

# PROVIDER Bulletin



July 13, 2015

This Provider Bulletin applies to the lines of business and provider types checked below:

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| <input checked="" type="checkbox"/> PHP (Medicare) | <input checked="" type="checkbox"/> Primary Care Physicians | <input checked="" type="checkbox"/> Specialists |
| <input type="checkbox"/> PHC (Medicaid)            | <input type="checkbox"/> Ancillary                          | <input type="checkbox"/> Hospitals              |

## THE GOLDEN RULE: PRIMARY CARE PHYSICIAN AND SPECIALISTS

The PCP is the foundation and key architect for each of their member's' optimum health; and communicating effectively and often with their specialists is a critical part of that plan. Remember that every patient they see has probably been seen by another provider at some point and will probably see another provider sometime in the future. "Document for others what you would have them document for you." Just like receiving good documentation with a solid history from the patient's previous provider is helpful in diagnosing and treating the patient now, their good documentation will help yourself and any other provider give great patient care in the future.

- **USE DESCRIPTIVE DOCUMENTATION.** Simply listing a condition in the progress note is not necessarily sufficient to support that the condition is current. The progress note must support the diagnoses by showing evidence they were monitored, addressed, assessed, treated, or evaluated.
- **BEING INCLUSIVE OF ALL SPECIALISTS DIAGNOSES.** Information not only allows you to capture the diagnosis codes, it can help support medical necessity by showing what, how, and why the listed conditions affected the provider's medical decision-making during that encounter. *The Official ICD-9-CM Guidelines for Coding and Reporting*, section IV.K, instructs, "Code all documented conditions that coexist at the time of the encounter/visit, and require or affect patient care treatment or management."
- **HISTORY VERSUS CURRENT CONDITION.** Caution when using "history of," it could convey a condition that is chronic and is being treated, but causing no symptoms (i.e. active). Clearly document the timing of the disease process so there is no question as to whether it is historical or current. Unfortunately, "history of" to an auditor means the condition no longer exists.

Review, remember and discuss these critical principles with your colleagues and fellow specialists, whom are also managing ongoing care to your patients. Always keeping in mind the ultimate goal, everyone is documenting everything accurately to continue providing excellence in quality of care. If you have any further questions about these guidelines, please contact Sharon Brellis, RN, MSN Risk Adjustment Coordinator. 954-522-3132, EXT. 3252

This Provider Bulletin is not intended to replace or conflict with any requirements outlined in your signed Agreement with AHF, PHP or PHC. If you have any questions or suggestions contact the Provider Relations Department at 954.522.3132 or email to [remon.walker@positivehealthcare.org](mailto:remon.walker@positivehealthcare.org).