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OMB#: xxxx-xxxx  
Exp. xx/xx/xxxx

## HCHS/SOL- Verification of Event ICD Codes

ID NUMBER:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
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FORM CODE: VER  
VERSION: B, 05/08/2015

Contact Occasion	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
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OCC #	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
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**ADMINISTRATIVE INFORMATION-**

0a. Completion Date: // 0b. Staff ID:

0c. Event ID:

0d. Event Date: //

1. List of ICD Discharge Codes Recoded for this Event

1a. Code 1:	<input style="width: 100%;" type="text"/>
1b. Code 2:	<input style="width: 100%;" type="text"/>
1c. Code 3:	<input style="width: 100%;" type="text"/>
1d. Code 4:	<input style="width: 100%;" type="text"/>
1e. Code 5:	<input style="width: 100%;" type="text"/>
1f. Code 6:	<input style="width: 100%;" type="text"/>
1g. Code 7:	<input style="width: 100%;" type="text"/>
1h. Code 8:	<input style="width: 100%;" type="text"/>
1i. Code 9:	<input style="width: 100%;" type="text"/>
1j. Code 10:	<input style="width: 100%;" type="text"/>
1k. Code 11:	<input style="width: 100%;" type="text"/>
1l. Code 12:	<input style="width: 100%;" type="text"/>
1m. Code 13:	<input style="width: 100%;" type="text"/>
1n. Code 14:	<input style="width: 100%;" type="text"/>

ID NUMBER:								
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FORM CODE: VER  
VERSION: B, 05/08/15

Contact  
Occasion

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SEQ #

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1o. Code 15:

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1p. Code 16:

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Medical Record Materials for this Event: For Questions 2-31 use the Codes below:

Status Codes:      1= Received      2= Pending      3= Not Available

2. Coding summary with ICD-9, ICD-10-CM codes

3. Discharge summary

4. History and physical

4a. Vital Signs

4b. Lab results (include blood and urine)

4c. Medications Administered

4d. Consultations for 1) maternal-fetal medicine, 2) obstetrics (OB),  
or 3) anesthesia

4e. Operating room note or delivery note

4f. PRENATAL record when available within the hospital Records

- MD/PA/NP/CNM notes,
- Labs (including urine results, glucose results)
- Weights
- Blood pressures

5. Twelve-lead ECG reports (all)

6. Cardiac biomarker report

7. Emergency Department report

8. Cardiac catheterization report

9. Arteriogram reports

10. Stress test report

ID NUMBER:								
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Contact  
Occasion

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SEQ #

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11. Procedure report

12. Spirometry report

13. Pulse oximetry report

14. Arterial blood gas report

15. Discharge medication report

16. Chest X-ray report

17. CT scan report

18. Echocardiology report

19. RVG or MUGA report

20. Nuclear studies report

21. MRI report

22. Lumbar puncture report

23. Ultrasound report (other than echocardiogram)

24. Doppler flow study report

25. Carotid studies report

26. Pulmonary angiography

27. Isotope scan

28. Lung scan

29. Impedance plethysmography

30. Venogram report

31. Autopsy or Medical examiner report