

## USC MONITORING SUMMARY REPORT

Department of :
Practitioner:

**Practitioner Score**

<b>Total Points</b>	0	out of =	0	80% required for passing score
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Date Education Provided (if any):	-
Education Provided by whom:	
Location of Education	
Other Comments	

ICD-9-CM - Requires Education:	Yes	No
Undercoding Requires Education:	Yes	No
Findings to be discussed by USC Office of Compliance:	Yes	No
Claim Adjustment(s) Required	Yes	No

**Summary of Issues:**

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**Education Issues Identified:**

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**Education Provided:**

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**SIGN-OFF ON COMPLIANCE REVIEW FINDINGS:**

<b>Monitor Signature:</b>	<b>Date:</b>
<b>Provider Signature:</b>	<b>Date:</b>
<b>Department Chairman Signature:</b>	<b>Date:</b>

*Findings should be forwarded to the Chairman within 2 days of discussion of the review*



## Finding Codes and Score Sheet

*All encounter CPT codes start with 10 points.*

FINDING CODES	DESCRIPTION	POINTS
BC	The service was Billed Correctly and is legible	0
NB	A service was documented but Not Billed. The service does not effect the overall calculation of total points received or deducted.	NULL
IL	The documentation is Illegible. (If the billed code is changed because note is illegible, use appropriate additional finding code)	-1
BP	Incorrect Provider Billed	-9
POS	The Place of Service is not identified on progress note or does not match the billed place of service	-5
DOS	The incorrect Date of Service was billed	-2
TM	The Time not documented. The service is reduced to lowest level code within the code category	-7
DX1	The Diagnosis billed was not documented (reimbursement not effected)	-1
DX2	The Diagnosis billed was not documented (reimbursement effected)	-5
MC1	The use of the Modifier was not documented (reimbursement not effected)	-1
MC2	The use of the Modifier was not documented (reimbursement effected)	-5
UC	The service was Under Coded - Increase E/M level billed or units billed (For E&M increase, meets H, E, and / or MDM and usually statement for increased code)	-1
OC1	The E & M service was Over Coded by 1 unit	-2
OC2	The E & M service was Over Coded by 2 or more units	-7
CH	The E & M CPT was billed in wrong E&M category (example: New patient vs. Consultation)	-7
GL	The E & M service billed is covered under Global fee / CPT should not be billed	-9
AN1	The correct anesthesia CPT was billed but time is listed incorrectly	-5
AN2	The incorrect anesthesia CPT was billed (even if in correct family/category of codes) and the base and /or time units are also incorrect	-7
AN3	The incorrect anesthesia CPT was billed but time and base units are correct	-5
UB	The Surgical services was Unbundled	-9
PR	The incorrect Procedural CPT is billed (even if changed within the same family or category of codes)	-9
TP	There is insufficient Teaching Physician (TP) documentation by the TP and no separate note by the TP	-9
TP1	There is insufficient TP Documentation by the TP and separate note by the TP is not scoreable on its own.	-9
INS	There is Insufficient documentation to support a billed service.	-9
ND	There is No Documentation for the service	-10