

Document Checklist Samples

The documentation checklists below can be added to your instance of Audit Manager. Go to Admin > Manage Audit Settings > Checklists.

Note: 14 Checklists in blue are already loaded into Audit Manager.

1. EKG

a. Criteria List

- Order/Indication
- Interpretation
- Signed tracing
- Verbal order signed
- Comparison documented when available for Medicare

2. Preventative Medicine Service

a. Criteria List

- age/gender appropriate history (child developmental milestones)
- age/gender appropriate exam
- counseling/anticipatory guidance/risk factors

3. Initial Preventive Physician Examination (IPPE) Visit: Medicare Beneficiary

a. Criteria List

- Medical History (past, surgical, current meds)
- Opioid assessment of use (if indicated)
- Family History
- Social History (alcohol, tobacco, drugs, diet, physical activity)
- Depression and/or mood disorder screening
- Functional Ability (hearing impairment, fall risk, activities daily living, home safety)
- Measure: height, weight, BP, BMI
- Visual Acuity Screening
- End-of-life Planning (discussed or pt declined) Education/Counseling and/or Referral
- Written Plan: screenings and/or other preventive services
- EKG (optional)

4. Annual Wellness Visit (AWV): Medicare Beneficiary

a. Criteria List

- Health Risk Assessment
- Medical / Family history / Medication list

- List of providers and suppliers participating in the patient's care
- Opioid assessment of use (if indicated)
- Depression and/or Mood disorder Screen (initial only)
- Measure BP, WT, BMI and/or Waist
- Functional Agility / Level of Safety (initial only)
- Cognitive Function
- Schedule of screening interventions
- Risk Factors
- Personalized health advice
- Medical / Family history / Medication list

5. Pelvic and Clinical Breast Exam

a. Criteria List

- Inspection/Palpation breasts Digital rectal exam
- External genitalia
- Urethral meatus
- Bladder
- Vagina
- Cervix
- Uterus
- Adnexa/Parametra
- Anus and perineum

6. Injection / Immunization

a. Criteria List

- order/ indication
- route
- site
- dosage
- vaccine
- drug name
- drug lot #
- drug manufacture
- drug expiration date
- name and credentials of individual performing the service
- vaccine/ toxoid counseling

7. Lab

a. Criteria List

- order/ indication
- results
- CLIA waved

- phlebotomy

8. Radiology

a. Criteria List

- order/ indication
- # / description of views
- interpretation/ result

9. Surgical Procedure

a. Criteria List

- indication
- pre op dx
- post op dx
- description of procedure
- surgeon
- assistant
- anesthesia
- other supplies/drugs
- equipment/instruments
- imaging
- time
- position of patient
- details of performing the procedure
- approach
- landmarks
- location
- lesion size
- wound size
- biopsies
- closure
- findings/results
- authentication
- optional: risks and benefits
- optional: consent
- optional: time out checks
- optional: method of prep
- optional: patient status

10. Ophthalmology Intermediate Eye Exam

a. Criteria List

- chief complaint
- history (requires some of: HPI, ROS, PFSH)

- general medical observation (i.e. appearance, pain/discomfort, A&O, mood/affect, mobility, or head tilt)
- visual acuity
- external ocular exam (adnexal exam, lids, lashes, orbits, muscles, pupils, lymph, lacrimal)
- mydriasis (optional)
- other diagnostic procedures as indicated (optional)

11. Ophthalmology Comprehensive Eye Exam

a. Criteria List

- chief complaint
- history (requires some of: HPI, ROS, PFSH)
- general medical observation (i.e. appearance, pain/discomfort, A&O, mood/affect, mobility, or head tilt)
- gross visual fields (CVF)
- visual acuity
- external ocular exam (adnexal exam, lids, lashes, orbits, muscles, pupils, lymph, lacrimal)
- basic sensorimotor exam (EOM, gaze, motility, or binocular vision function)
- tonometry (IOP)
- fundus exam (slit lamp of retina or optic disc, dilation optional)
- initiation of diagnostic & treatment (at least one: Rx, special oph tests, consult/referral, lab, or radiological)
- evaluation of complete visual system (8 of the 11 elements)

12. Psychotherapy

a. Criteria List

- diagnosis
- time
- therapeutic interventions
- periodic: summary of goals
- periodic: progress towards goals
- periodic: updated treatment plan

13. Initial Diagnostic Psychiatric Evaluation

a. Criteria List

- past medical history
- past psychiatric history
- family history
- social history
- diagnosis/ recommendation
- mental health status

