New Audit Project Checklist

DOCTORS MANAGEMENT
Leave the business of medicine to us

Organization: _____

Project Launch: _____ Project Contact: _____

☑	TASK	PLEASE ENTER COMMENTS
01	**PROJECT SPECIFICATIONS:**	PROJECT DETAILS
☐	Kick-off call scheduled within 3 business days of executed agreement:	
☐	Expected date of first upload and/or audit sample:	
☐	Expected project due date:	
☐	Data upload or EMR access:	
☐	Total # of providers w/in the project:	
☐	Number of encounters to be audited per provider:	
☐	Client's EMR System:	
02	**EVALUATION & MANAGEMENT SERVICES**	AGREE OR ALTERNATIVE COMMENTS
☐	DM will count an error for all over-coded services. Example: Provided reported a 99214, but the audit findings support a 99213.	
☐	DM identifies under-coding as a proficiency error. Do you agree? Example: Provider reported a 99213, but the audit findings support a 99214.	
☐	DM provides a precision rating score for E&M as a stand alone score as well as a combined total CPT precision rating score.	
☐	DM will count missing documentation as an error toward the precision rating, and such encounters will noted as non-billable. Encounters partially documented, will be scored based on the documentation that is available.	
☐	DM does not target cloning or copy/paste errors by searching previous records, unless it is specifically included in the scope of the audit project, or advised by the Client.	
☐	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. However, an attempt to audit was made by our auditor and the audit fee is applicable.	
☐	DM will use the appropriate DG (1995/1997/2021) based on the service code used, along with medical necessity as the overarching criterion.	

☑	TASK	COMMENT
04	**ICD-10 Information:**	AGREE OR ALTERNATIVE COMMENTS
☐	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 reimbursement CPT billed service codes.	
05	**ELECTRONIC MEDICAL RECORD (EMR):**	AGREE OR ALTERNATIVE COMMENTS
☐	DM considers documentation created through clinical plagiarism to be inappropriate, except in instances of a reportable split/shared encounter. Otherwise, all services identified as plagiarized 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 and discussed as a deficient finding.	
☐	As CMS does not require counter signatures by supervising physicians on NPP services, DM will not require these through the audit process.	
☐	As CMS does not require attestation statements by supervising physicians on NPP services, DM will not require these through the audit process. .	
06	**MISCELLANEOUS | OTHER:**	AGREE OR ALTERNATIVE COMMENTS
☐	DM adheres to National CMS Guidance and your local MAC's authority. No variation or consideration is provided for commercial carriers within our audit findings, unless specifically discussed and agreed to within the scope of the audit. The Client's MAC is:	
☐	DM will audit the use of the 25 modifier using CMS guidance within the NCCI Policy Manual. Commercial payor policy does vary.	
☐	DM will review incident-to/split-shared services using CMS guidelines. If a service does not meet the CMS guidelines, the encounter will still be audited with noted audit findings, and also include an additional comment indicating the service as non-reimbursable.	
07	**PROCEDURES**	AGREE OR ALTERNATIVE COMMENTS
☐	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 as it is not supported.	
☐	DM reports will show the precision rating of procedural services as a stand alone percentage, but also as a combined total of all CPT codes billed.	