CHIROPRACTIC MEDICINE
RECORDS MONITOR REVIEW FORM

(PLEASE DO NOT LEAVE ANY BLANK SPACES. IF A SPECIFIC AREA IS NOT INDICATED IN THIS REVIEW, CHECK THE SPACE MARKED N/A (NOT APPLICABLE)

Doctor's Name		Monitor's Name	
Date of Review		Location of Review	

GENERAL REVIEW

	YES	NO	N/A
Is the office identified as a Chiropractic Office?			
Is the doctor identified as a D.C. or equivalent?			
Are patient files kept in a secure location?			
Is there a location for private discussions with patients?			

FILE REVIEW

	YES	NO	N/A
Are the notes legible?			
If notes contain abbreviations or symbols, is a key provided?			
Is the name of the person providing the service noted?			
Is the date of the encounter noted?			
Is there an informed Consent form or notation?			
If a minor, is there an Authorization to Treat a Minor form signed?			
Are there any changes or alterations in the notes?			
Are the changes in the record marked with the date and initials of the person who made the changes?			
Are reports from outside sources initialed?			
Does the office submit CMS/HCFA forms with "Diagnosis Pointing"?			

EVALUATION AND MANAGEMENT (E/M)
(FOR EACH NEW CHART OR RE-EXAMINATION REVIEWED)

HISTORY

WHICH ELEMENTS OF THE HISTORY OF PRESENT ILLNESS HAVE BEEN ADDRESSED?

___ Location ___ Quality ___ Duration ___Timing ___Context
___ Modifying Factors ___ Associated Signs and Symptoms

____ Total

WHICH SYSTEMS (ROS) HAVE BEEN ADDRESSED?

___ Constitutional ___Eyes ___ Ears, Nose, Mouth, Throat ___ Cardiovascular
___ Respiratory ___GI ___GU ___ Musculosketal ___ Integumentary
___ Neurologic ___ Psychiatric ___ Endocrine ___ Hemotologic/Lymphatic
___ Allergic/Immunologic

____ Total

WHICH ELEMENTS OF THE PAST, FAMILY, SOCIAL HISTORY HAVE BEEN ADDRESSED?

___ None ___ 1 Pertinent Element ___ 2-3 Specific Elements

____ Total

WHICH HISTORY LEVEL HAS BEEN MET?

___ Problem Focused	Chief compliant, 1-3 elements of HIP, No or limited ROS
___ Expanded Problem Focused	Chief complaint, Problem pertinent system review 1-3 elements of HPI
___ Detailed	Chief compliant, Extended HPI, Problem pertinent system review extended to include a review of a number of additional systems, Pertinent PPSH directly related to the patient's problems
___ Comprehensive	Chief compliant, Extended HPI, Review of systems which is directly related to the problem identified in the HPI plus a review of all additional systems. Complete PFSH

EXAMINATION

WHICH EXAMINATION LEVEL HAS BEEN MET?	
___ Problem Focused	Limited to one body area or organ system
___ Expanded Problem Focused	Limited to one body area or organ system and other symptomatic or related organ systems
___ Detailed	Extended exam of the affected body area and other symptomatic or related organ systems (more depth than Expanded Problem Focused)
___ Comprehensive	Complete exam of a single system or general multi-system exam of at least 8 systems

MEDICAL DECISION MAKING

RISK	HISTORY	TX. OPTIONS	MORB./MORT.
___Minimal	Minor problem	Minimal	Self-limited
___Low	Minor problem, 2 or more problems	Exam, x-ray	Low
___Moderate	Unresolved problem, 3 or more problems	Exam, x-rays, diagnostic studies	Moderate
___Extensive	Significant injury	Exam, x-rays, diagnostic studies, Lab tests	Extensive

TOTALS

HISTORY	EXAMINATION	MEDICAL DECISION MAKING
___Problem focused	___Problem focused	___Minimal
___Expanded problem focused	___Expanded problem focused	___Low
___ Detailed	___ Detailed	___Moderate
___Comprehensive	___Comprehensive	___Extensive

EXAMINATION AND MANAGEMENT CHOICE

NEW PATIENT	ESTABLISHED PATIENT
___ 99201	**___ 99211**
___ 99202	**___ 99212**
___ 99203	**___ 99213**
___ 99204	**___ 99214**
___ 99205	**___ 99215**

ANSWER THE FOLLOWING QUESTIONS FOR EACH PATIENT CHART REVIEWED. DO NOT LEAVE ANY BLANK SPACES. IF A QUESTION IS NOT APPLICABLE, PLEASE CHECK N/A (NOT APPLICABLE)

	YES	NO	N/A
Does the documentation support the E/M code utilized?			
Has medical necessity been established for re-examinations?			
Does the documentation support the tests ordered or performed?			
Is the treatment provided for the patient supported by the documentation?			
Sid the doctor prepare a treatment plan?			
Did the doctor record a treatment plan?			
Are the daily notes in a SOAP format?			
Is medical necessity for ongoing care documented?			
Has treatment or care been altered by test results?			
Is the equipment present in the office for the physical therapies reported?			
Is the rationale for physical therapy noted?			

MONITOR'S SUMMARY
(PLEASE WRITE CLEARLY)

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