

ANATOMIC PATHOLOGY AUDIT WORKSHEET

Appendix "J"

Audit #: _____ GE MRN: _____ Patient Name: _____ Provider Name: _____

Resident Involved: _____ No _____ Medicare Medicaid Other Government Commercial Client _____ Specimen Sample#: _____

CPT Coding

ICD-9 Coding

CPT	Coder Applied		CPT	Auditor Applied		Narrative	ICD-9 Coding		Place of Service:
	Modifier(s)			Modifier(s)			Coder Applied	Auditor Applied	