Medicare Charting Cheat Sheet

Patient Information

Demographics

Name: John Doe

Date of Birth: 05/15/1955

Medicare ID: XXX-XX-XXXX

Contact Information: (555) 555-5555

Visit Details

Date of Visit: 02/15/2024

Time In/Out: 10:00 AM - 11:30 AM

Type of Encounter:

- [x] Annual Wellness Visit
- [ ] Follow-up Visit
- [ ] Other (Specify): _____

Medicare-Required Information

Medical History

- [x] Updated medical history recorded.
- [x] Documentation of chronic conditions and changes since the last visit.

Medication Review

- [ ] Comprehensive list of current medications.
- [ ] Any changes in medications noted and documented.

Vital Signs

- [x] Blood Pressure: 120/80 mmHg
- [x] Heart Rate: 72 bpm
- [x] Respiratory Rate: 16 breaths/min
- [x] Temperature: 98.6°F

- [x] Oxygen Saturation: 98%
- [x] Weight: 180 lbs
- [x] Height: 5'9"

Risk Factors Assessment

- [x] Evaluation of risk factors related to the patient's health status.
- [x] Documentation of any identified risks.

Safety Assessment

- [x] Evaluation of the patient's home environment for safety concerns.
- [x] Documented recommendations for improvement if necessary.

Patient Education

- [x] Information was provided on preventive care and wellness.
- [x] Any educational materials are given to the patient.

Chronic Care Management (CCM) Documentation

- [x] Comprehensive care plan updated.
- [x] Time spent on non-face-to-face CCM services documented (if applicable).

Provider's Notes

- [x] Clear and concise notes on the patient's condition, concerns, and interventions.
- [x] Documentation of patient and provider discussions.

Coding and Billing

- [x] Accurate use of CPT and ICD-10 codes.
- [x] Proper application of modifiers if required.

Follow-up Plan

- [x] Scheduled follow-up appointments.
- [x] Referrals to specialists if needed.
- [x] Patient instructions and next steps communicated.

Provider's Signature: *Dr. Jane Smith, MD*

Date: 02/15/2024 **Time:** 11:30 AM