

**PBH BILLING AUDIT TOOL**

<b>Provider Name:</b>		<b>Audit Date:</b>	
<b>NPI #:</b>		<b>Control Number: «Control_»</b>	
<b>Consumer Name: «Consumer_Name»</b>		<b>Date of Service: «Date_of_Service»</b>	
<b>Service Type: «Service_Type»</b>		<b>Record Number:</b>	
<b>Medicaid #:</b>	<b>Proc Code: «Proc_Code»</b>	<b>Units Billed: «Units_Paid»</b>	
<b>DOB/AGE: «Date_of_Birth»</b>			
<b>SCORING CODES: 0 = Not Met    1 = Met    9 = N/A</b>			<b>SCORING</b>
<b>1. An appropriate service plan is current with the date of service.</b> If item not met, a payback is required From: _____ To: _____			
<b>2. An appropriate service plan identifies the type of service billed.</b> If item not met, a payback is required From: _____ To: _____			
<b>3. There is a valid service order and/or Utilization Management authorization for the service billed.</b> If item not met, a payback is required From: _____ To: _____			
<b>4. Full signature of person who delivered service is present and includes position/ title/credentials.</b>			
<b>5. The service documentation reflects purpose of contact, staff intervention, and assessment of progress towards goals.</b>			
<b>6. The service note relates to goal(s) listed in the service plan.</b>			
<b>7. The service note is individualized per consumer and is not duplicated elsewhere in the record.</b>			
<b>8. Service documentation reflects treatment for duration billed.</b>			
<b>9. Units billed correspond with duration documented on service note.</b>			
<b>10. There is documentation that the staff is qualified for the service being provided. Staff is credentialed through PBH.</b> Staff Name: _____			

<b>COMMENTS:</b>
<b>Auditor:</b>