.

What is HCC coding?

In 2004, the Centers for Medicare and Medicaid (CMS) implemented an HCC (Hierarchical Condition Categories) model. The model measures the disease burden and includes HCC categories that are correlated to diagnosis codes. CMS' model allows for patients to have more than one HCC category assigned to them. Because there is a hierarchy in the HCC model, some categories override other categories. The HCC must be captured annually.

Geisinger uses these categories to identify your patients who would benefit from additional resources including case management, as well as other programs, to help you manage their care. You can help your patients by providing detailed documentation at each patient encounter.

Accurate and complete documentation

- Complete and accurate documentation of all appropriate diagnoses
- Document conditions annually even when stable
- Must be a face to face encounter with provider and patient
- Must be a credentialed provider
- Provide "MEAT". All coded conditions must be supported in the documentation within the note.

     Monitor - **E**valuate - **A**ssess - **T**reat

Coding education is not a guarantee of payment. Please contact your account management representative for any additional information.

HPM50 med RACEdocreq_indd rev. 0720

Specificity is key!

- Acute vs. chronic

- Severity: CKD, ulcers, burns, BMI, etc.

- Location, location, location: on what part of the body, what side of the body?

- Unspecified vs. complications?

Compliance requirements within the document

CMS requires the following items be within the document when it is submitted or reviewed.

- Member's first and last name
- Member's date of birth
- Verification of face-to-face encounter
- Provider credentials
- Provider signature

A legible hard copy of a document is required when no electronic health record is present.