14. Initial Diagnostic Psychiatric Evaluation with Medical Evaluation

a. Criteria List

- past medical history
- family history
- social history
- other physical exam elements as indicated
- communication with family or other sources
- prescription of medication (when appropriate)
- review and ordering of lab or other diagnostic studies (as needed)
- diagnosis/ recommendation
- mental health status
- past psychiatric history

15. Telehealth Audio & Visual

a. Criteria List

- CMS Allowable Telehealth Service
- patient initiation or consent for telehealth (optional)
- approved media utilized (Skype, FaceTime, etc)
- total time (if not using MDM)
- modifier 95 used (or GT if payer specified)
- provider location (optional)
- established patient only (Covid-19 PHE waived)
- MSA or HPSA geographical location (Covid-19 PHE waived)
- patient location in an originating site (Covid-19 PHE waived)

16. Chemo Infusion (Note criteria list is draft, may need editing)

a. Criteria List

- start time
- stop time
- route
- drug
- chemo cycle
- signature

17. Colonoscopy

a. Criteria List

- scope
- time

18. Lesion (Note criteria list is draft, may need editing)

a. Criteria List

- lesion type
- size
- location
- method of removal
- biopsy

19. Physical Therapy

a. Criteria List

- Technique
- region
- time

20. PT/OT Therapies

a. Criteria List

- Patient pre-treatment status
- technique
- region
- time
- direct attendance
- treating diagnosis(es)
- post therapy status
- modifier (59, GP, KX, CQ)
- unbundling

21. PT – Evaluation

a. Criteria List

- Referring physician order
- History - no personal factors / comorbidities
- History - 1-2 personal factors / comorbidities
- History - 3 or more personal factors / comorbidities
- Exam - 1-2 body systems or structures
- Exam - 3 or more body systems or structures
- Exam - 4 or more body systems or structures
- Clinical presentation - stable / uncomplicated characteristics
- Clinical presentation - evolving / changing characteristics
- Clinical presentation - unstable / unpredictable characteristics
- Decision making (functional outcome) - low complexity
- Decision making (functional outcome) - moderate complexity
- Decision making (functional outcome) - high complexity
- Development plan of care
- Ordering physician sign off within 30 days of evaluation

22. PT Re-Evaluation

a. Criteria List

- Review of history
- Examination with use of standardized tests/measurements
- Revised plan of care

23. OT Evaluation

a. Criteria List

- Referring physician order
- Occupational profile and patient history - brief review related to presenting problem
- Occupational profile and patient history - expanded review of multiple functional performances
- Occupational profile and patient history - extensive review additional functional performances
- Assessment of 1-3 performance deficits for physical, cognitive, or psychosocial
- Assessment of 3-5 performance deficits for physical, cognitive, or psychosocial
- Assessment of 5+ performance deficits for physical, cognitive, or psychosocial
- Clinical decision making of low complexity
- Clinical decision making of moderate complexity
- Clinical decision making of high complexity
- Development of plan of care
- Ordering physician sign off within 30 days of evaluation

24. OT Re-Evaluation

a. Criteria List

- Assessment of changes in patient function or medical status
- Update to initial occupational profile
- Revised plan of care

25. Audiology procedure

a. Criteria List

- Evaluation of bilateral ears
- Evaluation of unilateral ear with modifier 52
- Report printout of specific test
- Provider interpretation
- Pictures taken, if applicable
- Evaluation of hearing loss, if applicable
- Pure tone audiometry; air & bone, if applicable
- Speech audiometry with speech recognition, if applicable

- Evaluation of air and bone conduction, if applicable
- Tympanometry impedance test, if applicable
- Acoustic reflex test w/threshold, if applicable
- Evaluation of 3-6 frequencies, if applicable
- Evaluation of 12 or more frequencies, if applicable
- Speech reception/awareness, if applicable
- Visual reinforcement (i.e., use of toy, flashlights), if applicable
- Play responses used (i.e., game), if applicable
- Use of pictures, if applicable
- Continuous measurement of decibels of decay (dB), if applicable

26. Speech Therapy

a. Criteria List

- Diagnosis of communication or hearing difficulties
- Diagnosis of swallowing disorder/dysfunction or feeding problem
- Medical History
- Therapist direct interaction with patient
- Assessment of patient
- Observation of patient's response to treatment
- Periodic update of patient's treatment plan and goals

27. Swallowing Function Evaluation

a. Criteria List

- Diagnosis
- Motion fluoroscopy used
- Observation of patient's oral, pharyngeal, and laryngeal functions
- Final assessment
- Recommendations

28. Sound and Language Evaluation

a. Criteria List

- Diagnosis
- Medical history
- Patient's ability to execute motor movements for speech
- Patient's ability to create/communicate expressive thought
- Patient's ability to produce speech sounds
- Examination
- Final Assessment
- Treatment plan and goals