

Monitoring, Evaluating, Addressing and/or Treating (MEAT) supportive documentation

To capture the patient’s full disease burden, follow the documentation guidelines below, as applicable.

The importance of documenting the full burden of illness

Documenting chronic conditions accurately, annually, and coding all chronic conditions to the highest level of specificity that affects the health and care of the patient at the time of the visit, can lead to the following benefits:

- Patients can receive the right care at the right time.
- Enhance patient benefits, such as providing additional care management resources.
- Reduce patient premiums.
- Improve patient outcomes
- Manage chronic conditions can prevent admissions

MEAT

For every reportable diagnosis MEAT is necessary to support the condition being reported. At least one of the criteria below must be included for diagnoses other than status codes but best practice is to document two or more elements of MEAT (*see below for TOAD*).

- **Monitoring:** Documentation of signs, symptoms, disease progression, disease regression, ongoing surveillance of chronic condition.
- **Evaluating:** Documentation of current state of chronic condition, physical exam findings, test results, medication effectiveness, response to treatment.
- **Assessing/Addressing:** Documentation of discussion of chronic condition, review of records, counseling, how chronic condition will be evaluated, ordering further testing.
- **And/or Treating:** Documentation of care being offered for chronic condition, prescribing or continuation of medications, referral to specialist, ordering diagnostic study, therapeutic service (therapies), other modalities, plan for management of chronic condition.

Do document: Diagnoses in encounters	Do document: Status codes annually
<ul style="list-style-type: none"> • Verify each diagnosis has current information. • Include current diagnoses as part of the medical decision-making process. 	<ul style="list-style-type: none"> • Transplants, Ostomies, Amputations/AIDS, Dialysis z-codes (TOAD). <i>PMH inclusion is not sufficient.</i>
Do update: Patient’s PMH (past medical history)	Do document: All cause-and-effect relationships
<ul style="list-style-type: none"> • Include the date a condition was initiated and began treatment in the PMH 	<ul style="list-style-type: none"> • Clearly link complications and or manifestations of a disease process.
Do update: Patient medication and problem lists with every specificity or resolutions to diagnosis	Do document: Severity, stage and/or detail of diagnosis so coding specificity can reflect the disease burden
<ul style="list-style-type: none"> • Link associated diagnoses with medications. 	<ul style="list-style-type: none"> • <i>Ex: Depression vs. Major depressive disorder, single episode, severe without psychotic features</i>

Query compliance:

- Don't update documentation with a query that has been declined.
- Do respond within the query using the options in the template.
- Do use "unable to determine" when necessary.
- Do reach out to your team for clarifications on queries.

MEAT element	Problem	Support
Measured, monitored	<ul style="list-style-type: none"> • Morbid obesity • Diabetes mellitus 	<ul style="list-style-type: none"> • George is still unwilling to consider bariatric surgery, even though it would help his knees considerably • A1c today is 6.7
Evaluated	<ul style="list-style-type: none"> • CHF • Pneumonia 	<ul style="list-style-type: none"> • +3 LE edema • Film shows R lung is clearing
Assessed, addressed	<ul style="list-style-type: none"> • HTN • Moderate reactive asthma 	<ul style="list-style-type: none"> • Blood pressure is controlled • Continue low sodium diet • Breathing improved with weather change
Treated	<ul style="list-style-type: none"> • Assessment: Hypothyroidism • New diagnosis of Stage 3 CKD 	<ul style="list-style-type: none"> • New Rx for levothyroxine 125 MCG daily • Referred to Nephrology Clinic

Abbreviations: CHF indicates congestive heart failure; CKD = chronic kidney disease; HTN = hypertension; LE = lower extremity; and Rx = prescription

Reference:

1. Prescott, L, Manz, J., Reiter, A. (2023). *2023 ACDIS Outpatient Pocket Guide The essential CDI Resource for Outpatient Professionals* (pp. 82-108).: HCPPro, a Simplify Compliance Brand.