

# Provider Scorecard

Based on what provider submitted to coder prior to coder review

AUDIT PURPOSE  
 0 New Provider  
 0 Annual  
 0 Re-Audit  
 0 Requested

#REF!  
 #REF!  
 #REF!

TYPE OF AUDIT  
 0 Prospective  
 0 Retrospective

Provider  
 Department  
 Location  
 Specialty  
 Audit Date  
 Audit Quarter

Provider	Number	MRN	Number of ICD-9 Codes		Number of CPT Codes		CPT Code Errors		ICD-9 Errors				Documentation Errors					Points						
			A1 Incorrect CPT Code (Down coded) (0)	A2 Wrong CPT Code (Up coded or billed consult instead of office visit) (4)	A3 Improper use of modifier (resulting in up coding) (2)	A3a Improper use of modifier not resulting in up coding (0)	A4 Service performed and billed but not a billable event or service (global) (4)	A5 Service performed but not billed or a zero charge (0)	A6 Service billed but not provided (6)	B1 insufficient teaching documentation to support any code (6)	B2 Up Coded 1 Level (2)	B3 Up Coded 2 Levels (4)	B4-Lack of Documentation to support code (documentation does not exist) (6)	B5 Needs additional documentation to support the code (excludes E/M service ex: procedures) (4)	C1 Diagnosis reported does not fully describe condition additional underlying diagnosis required incorrect diagnosis code/ICD-9 Not Supported (0)	C2-ICD-9 Not Supported (6)	D1 Wrong or missing date of service (2)	D2 Health care provider signature missing (2)	D3 Incorrect place of service (2)	D4 Service billed under one provider but provided by another (2)	D5 Advanced Beneficiary Notice not obtained (3)	Actual Points	Provider Points	
	1	0																				0	0	
	2	0																					0	0
	3	0																					0	0
	4	0																					0	0
	5	0																					0	0
	6	0																					0	0
	7	0																					0	0
	8	0																					0	0
	9	0																					0	0
	10	0																					0	0
<b>Totals</b>			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Provider points are points accumulated based on what the provider submitted against what the documentation supports. Coder points is what the coder submitted against what the documentation supported.

# Coder Scorecard

Based on what coder submitted against documentation

**AUDIT PURPOSE**  
 0 New Provider  
 0 Annual  
 0 Re-Audit  
 0 Requested

**TYPE OF AUD PROVIDER**  
 0 Prospective  
 0 Retrospective

**MRN**  
 Number

**Department**  
 Location  
 Specialty  
 Audit Date  
 Audit Quarter

Provider	MRN	Number	Number of ICD-9 Codes		Number of CPT Codes		% of ICD-9 correct	% of CPT correct	Number of ICD-9 correct	Number of CPT Correct	CPT Code Errors	CPTCode Errors	ICD-9 Errors	Documentation Errors	Points			
			#REF!	#REF!	#REF!	#REF!									Provider Points	Actual Points		
1	0	0	0	0	0	0	#DIV/0!	#DIV/0!	0	0	A1 Incorrect CPT Code (Down coded) (0)					0	0	
2	0	0	0	0	0	0	#DIV/0!	#DIV/0!	0	0	A2 Wrong CPT Code (Up coded or billed consult instead of office visit) (4)						0	0
3	0	0	0	0	0	0	#DIV/0!	#DIV/0!	0	0	A3 Improper use of modifier (resulting in up coding) (2)						0	0
4	0	0	0	0	0	0	#DIV/0!	#DIV/0!	0	0	A3a Improper use of modifier not resulting in up coding (0)						0	0
5	0	0	0	0	0	0	#DIV/0!	#DIV/0!	0	0	A4 Service performed and billed but not a billable event or service (global) (4)						0	0
6	0	0	0	0	0	0	#DIV/0!	#DIV/0!	0	0	A5 Service performed but not billed or a zero charge (0)						0	0
7	0	0	0	0	0	0	#DIV/0!	#DIV/0!	0	0	A6 Service billed but not provided (6)						0	0
8	0	0	0	0	0	0	#DIV/0!	#DIV/0!	0	0	B1 insufficient teaching documentation to support any code (6)						0	0
9	0	0	0	0	0	0	#DIV/0!	#DIV/0!	0	0	B2 Up Coded 1 Level (2)						0	0
10	0	0	0	0	0	0	#DIV/0!	#DIV/0!	0	0	B3 Up Coded 2 Levels (4)						0	0
											B4-Lack of Documentation to support code (documentation does not exist) (6)						0	0
											B5 Needs additional documentation to support the code (excludes E/M service exc procedures) (4)						0	0
											C1 Diagnosis reported does not fully describe condition additional underlying diagnosis required incorrect diagnosis code ICD-9 Not Supported (0)						0	0
											C2-ICD-9 Not Supported (6)						0	0
											D1 Wrong or missing date of service (2)						0	0
											D2 Health care provider signature missing (2)						0	0
											D3 Incorrect place of service (2)						0	0
											D4 Service billed under one provider but provided by another (2)						0	0
											D5 Advanced Beneficiary Notice not obtained (3)						0	0
<b>Totals</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>0</b>	<b>0</b>						<b>0</b>	<b>0</b>	

%Correct CPT #DIV/0!  
 % Correct ICD-9 #DIV/0!

Provider points are points accumulated based on what the provider submitted against what the documentation supports. Coder points is what the coder submitted against what the documentation supported.

