



Company Name
HOME HEALTH
QUARTERLY AUDIT REPORT

Auditor's Name: _____ Audit Date: _____

Beneficiary's Name: _____ ID#: _____

Episode Dates: _____ Start of Care Date: _____ Discharge Date: _____

ICD-9 REVIEW

Diagnosis Codes	Yes	No	Comments
Are the first six ICD-9 diagnosis codes on the Plan of Care 485 and the OASIS in the same sequence?	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____ _____

ORDERS

Order Status	Yes	No	Comments
Is the 485 signed and dated by the ordering physician?	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
Are all supplemental orders signed and dated by the ordering physician?	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
Are all medical supply orders signed and dated by the ordering physician?	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____

PATIENT VISITS

Visits	Yes	No	Comments
Is there a clinical program for each order?	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
Are all clinical notes signed and dated by the clinician?	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____

DME AND NON-ROUTINE SUPPLIES

Non-Routine Supplies	Yes	No	Comments
Were all Covered DME and supplies ordered by a physician?	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
Are all Covered supplies on the PPS Detail Report Non-Routine billable supplies?	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____

If episode had no **Covered** supplies and is to be billed without supply charges initial here: _____



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FREQUENCY ORDERED	Begin Date	SN	PT	OT	ST	MSW	HHA
Plan of Care (485)							
Supplemental Orders							
Supplemental Orders							
Supplemental Orders							
Supplemental Orders							

VISIT CALENDAR																
	SUN	MON	TUE	WED	THU	FRI	SAT		SUN	MON	TUE	WED	THU	FRI	SAT	
SN																
PT																
OT																
ST																
MSW																
HHA																
	SUN	MON	TUE	WED	THU	FRI	SAT		SUN	MON	TUE	WED	THU	FRI	SAT	
SN																
PT																
OT																
ST																
MSW																
HHA																
	SUN	MON	TUE	WED	THU	FRI	SAT		SUN	MON	TUE	WED	THU	FRI	SAT	
SN																
PT																
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ST																
MSW																
HHA																
	SUN	MON	TUE	WED	THU	FRI	SAT		SUN	MON	TUE	WED	THU	FRI	SAT	
SN																
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HHA																
	SUN	MON	TUE	WED	THU	FRI	SAT		SUN	MON	TUE	WED	THU	FRI	SAT	
SN																
PT																
OT																
ST																
MSW																
HHA																

DISCIPLINE OF VISIT/SUPPLIES	Date(s)	Adjustment Reason