

Model Progress Note

Documentation Guidance	Sample Progress Note
Patient Name, Date of Service (DOS) and an additional patient identifer (e.g., Date of Birth [DOB]) is required on every page. ^{1,2}	- Patient: Name DOS: 01/02/2013 DOB: 08/01/48
Chief Complaint (CC): "Follow-up" alone is not a valid CC. The documentation must describe why the patient is presenting for follow-up. ³	• Reason for visit: Follow-up for diabetes Medications List: glyburide 10mg PO q.d.; pregabulin 50mg PO t.i.d.
History: History of Present Illness (HPI) driven by the CC and Review of Systems (ROS) driven by the HPI. ³	• S: States she is able to get around, including bathroom and kitchen with aid of her walker. Denies any pain or shortness of breath. No change in bowel or bladder habits. She states she takes her glyburide regularly. She tries to follow her diet but does not check her fingerstick blood sugars.
Exam: Exam driven by the patient history, describing in detail any pertinent positive findings and any chronic findings that affect the care and treatment of the patient. ^{3,4}	 O: Patient alert, oriented to person, place and time. No acute distress. Vital Signs: T 98.2; BP 163/92; HR 63; Wt 203 lbs; Ht 68"; BMI 31.57 Cardiac: RRR no rubs, gallops or murmurs noted. Lungs: Clear to auscultation. Abd: Soft non-tender to palpation with colostomy intact, skin dry and intact surrounding pink-red stoma, liquid brown feces. Feet: Peripheral pulses barely palpable, unchanged from prior exam. Left
Medical Decision Making:	great toe amputation with healing incision. Monofilament testing shows
Assessment that documents the diagnosis, its status and any causal relationships (e.g., diabetic, due to diabetes). Assessment that documents not only conditions being treated, but any chronic conditions that affect the care and treatment of the patient. ^{3,4}	 increased loss of sensation bilaterally with absent ankle reflexes. A: 1. Worsening diabetic polyneuropathy (250.60 and 357.2) 2 Progressing PAD due to diabetes (250.70 and 443.81) 3. Functioning colostomy (V44.3) 4. Status post left great toe amputation, healing (V49.71)
Plan that specifies treatment for each condition listed in the assessment, including, but not limited to, diet, medications, referrals, laboratory orders, patient education and return visits. ³	 P: 1. Continue current diabetic diet; continue current dosage of glyburide; refer for diabetic eye exam and education; lab testing for fasting CMP and A1C; increase pregabulin 100mg PO t.i.d. for worsening neuropathy.
Authentication: Paper Record: Authentication by the provider author of the progress note which includes a legible name and credential, a hand-written signature and the date signed.	 Refer to vascular surgeon for surgical evaluation. Continue monitoring of functional colostomy. Instructed and demonstrated proper wound care. RTC 1 month.
EMR: Authentication by the provider author of the progress note, password-protected to that provider only, at the end of the note (i.e., Authenticated by, Approved by) including typed name and credential	• Authenticated by: Joseph A. Williams MD, 01/02/13

Due to the updated, clinically revised CMS-HCC Medicare risk adjustment model for Payment Year 2014, the bolding of ICD-9-CM codes has been revised to reflect:

• Black = Risk adjusts in both the 2013 CMS-HCC model and the 2014 CMS-HCC model

Note: The 2014 Payment Year model is a blend of the 2013 CMS-HCC model (25%) and the 2014 CMS-HCC model (75%).

and the date authenticated.1



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Optum does not warrant that this easy reference guide, supplied for informational purposes, is complete, accurate or free from defects; the ICD-9-CM code book is the authoritative reference. Records should reflect a practitioner's clinical "thought process," coding and documenting the status and treatment of all conditions affecting the patient to the most specific level. In 2013, CMS announced an "updated, clinically revised CMS-HCC risk adjustment model" that differs from the proposed model. See: www.cms.gov/Medicare/Health-Plans/Medicare/Health-Plans/Medicare/Health-Plans/

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^{1.} Centers for Medicare & Medicaid Services, "2008 Risk Adjustment Data Technical Assistance For Medicare Advantage Organizations Participant Guide." Leading Through Change, Inc. 2008 1-49.

^{2.} The Joint Commission, Standards. The Joint Commission, 01 2012. Web. 30 Nov 2012.

The Joint Commission, Standards. The Joint Commission, or 2012. web. 30 Nov 2012. chttp://www.jointcommission.org/mobile/standards_information/ational_patient_safety_goals.aspx>.

 Centers for Medicaid & Medicare Services. "1995 Documentation Guidelines for Evaluation & Management Services." (1999). Medicare Learning Network. Web.
 World Health Organization. "International Classification of Diseases, Ninth Revision, Clinical Modification, 6th Ed." National Center for Health Statistics 2011 1-107. Web. 22 Oct. 2012. <http://www.cdc.gov/nchs/icd/icd9cm_addenda_guidelines.htm>.