FFY 2023 CAH Medical Record Audit Tool *(Addendum)*

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| Reviewer & Credentials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Client **signify**Community™ #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

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| **99173 & 99174 Vision Screening**  (Vision screening as a part of the complete well child screen or as a separate clinical service.) | | | | |
|  | **Y** | **N** | **N/A** | **Comments** |
| Type of screening performed is documented. |  |  |  |  |
| Screening tool or instrument used is documented. |  |  |  |  |
| Results of the vision screening are documented. |  |  |  |  |
| Appropriate referrals and follow-up of referrals are documented. |  |  |  |  |
| Duration of service is recorded. |  |  |  |  |
| The method of service is documented (in-person, phone, or telehealth). |  |  |  |  |
| If video and voice was not utilized for telehealth, was the reason documented (i.e., client didn’t have smartphone for video call but was able to complete phone call.) |  |  |  |  |
| Service is entered in **signify**Community™. |  |  |  |  |

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| **92551 & 92555 - Hearing Screening – Speech Audiometry**   (Hearing screening as a part of the complete well child screen or as a separate clinical service.) | | | | |
|  | **Y** | **N** | **N/A** | **Comments** |
| Type of screening performed is documented. |  |  |  |  |
| Screening tool used is documented. |  |  |  |  |
| Results of hearing screening are documented. |  |  |  |  |
| Appropriate referrals and follow-up of referrals are documented. |  |  |  |  |
| Duration of service is recorded. |  |  |  |  |
| The method of service is documented (in-person, phone, or telehealth). |  |  |  |  |
| If video and voice was not utilized for telehealth was the reason documented (i.e., client didn’t have smartphone for video call but was able to complete phone call.) |  |  |  |  |
| Service is entered in **signify**Community™ |  |  |  |  |

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| **99401 & 99402 - Preventive Medicine Counseling**  (Counseling related to testing for chlamydia and/or gonorrhea.) | | | | |
|  | **Y** | **N** | **N/A** | **Comments** |
| Service was provided by a registered nurse (RN) |  |  |  |  |
| Education and counseling services are documented pertaining to risk factor reduction and behavioral change related to testing for chlamydia and/or gonorrhea. |  |  |  |  |
| Plan for referral and follow-up is documented. |  |  |  |  |
| Duration of service is recorded. |  |  |  |  |
| Time in and time out are documented. |  |  |  |  |
| The method of service is documented (in-person, phone, or telehealth). |  |  |  |  |
| If video and voice was not utilized for telehealth was the reason documented (i.e., client didn’t have smartphone for video call but was able to complete phone call.) |  |  |  |  |
| Service is entered in **signify**Community™. |  |  |  |  |

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| **H0031 - Mental Health Assessment** | | | | |
|  | **Y** | **N** | **N/A** | **Comments** |
| Service was provided by a licensed social worker (LISW, LMSW) or other licensed mental health professional. |  |  |  |  |
| A nationally recognized validated tool is used.  Name and date/version of tool is noted. |  |  |  |  |
| Documentation includes a description of findings across a full range of life domains and a report of clinical/psychological needs and functional level.  Notations include client questions, concerns, and responses. |  |  |  |  |
| An individualized plan of care is documented. |  |  |  |  |
| Plan for referral and follow-up is documented. |  |  |  |  |
| Duration of service is recorded. |  |  |  |  |
| The method of service is documented (in-person, phone, or telehealth). |  |  |  |  |
| If video and voice was not utilized for telehealth was the reason documented (i.e., client didn’t have smartphone for video call but was able to complete phone call.) |  |  |  |  |
| Duration of service is recorded. |  |  |  |  |
| Service is entered in **signify**Community™. |  |  |  |  |

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| **H0046 - Mental Health Services (Psychosocial)** | | | | | |
|  | Y | N | N/A | Comments |  |
| Service was provided a RN or a person with at least a bachelor’s degree in social work, counseling, sociology, psychology, or family counseling. |  |  |  |  |  |
| Documentation includes a description of demographic factors, mental and physical health history and concerns, family composition, patterns of functioning, support systems, identified needs, and counseling/guidance provided. |  |  |  |  |  |
| An individualized plan of care is documented. |  |  |  |  |  |
| Plan for referral and follow-up is documented. |  |  |  |  |  |
| Duration of service is recorded. |  |  |  |  |  |
| The method of service is documented (in-person, phone, or telehealth). |  |  |  |  |  |
| If video and voice was not utilized for telehealth was the reason documented (i.e., client didn’t have smartphone for video call but was able to complete phone call.) |  |  |  |  |  |
| Service is entered in **signify**Community™. |  |  |  |  |  |

