Checklist: Evaluation and management documentation

Medicare pays physicians based on diagnostic and procedure codes derived from medical documentation. Proper 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 practitioner who provided the services to ensure the correct submission of documentation.

Note: To print and include this checklist with your medical documentation, click the print button at the end of this form.

The following principles should be followed when submitting medical documentation.

Complete and legible medical record documentation should be submitted

Should include specific documentation that may have been requested

Submit medical records for the date(s) of service(s) on the claim under review

Ensure the medical record submitted supports the service(s) that was (were) ordered and/or rendered

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

Chief complaint

History
- If history is taken by ancillary staff, ensure the billing practitioner indicates this was reviewed

Physical exam

Medical decision-making

Any additional documentation that may support medical necessity of the level of service(s) billed

Medical records should justify that the service was medically reasonable and necessary for the diagnosis/treatment of the injury or illness, and should include:

Physician's progress notes

Initial history and physical

Physician's orders

Procedure notes

Assessment, clinical impression, or diagnosis

X-ray, diagnostic test and laboratory results

Medical plan of care

Legible signatures of professionals providing services

Documentation based on counseling or coordination of care to include:

Total time (e.g., critical care, start/stop time)

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

Description of the discussion

Note: Time alone does not determine the level of service. Documentation must support the level of service billed.

Providers should refer to CMS' official documentation guidelines for evaluation and management services at https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/EMDOC.html 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.