

# Inpatient Coding Audit Worksheet

DMIS/Facility			Attending Provider		
MR #			Provider Specialty		
Registration #			MEPRS		
Date of Service			Coder Name		
Date Coded			Coded w/in 15 Days	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Auditor Name			Coding Change	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Audit Date			Provider Query	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Patient Age/Sex	Age:		Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Comments					

MS-DRG Coding	Pre-Audit	Post-Audit	Variance
MS-DRG			
RWP			
Disposition			

	Diagnosis Coding						Procedure Coding		
	Pre-Audit		Post-Audit				Pre-Audit	Post-Audit	
	DX	POA	DX	DX RC	POA	POA RC	PX	PX	PX RC
Principal									
Secondary 1									
Secondary 2									
Secondary 3									
Secondary 4									
Secondary 5									
Secondary 6									
Secondary 7									
Secondary 8									
Secondary 9									
Secondary 10									
Secondary 11									
Secondary 12									
Secondary 13									
Secondary 14									
Secondary 15									

<b>Provider Query Opportunity</b>	