Provider Summary

# Creighton

## MEDICAL ASSOCIATES

**AUDIT PURPOSE: CHECK ONE TYPE OF AUDIT**

New Provider  
 Annual  
 Re-Review Requested

Prospective  
 Retrospective

Provider Department \_\_\_\_\_  
 Location \_\_\_\_\_  
 Specialty \_\_\_\_\_  
 Audit Date \_\_\_\_\_  
 Auditor \_\_\_\_\_

Coding Points 0

Action List	Education Required		Under Coding	Over Coding	Teaching Physician Attestation	ICD-9-CM	Other
	Yes	No					
Re-Audit Necessary	_____	_____	_____	_____	_____	_____	_____
Claim Adjustment Necessary	_____	_____	_____	_____	_____	_____	_____
Corrective Action Required	_____	_____	_____	_____	_____	_____	_____
Type of Corrective Action	_____	_____	_____	_____	_____	_____	_____

Comments Regarding Findings

Corrective Action Categories

Type	Points	Written Notification required	Provider Education Required	Reaudit	Time frame for reaudit	Comments Regarding Education Session
A	0	yes	no	no	n/a	
B	1-6	yes	no	no	n/a	
C	7-12	yes	yes	no	n/a	
D	13-18	yes	yes	yes	60	
E	19 >	yes	yes	yes	30	

Date Education Provided

Coder Summary

# Creighton

## MEDICAL ASSOCIATES

**AUDIT PURPOSE: CHECK ONE TYPE OF AUDIT**

New Provider \_\_\_\_\_ Prospective \_\_\_\_\_  
 Annual \_\_\_\_\_ Retrospective \_\_\_\_\_  
 Re-Review \_\_\_\_\_  
 Requested \_\_\_\_\_

Provider \_\_\_\_\_  
 Department \_\_\_\_\_  
 Location \_\_\_\_\_  
 Specialty \_\_\_\_\_  
 Audit Date \_\_\_\_\_  
 Auditor \_\_\_\_\_

Coding Points 0

**Action List**

Yes _____	No _____	Re-Audit Necessary _____	Education Required Yes _____	No _____	Under Coding _____
Yes _____	No _____	Claim Adjustment Necessary _____	Yes _____	No _____	Over Coding _____
Yes _____	No _____	Corrective Action Required _____	Yes _____	No _____	Teaching Physician Attestation _____
_____	_____	Type of Corrective Action _____	Yes _____	No _____	ICD-9-CM _____
_____	_____	_____	Yes _____	No _____	Other _____

**Comments Regarding Findings**

**Corrective Action Categories**

**Comments Regarding Education Session**

Type	Points	Written Notification required	Provider Education Required	Reaudit	Time frame for reaudit	Comments Regarding Education Session
A	0	yes	no	no	n/a	
B	1-6	yes	no	no	n/a	
C	7-12	yes	yes	no	n/a	
D	13-18	yes	yes	yes	60	
E	19 ≥	yes	yes	yes	30	

Date Education Provided \_\_\_\_\_

Provider \_\_\_\_\_  
 Department \_\_\_\_\_  
 Location \_\_\_\_\_  
 Specialty \_\_\_\_\_  
 Audit Date \_\_\_\_\_

## ERROR CORRECTIONS

		CPT Submitted by Coder							ICD-9 submitted by Coder			CPT Audit		ICD-9 Audited		Provider Points	Coder Points	Comments		
	Insurance	0							0			0		0		0	0			
	Location	0							0			0		0		0	0			
	DOS	0							0			0		0		0	0			
1		MRN	Invoice	Last	First	MRN	Invoice	Last	First	MRN	Invoice	Last	First	MRN	Invoice	Last	First	0	0	
2		MRN	Invoice	Last	First	MRN	Invoice	Last	First	MRN	Invoice	Last	First	MRN	Invoice	Last	First	0	0	
3		MRN	Invoice	Last	First	MRN	Invoice	Last	First	MRN	Invoice	Last	First	MRN	Invoice	Last	First	0	0	
4		MRN	Invoice	Last	First	MRN	Invoice	Last	First	MRN	Invoice	Last	First	MRN	Invoice	Last	First	0	0	
5		MRN	Invoice	Last	First	MRN	Invoice	Last	First	MRN	Invoice	Last	First	MRN	Invoice	Last	First	0	0	

# Creighton UNIVERSITY

Provider	0
Department	0
Location	0
Specialty	0
Audit Date	

## ERROR CORRECTIONS

		Insurance	Location	DOS	Dept.	CPT Submitted by Coder	ICD-9 submitted by Coder	CPT Audit	ICD-9 Audited	Provider Points	Coder Points	Comments
6	MRN					0	0	0	0	0	0	
	Invoice	0				0	0	0	0	0	0	
	Last	0				0	0	0	0	0	0	
7	First	0				0	0	0	0	0	0	
	MRN					0	0	0	0	0	0	
	Invoice	0				0	0	0	0	0	0	
8	Last	0				0	0	0	0	0	0	
	First	0				0	0	0	0	0	0	
	MRN					0	0	0	0	0	0	
9	Invoice	0				0	0	0	0	0	0	
	Last	0				0	0	0	0	0	0	
	First	0				0	0	0	0	0	0	
10	MRN					0	0	0	0	0	0	
	Invoice	0				0	0	0	0	0	0	
	Last	0				0	0	0	0	0	0	
	First	0				0	0	0	0	0	0	
										0	0	