

# Medical record documentation

## Documentation and coding best practices

Medical record documentation is used to determine support for medical necessity and for diagnoses that were submitted on claims. Thorough medical records aid in creating an accurate account of your patient's medical history. Below are requirements for thorough medical record documentation.

- Medical records must have support for all diagnoses submitted on claims.
- Medical records must be legible and should clearly identify the provider.
- Handwritten notes must be legible and contain at least one element of **MEAT**.
- Services provided must be authenticated by a handwritten or electronic signature.



### Acceptable electronic signature:

Signed by John Smith, MD (authentication statement, name, credentials)

### Not acceptable electronic signature:

Signed by John Smith, MD, pending sign-off status

Per CMS, once signed, the signature must not have a pending status as this is a contradiction. If the signature is illegible, a signature log can be used to determine the provider's identity. For information on handwritten signature requirements and signature logs, refer to section 3.3.2.4-Signature Requirements in the Medicare Program Integrity Manual: <https://go.cms.gov/318rmuz>.

Use the acronym **MEAT** for your documentation to support illnesses that were submitted on claims. Each documented diagnosis should have at least one element of **MEAT**:

### Monitoring

Signs and symptoms, progression/regression, ordering or referencing test

### Evaluation

Test results, medication effectiveness, referrals, medical response to treatment and exam findings

### Assessment

Decision making, acknowledgements, and counseling

### Treatment

Surgical/therapeutic interventions, referrals, medical plan or link medications to illness

## Telehealth services during the COVID-19 public health emergency (PHE)

Centers for Medicare and Medicaid Services (CMS) expanded telehealth benefits for Medicare patients during the PHE as a way to safely provide care to your patients. Bill for telehealth services in two methods:

1. Real-time two-way interactive audio and video
2. Audio only (telephone)

Refer to the sources below to find a list of reimbursable services and which communication requirements are billable with the specific CPT/HCPCs codes:

- <https://go.cms.gov/33P9syJ>
- <https://go.cms.gov/2XSCNVh>

### Billing and documenting telehealth visits:

- To bill real-time interactive audio and video visits, use the place of service (POS) codes that you would have billed if it were a face-to-face visit. For example, if you usually bill POS 11 (office) for the face-to-face visits, bill POS 11 and modifier 95 to indicate the use of real-time two-way interactive audio and video.
- To bill telephone/audio-only visits, bill POS 02 (home).
- Telehealth service documentation should be just as detailed as your face-to-face visit. Use the acronym **MEAT** in your documentation to give support to illness. Your documentation must contain at least one element of **MEAT**.
- Document the communication mode: two-way or audio-only, and the tool used during the visit, e.g., two-way, Apple FaceTime, or Skype.
- Acceptable two-way interactive audio and visual applications include Apple Facetime, Google Hangouts, and Skype. Public-facing communications tools are not accepted, e.g., Facebook Live, Twitch, and TikTok.