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| **S9127- Home Visit for Social Work Services** | | | | | |
|  | **Y** | **N** | **N/A** | **Comments** |  |
| Service is provided by a BSW or licensed social worker. |  |  |  |  |  |
| Reason for home visit is documented. |  |  |  |  |  |
| Social history is reviewed and noted. |  |  |  |  |  |
| Psychosocial assessment is documented. |  |  |  |  |  |
| Evaluation and narrative interpretation of the results are documented. |  |  |  |  |  |
| Counseling services are documented.  (Counseling may pertain to parenting, pregnancy, family planning, abuse, self-esteem, grief or other needs.) |  |  |  |  |  |
| An individual plan of care is documented, including referrals and follow-up. |  |  |  |  |  |
| Duration of service is recorded. |  |  |  |  |  |
| Service is entered in **signify**Community™. |  |  |  |  |  |

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| **G0442 - Annual Alcohol Screening**  **H0049 - Alcohol Screening and/or Drug Screening**  **99408 & 99409 - Alcohol and/or Substance Abuse Screening w/ Brief Intervention**  **96161 - Alcohol and/or Substance Abuse Screening for a Caregiver** | | | | | |
|  | **Y** | **N** | **N/A** | **Comments** |  |
| Service was provided by a RN or social worker (BSW or licensed). |  |  |  |  |  |
| Standardized tool is used:   * CRAFFT for adolescents – up to age 18 years * AUDIT (alcohol) * DAST (drug) * SBIRT for age 18 and over;  Includes all of the following:   + 2 question pre-screen   + AUDIT (alcohol) and/or DAST (drug) screening   Brief intervention (Required for Codes 99408 & 99409) |  |  |  |  |  |
| Documentation includes results (scoring) and narrative interpretation of the results. |  |  |  |  |  |
| Documentation includes narrative description of the brief intervention.  (Required for Codes 99408 and 99409) |  |  |  |  |  |
| Appropriate referral/action is noted. |  |  |  |  |  |
| The method of service is documented (in-person, phone, or telehealth). |  |  |  |  |  |
| If video and voice was not utilized for telehealth, was the reason documented (i.e., client didn’t have smartphone for video call but was able to complete phone call.) |  |  |  |  |  |
| Time in and time out are documented.  Required for:   * Code G0442 (15 minutes) * Codes 99408 (15-30 minutes) * Code 99409 (over 30 minutes) |  |  |  |  |  |
| Duration of service is recorded for:   * Code H0049 * Code 96161 |  |  |  |  |  |
| Duration of service is recorded. |  |  |  |  |  |
| Service is entered in **signify**Community™. |  |  |  |  |  |

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| **G0443 - Counseling for Alcohol Misuse**  (Counseling related to alcohol misuse. G0443 is used in conjunction with Code G0442) | | | | | |
|  | **Y** | **N** | **N/A** | **Comments** |  |
| Service was provided by a RN or social worker (BSW or licensed). |  |  |  |  |  |
| Education and counseling services for risk factor reduction and behavioral change pertaining to alcohol misuse are documented. |  |  |  |  |  |
| Plan for referral and follow-up is documented. |  |  |  |  |  |
| The method of service is documented (in-person, phone, or telehealth). |  |  |  |  |  |
| If video and voice was not utilized for telehealth, was the reason documented (i.e., client didn’t have smartphone for video call but was able to complete phone call.) |  |  |  |  |  |
| Time in and time out are documented. |  |  |  |  |  |
| Duration of service is recorded. |  |  |  |  |  |
| Service is entered in **signify**Community™. |  |  |  |  |  |

