Practice Name: _____ Number of Providers: _____

This project is _____ Auditing _____ Production Coding | Number of encounters to be audited per provider: _____

Project Start Date: _____ Contact Name: _____

Contact Email: _____ Contact Phone #_____

In order for DM to meet the expectations of the Client's Project, it is necessary that we identify our processes, and any client request for modification of these expectations should be made prior to commencement of this project. Below we have provided DM Standard practices and the opportunity for the Client to be aware of these standards and any requests for modification should be noted in "other" listed below.

Procedures:	Yes	No	Other
DM will count procedures that were not coded/billed as an error in the precision rating			
DM will count lab/images that were not coded/billed as an error in the precision rating			
If a procedure was performed, but not all information is included in the procedure report, DM will count this as an error within the precision rating			
DM reports will show the precision rating of procedural services as a stand alone precentage, but also provide an overall combined precision rating			
E/M's:	**Yes**	**No**	**Other**
Should DM identify instances when higher E&M services were supported, i.e., the encounter maybe up-coded? Example: Provider reported a 99213, but the audit findings support a 99214			
DM will count under-coded services as an error in the precision rating Example: Provider reported a 99213, but the audit findings support a 99214			
DM will count over-coded services as an error in the precision rating Example: Provider reported a 99214, but the audit findings show that a 99213 is supported			
DM reports will show the precision rating of E&M codes as a stand alone precentage, but also provide an overall combined precision rating			
DM will count missing documentation as an error toward the precision rating, and encounters will be flagged as non-billable. If an encounter is partially documented, DM will score the documentation that is available and provide the supported code			
If DM is accessing your EMR, we will search all areas instructed by the client for documentation, but if no documentation is identified- this will be noted as no documentation found, marked as non-billable, and an administrative fee applied in lieu of the auditing rate			

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	Yes	No	Other
DM does not allow the use of non-contributory, unremarkable, or not significant within documentation			
DM will not target cloning or copy/paste errors, unless it is included in the scope of the audit as this audit will focus on one date of service per patient			
DM will audit based on the best adaptation of 1995/1997 Documentation Guidelines to the encounter			
ICD-10's	**Yes**	**No**	**Other**
DM does not count ICD-10 coding errors within the precision rating			
DM will only audit the ICD-10 code(s) that directly impact the CPT codes billed			
Electronic Medical Record Concerns:	**Yes**	**No**	**Other**
DM considers documentation created through clinical plagarism to be inappropriate, except in instances of a reportable split/shared encounter. Otherwise, all services identified as plagarized will be counted as an error for precision rating purposes			
Late entries/Late signatures will be noted by DM through the audit process and any trends or patterns noted will be discussed in the executive summary report of findings			
DM analyzes encounters for copy/paste and cloning violations. Services that include greater than 50% of the documentation as copy & paste will be counted an error for precision rating purposes.			
DM does not require counter signatures by supervising physicians on NPP services. Does your organization require counter signatures of all services rendered by NPP providers?			
DM does not require attestation statements s by supervising physicians on NPP services. Does your organization require attestation statements of all services rendered by NPP providers?			
Other:	**Yes**	**No**	**Other**
DM adhere's to National CMS Guidance and your local MAC authority. No variation or consideration is provided for commercial carriers within our audit findings Client MAC is: _____			
DM will audit the use of the 25 modifier using CMS guidance within the NCCI Policy Manual.			
DM will review incident-to/split-shared services, regardless of carrier, using Medicare rules and guidance. If a service does not meet incident-to/split-shared guidelines, the supported coding will still be provided to the client with a comment regarding noted deficiencies. In production coding services, the encounter would simply be marked as non-billable			
DM Spreadsheet analysis for audits provide individual comments per patient encounter audited, but production coding services do not provide granularity or commentary regarding the findings			
DM will be accessing the clients EMR which is: _____			

DM will be auditing/coding services that will be uploaded via Sharefile, or _____			

Please see tab 2 of this spreadsheet. This will provide valuable information regarding your providers to our auditing team					
Provider Name (last name first)	Provider Credential	Specialty	Does this provider use a scribe?	Does this provider code their own surgeries?	Does this provider code their own E&M services?