

# Outpatient Clinic Visit 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					

E/M Level	Pre-Audit		Post-Audit		Post-Audit RC	
	Level	Modifier	Level	Modifier	Level	Modifier
E/M Code 1						
E/M Code 2						
E/M Code 3						

Diagnosis Coding	Pre-Audit	Post-Audit	Post-Audit RC
Primary Dx			
Secondary DX 1			
Secondary DX 2			
Secondary DX 3			

Procedure Coding	CPT	Mod 1	Mod 2	Mod 3	Units	Linked
Procedure 1	Pre-Audit					
	Post-Audit					
	Reason Code					
Procedure 2	Pre-Audit					
	Post-Audit					
	Reason Code					
Procedure 3	Pre-Audit					
	Post-Audit					
	Reason Code					
Procedure 4	Pre-Audit					
	Post-Audit					
	Reason Code					

(If greater than 4 procedures, use an additional sheet)

RVUs	E/M	CPT 1	CPT 2	CPT 3	CPT 4	Total	Variance
Pre-Audit							
Post-Audit							

<b>Provider Query Opportunity</b>    
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