General Coding and Documentation Reminders

Code conditions that are present

All conditions that coexist at the time of the visit should be documented in the medical record and coded.

Code all diagnosis codes to the highest specificity

All conditions should be coded to the highest specificity according to OCGR ICD-10-CM guidelines.

Conditions previously treated

Don’t code conditions that were previously treated, no longer exist, or don’t require treatment.

History codes may be used when appropriate

History codes may be used if the historical condition or family history has impact on current care or affects patient treatment or management.

Claim diagnosis must match the documented medical record

If the diagnosis is considered in treatment, it should be documented and billed on the claim.

Signs and symptoms coded

Signs and symptoms should be coded when there is not a definitive diagnosis (waiting on testing to confirm) established.

MEAT criteria

MEAT (manage, evaluate, assess, or treat) is an acronym used to describe the types of documentation in the medical record that support the assignment and reporting of ICD10CM codes.

WyoBlue Advantage Insurance Company is an independent licensee of the Blue Cross Blue Shield Association. WyoBlue Advantage is a PPO plan with a Medicare contract.

WyoBLUE ADVANTAGE
An independent licensee of the Blue Cross Blue Shield Association

© 2026 WyoBlue Advantage Inc. All Rights Reserved.