

AUDIT TOOLS

**One or more of the following tools may be utilized
for monitoring and reviewing of Compliance guidelines by the
Compliance Auditor**

Internal Physician Faculty Practice Plan Audit Worksheet

Date: _____ DOS: _____ MR#: _____
 Pt. Name: _____ MD/Provider being evaluated: _____ Site: _____
 Carrier: _____

CPT codes _____
 E&M level-modifier _____
 Procedure-modifier _____

Site Assigned

Auditor Assigned

Auditor: _____

Code	Code	History Code	Code	History limited due to patient's condition Y N	Code	Code	Code
Brief 1-3 elements							

Location	Quality	Severity	Duration	Associated Signs and Symptoms	Timing	Context	Code
Modifying Factors							
N/A							

Pertinent Neg/Pos for presenting problem	Pertinent Neg/Pos for	Pertinent Neg/Pos for	Pertinent Neg/Pos for	2-9 Systems	At least 10 of the 14 organ systems		

ROS
 Constitutional Symptoms (fever, weight loss) ___ Eyes ___ Ears, Nose, Mouth, Throat
 ___ Cardiovascular ___ Respiratory ___ Gastrointestinal ___ Genitourinary ___ Musculoskeletal
 ___ Integumentary ___ Neurological ___ Psychiatric ___ Endocrine ___ Hematologic/Lymphatic
 Allergic/immunologic ___ NOTATION all other systems are negative

PFSH
 N/A

Past: Immunizations, Drug Allergies, Current Meds, Hospitalizations, Operations
 Family: Inherited Risk Factors, Parents/Sibling Health Status
 Social: Smoking, Alcohol use, Substance Abuse, Employment, Sexual Preference

Problem Focused	Expanded Problem Focused	Detailed	Comprehensive				

Examination	Code	Code	Code	Code	Code	Code	Code
Exam limited due to patient's condition Y N							

Organ Systems
 Constitutional Symptoms (Vital signs, gen. Appearance) ___ Eyes ___ Ears ___ Nose, Mouth, Throat
 ___ Musculoskeletal ___ Integumentary ___ Neurological ___ Psychiatric ___ Hematologic/Lymphatic/Immunologic
 ___ Genitourinary ___ Respiratory ___ Cardiovascular ___ Gastrointestinal ___ Endocrine ___ Body area:
 Problem Focused
 Expanded Problem Focused
 Detailed
 Comprehensive

Content
 1-3 elements
 At least 5 elements
 At least 12 elements
 18 elements

Internal Faculty Practice Management Plan Audit Worksheet

Emergency Department

Patient Name	MD/Provider being evaluated
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Site	Date
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Auditor:

CPT codes
E/M Level-modifier
Procedure-Modifier

HPI	History limited due to patient's condition.		99284
	Brief 1-3 elements Extend: 4 or more elements, or three chronic or inactive conditions		
ROS	Location Quality Severity Duration Timing Context		99284
	Modifying factors Associated signs and symptoms Extend: 4 or more elements, or three chronic or inactive conditions		
PFSH	Pertinent for Presenting Problem		99284
	Constitutional Symptoms Eyes Ears, Nose, Mouth, Throat Cardiovascular Respiratory Gastrointestinal Genitourinary Musculoskeletal Integumentary Neurological Psychiatric Endocrine Hematological/Lymphatic Allergic/Immunologic Notation all other systems negative		
Content	Past: Immunizations, Drug allergies, Current Meds, Hosp, Operations Family: Inherited Risk Factors, Parents/Sibling Health Status Social: Smoking, Alcohol Use, Substance Abuse, Employment, Sexual Preference		99284
	Problem-Focused Expanded Detailed Comprehensive		
Examination	Exam limited due to patient's condition		99284
	Problem-Focused Expanded Detailed Comprehensive		
Organ Systems	Constitutional Symptoms Eyes Ears, Nose, Mouth, Throat Cardiovascular Respiratory Gastrointestinal Genitourinary Musculoskeletal Integumentary Neurological Psychiatric Hematological/Lymphatic/Immunologic		99284
	Body areas: Head&Face Neck Each Extrem: Chest/Breast/Axillae RUE, LUE, RLE, LLE		
Content	Problem Focused Expanded Problem Focused Detailed 1 system/body area 2-4 systems/body areas 5-7 systems/body areas		99284
	Comprehensive 8 or more systems		

FPMP audit worksheet

Date:

Reviewer:

Sample Number:

Patient's Name:

Billing Date:

Service Location:

Date of Service:

Payor:

Resident's Name:(if applicable)

Provider/TP:

Practice Plan:

Medical Record and Claim Information

New or Established Patient

Medical Record Number:

Diagnosis(es)	Code(s)	Procedures	CPT code(s)

