

# Audit Tool for Coding

## Preparation

1. Prior to reviewing a group of cases with similar diagnoses and procedures, review related coding conventions and guidelines.
2. Identify possible coding problems that can occur.

## Record/Claim Review (Document findings below)

	<u>Yes</u>	<u>No</u>
1. Does the medical record:		
a. match the claim being reviewed (patient name/admission date);	_____	_____
b. contain an inpatient admission order for the date of admission and the level of care billed; and	_____	_____
c. match the provider number billed, e.g., PPS versus non-PPS?	_____	_____
2. Is medical record documentation present to substantiate the principal diagnosis as:		
a. present on admission;	_____	_____
b. a principal reason for admission; and	_____	_____
c. treated or evaluated during the stay?	_____	_____
3. Is medical record documentation present to support secondary diagnoses and complications/comorbidities billed?	_____	_____
4. Are there any secondary diagnoses or complications/comorbidities that are supported by medical record documentation and affect the DRG but were not billed?	_____	_____
5. Is medical record documentation present to support procedures billed?	_____	_____
6. Are there any procedures that are supported by medical record documentation and affect the DRG but were not billed?	_____	_____
7. Is medical record documentation present to support the patient's age and discharge status?	_____	_____
8. Are there any other coding errors? Note problem area below:	_____	_____
a. _____ Code does not match diagnosis/procedure		
b. _____ Code lacks specificity		
c. _____ Sequencing is incorrect		
d. _____ Coding does not follow ICD-9-CM coding conventions		
e. _____ Coding does not follow Coding Clinic guidelines		

**Findings**

Billed Diagnostic Codes	Supported by Medical Record (X if yes)	Not Supported by Medical Record (X if no)	Coded Correctly <u>Yes / No</u>	If Not Supported Note Problems
Principal			/	
Secondary			/	
			/	
			/	
			/	
			/	
			/	
			/	
			/	
			/	
<b>Billed Procedure Codes</b>			/	
			/	
			/	
			/	
			/	
			/	
<b>Billed Discharge Status</b>			/	

**DRG:** \_\_\_\_\_

**Review of Possible Problems/Regrouping Codes**

1. When necessary, refer to the physician for clarification.
2. Code and regroup to determine if changes effect the DRG. Note discharge date \_\_\_\_\_/age \_\_\_\_\_/gender \_\_\_\_\_.



