

Checklist: Evaluation and management documentation

Last modified: 8/31/2010

Medicare pays physicians based on diagnostic and procedure codes derived from medical documentation. Concise medical record documentation is critical to providing patients with quality care as well as receiving accurate and timely reimbursement for furnished services. Complete medical record documentation also assists physicians and other health care professionals in evaluating and planning a patient's immediate treatment and overall health care. It is the physician's responsibility to ensure documentation reflects the services furnished and the codes selected reflect those services accurately.

This checklist is an aid to assist providers when responding to medical record documentation requests pertaining to evaluation and management services. It is the responsibility of the provider of services to ensure the correct submission of documentation.

Note: Click the print icon located in the upper right-hand corner of this page to print the checklist so it can be included in your documentation package.

To ensure medical record documentation is accurate, the following principles should be followed when submitting medical documentation:

- Be sure the medical record documentation submitted is complete and legible

- Submit records for all dates of service on the claim under review

- Ensure the medical records submitted provide proof the service(s) was (were) ordered and rendered

- Ensure the medical records provide justification supporting medical necessity for the service by submission of the following documentation:
 - Office notes

 - Physician's progress notes

 - Initial history and physical

 - Physician's orders

 - Procedure notes

 - Diagnostic tests, X-rays and laboratory results

 - Legible signatures of professionals providing services

- Regarding consultations, for dates of service prior to January 1, 2010, include:

Copy of request for consultation

Written report of consultation findings

Documentation based on counseling or coordination of care, to include:

Total time

Amount or percent of time involved in counseling or coordination of care

Description of the discussion

To support the level of service (code), include documentation to address the following:

History

Physical exam

Medical decision-making

Any other documentation a provider deems necessary to support medical necessity of services billed, as well as documentation specifically requested in the Additional Documentation Request (ADR) letter

Providers should refer to CMS' official documentation guidelines for evaluation and management services at www.cms.gov/MLNEdWebGuide/25_EMDOC.asp for additional information.

Disclaimer: This checklist was created as a tool to assist providers and is not intended as a replacement for the published 1995 and 1997 Evaluation and Management Documentation Guidelines. It is the responsibility of the provider of services to ensure the correct, complete, and thorough submission of documentation.

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