

Audit Summary Report

Calculations based on Total Services

All Providers

Audit Date Range: 03/05/2013 to 09/04/2013

Patient ID	Visit Dt.	Stat	Service Category	Sub Category	History	Exam	Decision	Prov Code	Rev Code	Var	Diff	DC	IT
1719	8/17/2012	New	Office or Other Outpatient	Initial Visit	Detailed	Detailed (95)	Moderate	99202	99203	-1	(\$15.00)	N	
Provider Code			99202		Reviewer Code			99203					
Provider Diagnosis 1			CROUP 464.4		Reviewer Diagnosis 1			CROUP 464.4					
Provider Diagnosis 2			PNEUMONIA 486		Reviewer Diagnosis 2			PNEUMONIA 486					
167	9/29/2012	New	Consultations	Office Consultations	Detailed	Detailed (97)	Moderate	99242	99243	-1	(\$31.15)	N	
Provider Code			99242		Reviewer Code			99243					
Provider Diagnosis 1			786.59 - Chest Pain, Other		Reviewer Diagnosis 1			272.4 - Other and Unspecified Hyperlipidemia					
Provider Diagnosis 2					Reviewer Diagnosis 2			786.59 - Chest Pain, Other					
3942	9/1/2012	Est	Office or Other Outpatient	Follow-Up	Expanded	Expanded (95)	Straightforward	99213	99213	0	\$0.00	N	
Provider Code			99213		Reviewer Code			99213					
Provider Diagnosis 1			TONSILLITIS		Reviewer Diagnosis 1			TONSILLITIS					
5982	2/16/2013	Est	Nursing Facility Services	Subsequent Nursing Facility Care	Expanded	Comprehensive (97)	Moderate	99310	99309	1	\$25.00	N	
Provider Code			99310		Reviewer Code			99309					
Provider Diagnosis 1			CVA 436.		Reviewer Diagnosis 1			CVA 436.					
Provider Diagnosis 2			ALZHEIMER'S DISEASE 331.0		Reviewer Diagnosis 2			ALZHEIMER'S DISEASE 331.0					
321	11/16/2012	Est	Office or Other Outpatient	Follow-Up	Detailed	Detailed (97)	Low	99212	99213	-1	(\$20.00)	N	
Provider Code			99212		Reviewer Code			99213					
Provider Diagnosis 1			230.0 CA IN SITU ORAL CAV/PHAR		Reviewer Diagnosis 1								
Provider Diagnosis 2			120.0 SCHISTOSOMA HAEMATOBIIUM		Reviewer Diagnosis 2								
Provider Diagnosis 3			179 MALIG NEOPL UTERUS NOS		Reviewer Diagnosis 3								
Provider Diagnosis 4			HYPERTENSION NOS 401.9		Reviewer Diagnosis 4								
Provider Procedure Code 1			54000 SLITTING OF PREPUCE		Reviewer Procedure Code 1			54000 SLITTING OF PREPUCE					
Provider Procedure Code 2			54000 SLITTING OF PREPUCE		Reviewer Procedure Code 2			54000 SLITTING OF PREPUCE					
Provider Procedure Code 3			31000 IRRIGATION, MAXILLARY SINUS		Reviewer Procedure Code 3			31000 IRRIGATION, MAXILLARY SINUS					

Summary Comments:

Total Visits	Accurately Coded*	Under Coded/Billed*	Over Coded/Billed(+)*	Wrong Category (WC)*	Financial Error (%)
5	1 20%	3 60%	1 20%	0 0%	28.49%
\$319.92		\$66.15	\$25.00		

*Combined number of Accurately, Under, Over, and WC can exceed number of Total Visits. WC may also be counted as Under or Over Coded.