STARBILLING SOLUTIONS
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Outpatient Clinic Visit Coding Audit Worksheet

DMIS/Facility		**Attending Provider**	
MR #		**Provider Specialty**	
Registration #		**MEPRS**	
Date of Service		**Coder Name**	
Date Coded		**Coded w/in 15 Days**	☐ Yes ☐ No

Auditor Name		**Coding Change**	☐ Yes ☐ No
Audit Date		**Provider Query**	☐ Yes ☐ No
Patient Age/Sex	**Age:**	**Sex:** ☐ **Male** ☐ **Female**	
Comments			

E/M Level	**Pre-Audit**		**Post-Audit**		**Post-Audit RC**	
	Level	*Modifier*	*Level*	*Modifier*	*Level*	*Modifier*
E/M Code 1						
E/M Code 2						
E/M Code 3						

Diagnosis Coding	**Pre-Audit**	**Post-Audit**	**Post-Audit RC**
Primary Dx			
Secondary DX 1			
Secondary DX 2			
Secondary DX 3			

Procedure Coding		***CPT***	**Mod 1**	**Mod 2**	**Mod 3**	**Units**	**Linked**
Procedure 1	*Pre-Audit*						
	Post-Audit						
	Reason Code						
Procedure 2	*Pre-Audit*						
	Post-Audit						
	Reason Code						
Procedure 3	*Pre-Audit*						
	Post-Audit						
	Reason Code						
Procedure 4	*Pre-Audit*						
	Post-Audit						
	Reason Code						

(If greater than 4 procedures, use an additional sheet)

RVUs	**E/M**	***CPT* 1**	***CPT* 2**	***CPT* 3**	***CPT* 4**	**Total**	**Variance**
Pre-Audit							
Post-Audit							

Provider Query Opportunity