

DATE: PROVIDER:

ELEMENT OF DOCUMENTATION	CHART 1	CHART 2	CHART 3	CHART 4	CHART 5	CHART 6	CHART 7	CHART 8	CHART 9	CHART 10	% OF YES RESPONSES
PLACE OF SERVICE (IP, OV)											
1. Was the medical record located? IDX #											
2. Does each page contain pt name or ID#?											
3. Is the demographic and insurance information available?											
4. Are all entries signed by the author?											
5. Are all entries dated?											
6. Is the record legible to someone other than the writer?											
7. Is there a faculty/provider note in the medical record?											
8. Is a resident/fellow involved?											
9. Are TP documentation and presence requirements met?											
10. What CPT code was used?											
11. Was the appropriate CPT code used?											
12. Does documentation meet CPT requirements?											
13. Was the use of Modifiers GE and GC appropriate?											
14. Does documentation support ICD-9?											
15. Are appropriate consents for procedures/treatments in the record?											
16. Are appropriate consents for billing/waivers/HIPPA in the medical record?											

EXPLAIN AREAS OF DOCUMENTATION THAT DO NOT MEET GOALS

Person(s) completing medical review form: