

Audit Summary Report

Provider: Miller John # 9999 **Audit Dt. Range** 1/1/2007 To 4/9/2007

PatID	Visit Dt	Stat	Service Category	Service Sub	History	Exam	Risk	Reviewer	Mod	DC	IT	Provider	Mod	Var	Diff	
Miller John # 9999																
123	2/21/06	Est.	Office or Other Outpatient	Follow-Up			Moderate	99215			N	99213		-2	(\$50.00)	
	Provider Dx 1	MALIG NEO ASCEND COLON 153.6						Reviewer Dx 1	MALIG NEO ASCEND COLON 153.6							
	Provider Dx 2	MALIG NEO RENAL PELVIS 189.1						Reviewer Dx 2	MALIG NEO RENAL PELVIS 189.1							
	Provider Proc 1	43750 Place gastrostomy tube			Modifier			Reviewer Proc 1	43750 Place gastrostomy tube			Modifier				
	Provider Proc 2	35201 Repair blood vessel lesion			Modifier			Reviewer Proc 2	35201 Repair blood vessel lesion			Modifier				
<p>You did an excellent job documenting the time counseling; however, you forgot to charge for it.</p> <p>Counseling (R); If more than 50% of the face-to-face (or unit/floor time) visit is spent counseling, the code may be determined based on the entire time of the visit. Documentation must be stated as: "40/45 minute visit spent counseling the patient on _____"; or "Spent the majority of the 45 minute visit counseling the patient regarding _____".</p>																
134	2/22/07	Est.	Office or Other Outpatient	Follow-Up		Focused (95)		99211				99212		1	\$15.00	
	Provider Dx 1	241.0 NONTOX UNINODULAR GOITER						Reviewer Dx 1	HYPERTENSION NOS 401.9							
	Provider Proc 1	25000 INCISION OF TENDON SHEATH			Modifier			Reviewer Proc 1	Modifier							
<p>This should have been coded as a nurse visit, rather than a physician visit. The patient was seen by the nurse for a B/P check.</p> <p>Diagnosis should have been the reason patient was seen by the nurse: Hypertension</p>																
1512	2/16/07	New	Office or Other Outpatient	Initial Visit	Detailed	Detailed (97)	High	99203				99203		0	\$0.00	
	Provider Dx 1	SEPTICEMIA NEC 038.8						Reviewer Dx 1	SEPTICEMIA NEC 038.8							
	Provider Dx 2	URINARY CALCULUS NOS 592.9						Reviewer Dx 2	URINARY CALCULUS NOS 592.9							
6236	12/3/06	Est.	Office or Other Outpatient	Follow-Up	Detailed	Expanded (97)	Moderate	99214				99214		0	\$0.00	
	Provider Dx 1	414.9 - Chronic Ischemic Heart Disease, Unspecified						Reviewer Dx 1	414.9 - Chronic Ischemic Heart Disease, Unspecified							
	Provider Dx 2	250.00 - Diabetes Mellitus, Type II, Controlled						Reviewer Dx 2	250.00 - Diabetes Mellitus, Type II, Controlled							
	Provider Dx 3							Reviewer Dx 3	272.4 HYPERLIPEDEMIA NEC/NOS							
	Provider Proc 1				Modifier			Reviewer Proc 1	93000 ELECTROCARDIOGRAM, COMPLETE			Modifier				
<p>Missed Charges (I); EKG: This service was not listed as a billed service on the HCFA 1500 or superbill. This represents a potential revenue loss to the practice.</p> <p>Missed Charges (R); To reduce potential monetary loss to the practice or facility, all charges should be reviewed prior to charge entry by qualified individuals to ensure complete charge capture and coding compliance.</p>																
65432	8/25/06	Est.	Problem With Documentation No Service Documented					No Code				99218		wc	\$88.00	
	Provider Dx 1	CHEST PAIN NEC 786.59						Reviewer Dx 1								
<p>No documentation found in chart; called hospital and they were unable to find it.</p> <p>If this were an audit by a third-party payor, this could be interpreted as fraudulent billing.</p>																

Total Visits	Accurately Coded	Under Coded/Billed	Over Coded/Billed (+)	Wrong Category (wc)	Financial Error (%)
5	2 40.00 %	1 20.00%	2 40.00%	1 20.00 %	14.21%

