

SUBSTANCE ABUSE REHABILITATIVE SERVICES
AUDIT CHECKLIST

Beneficiary's Name _____

Beneficiary's Medicaid # _____ DOB _____

Service Dates FROM: _____ TO _____

Provider Name _____ Provider Medicaid ID # _____

Provider Contact Person/ph/email: _____

Itemized below is documentation that is related to the type of services provided by a Substance Abuse Rehabilitative Service center. The requested documentation depends upon the nature of the service rendered.

Outpatient and Intermediate Care Facilities

1. Admission/Face sheet that has beneficiary's name, DOB, and other identifying information
2. A comprehensive intake assessment that establishes the need for treatment, and if billing for skills development that the assessment identifies the need for this service
3. Assessment for Methadone clients must include a copy of the medical screening
4. Treatment plan must contain primary/secondary diagnoses, problem list, treatment objectives, services, frequency and expected duration of treatment
5. Treatment plan must be dated and contain all required signatures within 30 days of initial treatment (for outpatient treatment) and 7 days (for residential treatment)
6. Treatment plan reviews are conducted (when required) within appropriate timeframes
7. Progress notes are included in documentation and must include the service provided, goal addressed, active staff interventions, date of service, and duration of each service
8. Progress notes must describe the beneficiary's progress towards identified treatment goals, and be signed and credentialed by provider
9. Ensure that all Prior Authorizations are included, if service limits have been exceeded
10. Provider documents the use of the correct CPT and ICD-9 codes on the billing claim form
11. The claim form documents the beginning and ending dates of service and the number of visits/sessions rendered was billed appropriately
12. The record documents the place of service
13. Beneficiary's name on the claim must match the name on record
14. Beneficiary's Medicaid # in billing data matches ID on clinical record
15. Provider name on the claim matches the name on record
16. Provider ID on the claim matches the ID on record

Please be sure that:

- Documentation in the record is legible
- Both sides of a document are copied if using two sides of a document
- Page edges or bottoms are not cut off when copying
- Applicable agency Policies/Procedures are submitted as needed

AUDIT CHECKLIST TOOL

This tool can be used to compile information when an auditor requests documentation. It is not meant to be exhaustive, but will help the provider determine if he/she is considering all the information needed for an audit request.

CRITERIA	YES	N/A
1. Documentation in record is legible.		
2. Record has beneficiary's name, DOB, and other identifying information		
3. Beneficiary's name on the claim matches the name on record.		
4. Beneficiary's ID in billing data matches ID on clinical record		
5. Provider name on the claim matches the name on record		
6. Provider ID on the claim matches the ID on record		
7. Place of service is documented		
8. A comprehensive intake assessment established the need for treatment, was included in the record, and called for skills development when rendered		
9. Assessment for Methadone clients included the medical screening		
10. The treatment plan contained the primary and secondary diagnoses, problem list, treatment objectives, services as well as frequency and expected duration of treatment		
11. Treatment plan were dated and contained all required signatures within 30 days of initial treatment (for outpatient treatment) and 7 days (for residential treatment)		

12. Treatment plan reviews were conducted (when required) within appropriate timeframes		
13. Progress notes are included in documentation		
14. Progress notes must included the service provided, goal addressed, active staff interventions, date of service, and duration of each service		
15. Progress notes described the beneficiary's progress towards identified treatment goals, and be signed and credentialed by provider		
16. Correct ICD-9 and CPT codes have been documented on claim and billed		
17. Beginning and ending dates of service are documented on the billing claim form		
18. Number of visits/sessions rendered was billed appropriately		
19. Prior authorization is included for this service as needed		
21. Copied both sides of the document and did not cut off any edges		
22. Included applicable Policy/Procedures		