



Documentation Guidance for Progress Notes

Must be on every page: →

Patient Name: _____ DOB: _____ DOS: _____

Reason for visit: Chief Complaint (CC) →	<ul style="list-style-type: none"> Follow up for Diabetes, Hypertension (HTN) and Chronic Obstructive Pulmonary Disease (COPD) CC: Patient is having shortness of breath with acute exacerbation of COPD, left ankle pain burning sensation x 8 days 		Note: "Follow up" alone is not a valid CC.
	Medications list:	<u>Metformin 500 mg. tablet; 0.5/half tablet by mouth daily; for diabetes</u> <u>Gabapentin 600 mg. 2x day for diabetic neuropathy</u> <u>Novolog given sliding scale 2x day to control blood sugar</u> <u>Symbicort inhaler; 2 puffs twice a day for COPD</u> <u>Lotensin 5 mg. tablet; 1 tablet by mouth daily; Qty: 0; Refills: 2, for HTN</u>	Note: Medications must be linked to a diagnosis code.
Subjective:	States she has had worsening shortness of breath for 24 hrs. She also is complaining of ankle pain, burning sensation of left ankle and "pins and needles" of feet. She tries to follow her diet but does not check her finger stick blood sugars.		Exam: Describing in detail any pertinent positive findings that affect the care and treatment of the patient
Objective:	Patient alert, oriented to person, place and time		
	Vital signs:	T 98.9; BP 165/95; HR 70; HT 63 in. WT 240 lbs. BMI: 42.5	
	Cardiac:	RRR no rubs, gallops or murmurs noted.	
	Lungs:	cough, abnormal, non-clear to auscultation, chest X-ray ordered	
	Gastrointestinal:	Normal	
	Extremities:	Tenderness of left ankle, range of motion is from 0–45 degree	
Neurological:	Slightly decreased touch sensory of lower extremities, feet and toes		
Assessment:	1. COPD (with acute exacerbation)	J44.1	Chronic obstructive pulmonary disease with (acute) exacerbation
	2. Diabetic Neuropathy	E11.40	Type 2 diabetes with diabetic neuropathy, unspec
	3. Hypertension	I10	Essential (primary) hypertension
	4. Morbid Obesity	E66.01	Morbid (severe) obesity due to excess calories
	5. BMI 42.5	Z68.41	Body mass index (BMI) 40.0-44.9 adult
Plan:	1. COPD 2. Diabetic Neuropathy 3. Hypertension 4. Morbid Obesity	1. Follow up with pulmonologist Dr. Jane Doe, chest X-ray ordered 2. Increase Gabapentin to 800 mg, continue to monitor diet 3. Continue Lotensin, discussed need for lifestyle changes 4. Counsel on diet and exercise alternative	
*Monitor *Evaluate *Assess/Address *Treat (*MEAT — principles)	Return to clinic in 2 weeks for further counseling and blood pressure monitoring. Electronically signed by: John J. Doe MD, 3/5/21		

Documentation tips:

- Patient name, date of service (DOS) and an additional patient identifier, e.g., date of birth (DOB)
- Simply listing every diagnosis or medication in the medical record does not support a valid HCC code and is unacceptable. It will not stand up to Risk Adjustment Data Validation (RADV) audit. All diagnoses must have an associated treatment plan.
- Document the diagnosis description. Do not document diagnosis codes.

- Provider signature and credentials must be legible and dated. Handwritten notes must be legible to be valid.