



## Cloning of Documentation

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### NOTICE

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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

### PROVIDER/ENTITY IMPACTED

<input checked="" type="checkbox"/> <b>PROFESSIONAL</b>	<input checked="" type="checkbox"/> <b>FACILITY</b>	<input type="checkbox"/> <b>DME</b>	<input type="checkbox"/> <b>AMBULATORY SURGERY</b>	<input type="checkbox"/> <b>LAB</b>	<input type="checkbox"/> <b>OTHER</b>
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### LINES OF BUSINESS IMPACTED

<input checked="" type="checkbox"/> <b>COMMERCIAL</b>	<input checked="" type="checkbox"/> <b>BLUE MEDICARE ADVANTAGE</b>	<input checked="" type="checkbox"/> <b>ACA QHP<sup>1</sup></b>	<input checked="" type="checkbox"/> <b>SMALL GROUP ACA</b>	<input checked="" type="checkbox"/> <b>JAA<sup>2</sup></b>	<input checked="" type="checkbox"/> <b>FEP<sup>3</sup></b>	<input type="checkbox"/> <b>DENTAL</b>
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<sup>1</sup> ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family    <sup>2</sup> JAA: Joint Administrative Account    <sup>3</sup> FEP: Federal Employee Program

### Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

### Description/Application

The Centers for Medicare and Medicaid Services define cloned documentation as multiple entries in a patient's health record that are identical or strikingly similar to other entries in the same patient's health record or another patient's health record.

Cloning is the result of documentation created in one of the following ways:

- **Copy and Paste:** Medical record documentation is copied and pasted from another source location, which may or may not accurately reflect information specific to the current patient encounter.
- **Cut and Paste:** Cutting the original source text or data and pasting it in another location. Cut and paste practices should never be allowed, as they alter the original source matter.
- **Copy Forward:** An electronic health record (EHR) function that copies a significant section of a prior note.
- **Template:** An EHR documentation tool that allows the user to auto-populate the patient's health record with predefined text.
- **Populating by Defaults:** Data that is automatically entered into a note via an electronic feature that does not require action or selection by the user.

## Policy

### Over Documentation

Over-documentation is the practice of inserting false or irrelevant documentation. This can inappropriately create the appearance of support for billing higher level services.

Vast amounts of clinical data and whole text from previous notes or the initial history and physical, do not add value or clarity to the medical record. The story of the patient and the services become muddled and obscured under a deluge of clinical information that may not even be relevant or current.

### Required Elements

When relevant information is already contained in the medical record, practitioners may focus their documentation on what has changed since the last visit, or on pertinent items that have not changed, and need not re-record the defined list of required elements necessary for some services.

### Documentation must

- Be specific to the patient.
- Be specific to the situation at the time of the encounter.
- Reflect the services performed accurately.
- Support the necessity for the services.
- Identify who performed the services and assessments documented.
- Identify the author of each note or entry.
- Identify the date and time the entry was made.

Inappropriate use of cloned documentation can damage the accuracy and integrity of the medical record. Cloned documentation may lack patient-specific information necessary to support medical necessity requirements for services rendered to the patient.

### Coding

Codes	Description
N/A	

### References and Resources

Blue KC Provide Reference Guide
Centers for Medicare and Medicaid Services

### Related Documents

N/A
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### Revision History

Version	Date	Summary of Revisions
001	03/01/2020	Initial Version
002	03/01/2021	Annual Review, Update - changed paragraph under Required Elements to say; when relevant information is already contained in the medical record, practitioners may focus their documentation on what has changed since the last visit, or on pertinent items that have not changed, and need not re-record the defined list of required elements necessary for some services
003	3/1/2022	Annual review, there were no changes or updates made to the policy.
004	3/1/2023	Annual review, there were no changes or updates made to the policy.
005	3/1/2024	Annual review, there were no changes or updates made to the policy.
006	3/1/2025	Annual review, there were no changes or updates made to the policy.
007	3/1/2026	Annual review, there were no changes or updates made to the policy.