

PRACTICE COMPLIANCE AUDIT TOOL

Date of Review/Initials of Reviewer:

	1		2		3		4		5	
	Y	N	Y	N	Y	N	Y	N	Y	N
1. Diagnostics ordered?										
2. Diagnostics performed?										
3. Diagnostics met medical necessity criteria?										
4. Diagnostics Results verified?										
5. CPT, HCPCS, ICD-9-CM code(s) documented?										
6. Code supported by documentation?										
7. Medical Diagnosis documented?										
8. Physical Findings/Assessment documented?										
9. Plan of care documented?										
10. Claim development and submission? Are charges reflective of current Fee Schedule?										
11. Billing/Reimbursement? Was MC pt. billed for write off portion?										
12. Was pt. billed for deductible?										
Disciplinary actions R/T compliance in past 6 mo.?	N Y R/T									
Personnel Background Investigations? Actions?	N Y									
Do employees know standards of conduct?	N Y Written:									
Compliance Officer/Do employees know?	N Y Name/Contact How:									
Compliance Activities in past 6 months? (Staff Meetings/Training-Minutes/attendance/topics-why) Communication/Reporting Method(s)? Reports? Investigations? Results/Response?										
Repayments made in past 6 months?	N Y Number: \$:									
Reason for repayments?										
Marketing appropriate/accurate/current?	N Y Sample:									
Out-Source Referral sites? Method of determining out source referral site?	N Y Written policy/listing:									
Describe Medicare Alert reviews?Who?										
Current Compliance Focus?Determined How?										
Is same fee schedule used for billing all pts.?	Y N Explain:									

Chart #s: 1 _____ 2 _____ 3 _____ 4 _____ 5 _____

Comments:
