MEAT & Linking
Proper Documentation is Key!

- HCC Dept. 810-720-2763
- HCCgapclosure@hap.org

MEAT and the Significance of Linking Documentation

Diagnoses not appropriately linked in the medical record documentation can be denied during a CMS Risk Adjustment Data Validation Audit (RADV) resulting in significant financial penalties to health plans which ultimately impacts member benefits, premiums and cost shares. Additionally, diagnoses not clearly documented can cause interpretation errors to referring providers.

MONITOR- Signs and symptoms, disease process
　　　　(i.e., PVD remains *stable*)

EVALUATE- test results, meds, patient response to treatment
　　　　(i.e., PVD-send for diagnostic studies and order compression stockings)

ASSESS/ADDRESS/REFER- ordering tests, patient education, refer to another provider
　　　　(i.e., DM stable and well controlled and/or refer to endocrinology for treatment)

TREAT/PLAN- meds, therapies, procedures, modality
　　　　(i.e., Continue insulin; taking Keppra for seizure disorder)

Notes:
- MEAT can be abstracted from anywhere in the patient note when documented correctly.
- Largest problem areas: Coding from the "Problem List" or "Past Medical History" without sufficient MEAT
- Confirm & assign the diagnosis code as they exist at the time of the visit and/or how they affect patient care, treatment or management.
- MEAT cannot be abstracted from the patient voice alone i.e., "I have A-Fib." It must come from the provider's voice.
- This formula works for EVERY insurance plan as it is the CMS way.
　　　　Diagnosis + Linked MEAT= Codable Diagnosis

How to Interpret These Slides

- The following slides are examples of excerpts from actual medical records.

- Each slide demonstrates how MEAT can be incorporated into a specific portion of the medical record using a variety of templates.

- When reading the scenario's, assume:
  - Each slide is a portion of the medical record.
  - The MEAT for each diagnosis is found solely from the text provided.
  - The MEAT is not contradicted elsewhere in the record.

Examples of MEAT in the HPI

Patient is here for a 4 month follow up on DM2-taking Metformin, and COPD-taking Symbicort. Pt stated he does not need anything refilled today. In office A1c and glucose, last A1c was 5.4 on 10/25/21. Pt is testing QD, and last DM eye exam was 11/5/20 and the doctor found no Diabetic retinopathy.

Patient does have HCC Dx Gaps open with HAP for the following conditions: Peripheral Vascular Disease, Morbid Obesity, Diabetes, and COPD-which is stable on medications. Pt started a weight loss program for the severe obesity.

Pt also has a Dx gap with cancer, patient does have Hx of prostate cancer in 2009 . However, this has been resolved and patient still follows with Urology.

The possible diagnoses	What can be coded	What coding opportunity was missed
DM (E11.9) (E11.51)	E11.9 (HCC)	E11.51 (HCC) the PVD portion of this Dx was not supported
COPD (J44.9)	J44.9 (HCC)	
Morbid Obesity (E66.01)	E66.01 (HCC)	
PVD (I73.9)		I73.9 (HCC) No MEAT
Prostate Cancer (C61)		C61 (HCC) This is a personal History of Prostate Cancer which is code Z85.46 (not an HCC)

Examples of MEAT in the HPI

HPI:

Patient's A1c has been updated and it has raised from 10.1 4 months ago to 11.3 last week. She continues to eat whatever she pleases stating she feels fine, but she takes her metformin religiously. Due to finance difficulties, she has not been able to afford her insulin and has not taken this for the last 4 months.

Her lower legs are swollen, and she continues to have pain in them daily. We will refer her to vascular surgery for follow up as the problem is not resolving.

Lungs are clear but she does have difficulty breathing with even the slightest of activity.

The possible diagnoses	What can be coded	What coding opportunity was missed
DM2 w/hyperglycemia (E11.65)		E11.65 (HCC) Dx is not documented, & can't be assumed
Peripheral Vascular Disease (I73.9)		I73.9 (HCC) Dx is not documented, & can't be assumed
Emphysema (J43.9)		J43.9 (HCC) Dx is not documented, & can't be assumed

Examples of MEAT in a SOAP Record

Subjective:

Chief complaints: 3-month f/u (GAP=colon/stool cards) A1c, dm foot due.

HPI:

Patient seen today for follow up. All current medications reviewed.

Patient has type 2 diabetes with chronic kidney disease stage IIIA. Previous labs reviewed. Will get follow up BMP. Previous labs reviewed –kidney function stable. Patient's BMI of 34.26 falls in the obesity category. Lifestyle modifications reinforced. Patient does have major depressive disorder-recurrent & moderate. She does not monitor blood pressure at home, but blood pressure is within target goal her today. Patient denies chest pain, shortness of breath, dizziness or palpitations. She also denies any numbness, tingling, sores or ulcers to her feet. All medications reviewed and are current in the chart. Patient had stool hemoccult card ordered in December and never followed through with it, will re-order and reinforced with her the need to have this done.

The possible diagnoses	What can be coded	What coding opportunity was missed
DM2 W/CKD (E11.22)	E11.22 (HCC)	
CKD3a (N18.31)	N18.31 (HCC)	
Major Dep. disorder/recur & mod	F33.1 (HCC)	
Obesity (E66.9)	E66.9 (not an HCC)	
BMI 34.26 (Z68.34)	Z68.34 (not an HCC)	

Examples of MEAT in the Assessment/Plan

Impression:

1. Type 2 Diabetes Mellitus without long-term current use of insulin (HCC)/ stable A1c, diet , meds addressed

2. Chronic Obstructive pulmonary disease, unspecified COPD (HCC)/ stable & following with pulmonology

3. PAD (Peripheral artery disease (HCC) /daily ASA.

4. H/O prostate Cancer / follows annually with urology

Body mass index (BMI) 40.0-44.9 adult / discussed weight loss program

The possible diagnoses	What can be coded	What coding opportunity was missed
DM2 (E11.9) (E11.51)	E11.9, E11.51 (higher HCC)	
COPD (J44.9)	J44.9 (HCC)	
PAD (I73.9)	I73.9 (HCC)	
Morbid Obesity (E66.01)		E66.01- Never mentioned
BMI (Z68.41)		Z68.41 – no associated conditions reported
		(Ex. Overweight, Morbidly Obese)
PHx of Prostate Cancer	Z85.46 (not an HCC)	