- | | |
|--|---------|
| 1. Resident involvement on visit? | Y N N/A |
| 2. Patient seen for services and note is documented by provider? | Y N N/A |
| 3. If resident involvement, did teaching physician document key portions of visit? | Y N N/A |
| 4. Resident note co-signed by teaching physician? | Y N N/A |
| 5. Does the provider's name on the encounter ticket match the provider who serviced and documented a note for the patient visit? | Y N N/A |
| 6. Are the dates of service accurate? | Y N N/A |
| 7. Does the diagnosis(es) billed match what is documented in the medical record? | Y N N/A |
| 8. Were the procedures billed documented in the medical record? | Y N N/A |
| 9. Was the correct code used for the documentation of the procedure? | Y N N/A |
| 10. Is the referring physician's name recorded on the encounter form? | Y N N/A |
| 11. Does the documentation support the medical necessity of all services provided? | Y N N/A |
| 12. Were all documented services billed? | Y N N/A |

Comments/Recommendations

FPMP audit worksheet
Surgical Services

Date:

Reviewer:

Sample Number:

Patient's Name:

Billing Date:

Service Location:

Date of Service:

Payor:

Resident's Name:(if applicable)

Provider/TP:

Practice Plan:

Medical Record and Claim Information

New or Established Patient

Medical Record Number:

Diagnosis(es)	Code(s)	Procedures	CPT code(s)

- | | |
|--|---------|
| 1. Resident involvement on visit? | Y N N/A |
| 2. Patient seen for services and note is documented by provider? | Y N N/A |
| 3. If resident involvement, did teaching physician document key portions of visit? | Y N N/A |
| 4. Resident note co-signed by teaching physician? | Y N N/A |
| 5. Does the provider's name on the encounter ticket match the provider who serviced and documented a note for the patient visit? | Y N N/A |
| 6. Are the dates of service accurate? | Y N N/A |
| 7. Does the diagnosis(es) billed match what is documented in the medical record? | Y N N/A |
| 8. Is the primary surgical procedure billed first? | Y N N/A |
| 9. Is their unbundling of any surgical procedure? | Y N N/A |
| 10. Is the referring physician's name recorded on the encounter form? | Y N N/A |
| 11. Was the correct modifier used if applicable? | Y N N/A |
| 12. If there was an assistant surgeon, was the service billed? | Y N N/A |

Comments/Recommendations

FPMP audit worksheet
Physician Extender Services

Date:

Reviewer:

Sample Number:

Patient's Name:

Billing Date:

Service Location:

Date of Service:

Payor:

Resident's Name:(if applicable)

Provider/TP:

Practice Plan:

Medical Record and Claim Information

New or Established Patient

Medical Record Number:

Diagnosis(es)	Code(s)	Procedures	CPT code(s)

- | | |
|--|---------|
| 1. Are there physician's orders in the medical record for therapy services? | Y N N/A |
| 2. When required, was the physician periodically involved in the care of the patient? | Y N N/A |
| 3. Was the service provided by a physician extender? | Y N N/A |
| 4. Was the physician extender appropriately credentialed for the service provided? | Y N N/A |
| 5. Does the provider's name on the encounter ticket match the provider who serviced and documented a note for the patient visit? | Y N N/A |
| 6. Are the dates of service accurate? | Y N N/A |
| 7. Does the diagnosis(es) billed match what is documented in the medical record? | Y N N/A |
| 8. Were the procedures billed documented in the medical record? | Y N N/A |
| 9. Was the correct code used for the documentation of the procedure? | Y N N/A |
| 10. Is the referring physician's name recorded on the encounter form? | Y N N/A |
| 11. Does the documentation support the medical necessity of all services provided? | Y N N/A |
| 12. If needed, were the appropriate modifiers appended for services provided? | Y N N/A |

Comments/Recommendations

FPMP audit worksheet

Date:

Reviewer:

Sample Number:

Patient's Name:

Billing Date:

Service Location:

Date of Service:

Payor:

Resident's Name:(if applicable)

Provider/TP:

Practice Plan:

Medical Record and Claim Information

New or Established Patient

Medical Record Number:

Diagnosis(es)	Code(s)	Procedures	CPT code(s)

- | | |
|--|---------|
| 1. Resident involvement on visit? | Y N N/A |
| 2. Patient seen for services and note is documented by provider? | Y N N/A |
| 3. If resident involvement, did teaching physician document key portions of visit? | Y N N/A |
| 4. Resident note co-signed by teaching physician? | Y N N/A |
| 5. Does the provider's name on the encounter ticket match the provider who serviced and documented a note for the patient visit? | Y N N/A |
| 6. Are the dates of service accurate? | Y N N/A |
| 7. Does the diagnosis(es) billed match what is documented in the medical record? | Y N N/A |
| 8. Were the procedures billed documented in the medical record? | Y N N/A |
| 9. Was the correct code used for the documentation of the procedure? | Y N N/A |
| 10. Is the referring physician's name recorded on the encounter form? | Y N N/A |
| 11. Does the documentation support the medical necessity of all services provided? | Y N N/A |
| 12. Were all documented services billed? | Y N N/A |

Comments/Recommendations