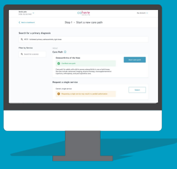
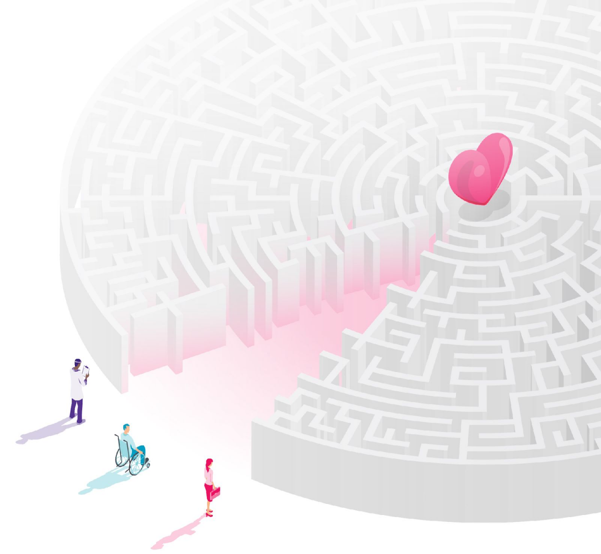


Clinical Documentation Best Practices



When reviewing policies it is important to note specific requirements and document accordingly. Using vague descriptions or omitting required documentation can result in a denial of the authorization request. We have listed below helpful documentation tips.

Best Practice	Example of correct documentation
Include two patient identifiers	**Name** & **date of birth (DOB)** are preferred. Please also include the **member's legal name** if they go by a nickname.
Document specific % of improvement	The patient has shown **75%** improvement in symptoms.
Demonstrate a consecutive timeline *The specific date range that the treatment(s) was completed should be included.*	The patient has completed 3 consecutive weeks of physical therapy from **01/03/22-01/21/22**.
Indicate time between treatment *If a policy requires a specific number of weeks or months between the initial and subsequent procedure, include the specific dates.*	The patient's first Visco injection was completed on **01/03/21.**
Medications *The medication name, dosage and duration must be documented.*	The patient took **Ibuprofen 200mg QD 01/03/22-02/26/22.**
Attempts & Contraindications *Even if the treatment was unsuccessful it must still be documented.*	The patient completed 6 weeks of PT from **01/03/22-02/21/22** and **did not see improvement in symptoms**. The patient is unable to take NSAIDS due to an allergy.

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