

# CHART REVIEW FORM

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

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

ICD-10 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-10 codes billed?  Yes  No
  - 7. Does the documentation support the level of service billed?  Yes  No
- (Use lower portion of this page to evaluate.)

**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	Problem-focused
Brief	Problem pertinent	N/A	Expanded PF
Extended	Extended	Pertinent	Detailed
Extended	Complete	Complete	Comprehensive

**Physical exam**

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	Straightforward
Limited	Limited	Low	Low complexity
Multiple	Moderate	Moderate	Moderate complexity
Extensive	Extensive	High	High complexity

**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:** \_\_\_\_\_



**FPM Toolbox** To find more practice resources, visit <https://www.aafp.org/fpm/toolbox>.

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