Medicare Charting Cheat Sheet

Patient Information

Demographics

Name:

Date of Birth:

Medicare ID:

Contact Information:

Visit Details

Date of Visit:

Time In/Out:

Type of Encounter:

- ☐ Annual Wellness Visit
- ☐ Follow-up Visit
- ☐ Other (Specify): _____

Medicare-Required Information

Medical History

- ☐ Updated medical history recorded.
- ☐ 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

- ☐ Blood Pressure:
- ☐ Heart Rate:
- ☐ Respiratory Rate:
- ☐ Temperature:

- [ ] Oxygen Saturation:
- [ ] Weight:
- [ ] Height:

Risk Factors Assessment

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

Safety Assessment

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

Patient Education

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

Chronic Care Management (CCM) Documentation

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

Provider's Notes

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

Coding and Billing

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

Follow-up Plan

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

Provider's Signature:

Date: **Time:**