PREPAYMENT AUDIT FORM

Patient Name: _____ Auditor: _____

Med. Rec. No: _____ Audit Date: _____

Date of Service: _____ Physician/No: _____

Charge Ticket Review:

E/M Level Circled: _____ Procedure(s): _____

Diagnosis on ticket: (1)_____ (2)_____

(3)_____ (4)_____

Lab/Xray on ticket: _____

Progress Note Review:

Diagnoses: (1)_____ (2)_____ Auditor's E/M_____

(3)_____ (4)_____

Procedure(s): _____

Lab/X-ray: _____

Does the progress note diagnoses match the charge ticket? [ ] Yes [ ] No

Comments: _____

_____

Chart Review

Patient Status: [ ] New [ ] Established

EM Category: [ ] Office [ ] Consultation

Chief Complaint: _____

For **re-evaluation** use 1997 guidelines
[] Chronic disease_____
[] Chronic disease_____
[] Chronic disease_____

H I S T O R Y	**HPI (History of Present Illness)** []Location []Severity []Timing []Modifying factors []Quality []Duration []Context []Associated signs & symptoms		1-3 elements		>4 elements >3 Status of chronics
	ROS (Review of Systems) []Constitutional []Ears,nose []GI []Integument []Endo (wt loss, etc) mouth,thrt []GU (skin,breast) []Hem/lymph []Eyes []Cardvasc []Musculo []Neuro []Env. All/Imm []Resp []Psych []"All others negative"	None	Pert to Problem 1 system	Extended 2-9 systems	Complete >10 systems or "All neg"
	PFSH (Past family and social history) []Past medical history/NKDA []Family history []Social history	**Established** None	None	1	2 or 3
		New/Consults None	None	1 or 2	3
	History Level Selected **Must have 3 for 3**	**Problem Focus**	**Extend Problem Focus**	**Detailed**	**Comprehensive**
EXAM	**Examination/Organ Systems:** []Constitutional []Ears,nose, []Resp []Musclo []Psych (eg.vitals,gen app) mouth,thrt []GI []Skin []Hem/lymph/lmp []Eyes []Cardvasc []GU []Neuro []Affected body area: _____	Body area or system related problem	2 – 4 sys or 6 bullets	5 – 7 sys or 12 bullets from 2 sys	8 or more systems or 18 bullets from 9 systems
	Exam Level Selected	**Problem Focus**	**Extend Problem Focus**	**Detailed**	**Comprehensive**

Time: If the physician documents total time and suggests that counseling or coordinating care dominates the encounter (more than 50%), time may determine level of service. **If all answers are "yes", may select level based on time.**

- **Does documentation reveal total time? (Time is face-to-face in OP or IP setting) []Yes []No**
- **Does documentation describe the content of counseling or coordinating care? []Yes []No**
- **Does documentation reveal that more than half of time was counseling or coordinating care? []Yes []No**