



# CHART REVIEW FORM

Patient name: \_\_\_\_\_ Date of service: \_\_\_\_\_

Teaching physician: \_\_\_\_\_ CPT code: \_\_\_\_\_

ICD-9 codes:(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_

### Please review the medical record for the following elements:

- 1. Was the medical record for this service found?  Yes  No
- 2. Is the medical record legible?  Yes  No
- 3. Is the attending/teaching physician's note written by the billing physician?  Yes  No
- 4. Does the date of service billed agree with the date of the progress note?  Yes  No
- 5. If a resident was involved in providing this service, review teaching physician documentation and answer the following questions:
  - A. Does this service meet the primary care exception?  Yes  No
  - B. Does the medical record demonstrate teaching physician involvement?  Yes  No
  - C. Does the teaching physician's note link to the resident's note?  Yes  No
- 6. Does the documentation support the ICD-9 codes billed?  Yes  No
- 7. Does the documentation support the level of service billed? (Use lower portion of this page to evaluate.)  Yes  No

### Level of service evaluation

#### History

(To qualify for a given level, all three elements must be met or exceeded.)

History of present illness (HPI)	Review of systems (ROS)	Past, family and/or social history (PFSH)	Type of history
Brief	N/A	N/A	<b>Problem-focused</b>
Brief	Problem pertinent	N/A	<b>Expanded PF</b>
Extended	Extended	Pertinent	<b>Detailed</b>
Extended	Complete	Complete	<b>Comprehensive</b>

#### Physical exam

(See page 18 in HCFA's "Documentation Guidelines for Evaluation and Management Services" for definitions.)

Problem-focused	Expanded PF	Detailed	Comprehensive
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#### Medical decision making

(To qualify for a given level, two of the three elements must be met or exceeded.)

Number of diagnoses or management options	Amount and/or complexity of data to be reviewed	Risk of complications and/or morbidity or mortality	Type of decision making
Minimal	Minimal or none	Minimal	<b>Straightforward</b>
Limited	Limited	Low	<b>Low complexity</b>
Multiple	Moderate	Moderate	<b>Moderate complexity</b>
Extensive	Extensive	High	<b>High complexity</b>

#### Time-based codes

If more than 50 percent of the face-to-face time with the patient was spent in counseling or coordination of care, indicate the total time.

Counseling/coordination of care time: \_\_\_\_\_ minutes

Total face-to-face time: \_\_\_\_\_ minutes

CPT code: \_\_\_\_\_