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| **96160 & 96161 – Intimate Partner Violence Screening**  Adolescents (96160) or caregivers of child health clients (96161). | | | | | |
|  | **Y** | **N** | **N/A** | **Comments** |  |
| Standardized tool is used (Abuse Assessment Screen).  Date/version of tool is noted. |  |  |  |  |  |
| Documentation includes both results (scoring) and narrative interpretation of the results. |  |  |  |  |  |
| Plan for referral and follow-up is documented. |  |  |  |  |  |
| Duration of service is recorded. |  |  |  |  |  |
| The method of service is documented (in-person, phone, or telehealth). |  |  |  |  |  |
| If video and voice was not utilized for telehealth, was the reason documented (i.e., client didn’t have smartphone for video call but was able to complete phone call.) |  |  |  |  |  |
| Service is entered in **signify**Community™. |  |  |  |  |  |

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| **97802 & 97803 - Nutrition Counseling** | | | | | | | |
|  | **Y** | **N** | | **N/A** | | **Comments** |  |
| Reason for referral for nutrition counseling is documented.  (Therapeutic nutrition counseling includes counseling for inadequate or excessive growth, inadequate dietary intake, infant feeding problems, chronic disease, and other medical conditions requiring nutritional intervention. This is counseling above and beyond WIC services.) |  |  | |  | |  |  |
| Assessment and services are provided by a registered or licensed dietitian. |  |  | |  | |  |  |
| Results and narrative interpretation of the assessment are documented. |  |  | |  | |  |  |
| A nutrition care plan including interventions is documented. |  |  | |  | |  |  |
| Plan for referral and follow-up is documented. |  |  | |  | |  |  |
| The method of service is documented (in-person, phone, or telehealth). |  |  | |  | |  |  |
| If video and voice was not utilized for telehealth was the reason documented (i.e., client didn’t have smartphone for video call but was able to complete phone call.) |  |  | |  | |  |  |
| Time in and time out are documented. |  |  | |  | |  |  |
| Service is entered in **signify**Community™. |  |  | |  | |  |  |
| **G0447 - Counseling for Obesity** | | | | | | | |
|  | **Y** | **N** | **N/A** | | **Comments** |  |  |
| Service is provided by a registered or licensed dietitian or a RN. |  |  |  | |  |  |  |
| Education and counseling services for risk factor reduction and behavioral change pertaining to obesity are documented. |  |  |  | |  |  |  |
| Plan for referral and follow-up is documented. |  |  |  | |  |  |  |
| The method of service is documented (in-person, phone, or telehealth). |  |  |  | |  |  |  |
| If video and voice was not utilized for telehealth was the reason documented (i.e., client didn’t have smartphone for video call but was able to complete phone call.) |  |  |  | |  |  |  |
| Time in and time out are documented. |  |  |  | |  |  |  |
| Service is entered in **signify**Community™. |  |  |  | |  |  |  |

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| **99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394 & 99395 - Initial or Periodic Well Child Screening** (The complete well child exam.) | | | | | |
|  | **Y** | **N** | **N/A** | **Comments** |  |
| Initial and interval history are in the record and are reviewed by health professional. |  |  |  |  |  |
| Physical exam is completed per the EPSDT periodicity schedule. |  |  |  |  |  |
| Height and weight are recorded and graphed at each visit. |  |  |  |  |  |
| Head circumference is recorded and graphed at each visit up to age 2 years. |  |  |  |  |  |
| Temperature, pulse, and respirations are recorded at each visit. |  |  |  |  |  |
| Blood pressure is recorded at each visit starting at age 3 years. |  |  |  |  |  |
| Nutrition assessment is completed at each visit. |  |  |  |  |  |
| BMI is documented starting at age 2 years. |  |  |  |  |  |
| Completion of maternal depression screening w/ appropriate referral is documented. |  |  |  |  |  |
| Age-appropriate mental health screening for the child and appropriate referrals are documented. |  |  |  |  |  |
| Review of lab results by child health staff, notification of abnormal lab results, and timely follow-up of abnormal results are documented. |  |  |  |  |  |
| Physical assessment is documented w/ results and interpretation of assessment. |  |  |  |  |  |
| Anticipatory guidance is documented at each visit. |  |  |  |  |  |
| Plan of care is documented at each visit. |  |  |  |  |  |
| Plan for referral and follow-up is documented. |  |  |  |  |  |
| Duration of service is recorded. |  |  |  |  |  |
| The method of service is documented (in-person, phone, or telehealth). |  |  |  |  |  |
| If video and voice was not utilized for telehealth, was the reason documented (i.e., client didn’t have smartphone for video call but was able to complete phone call.) |  |  |  |  |  |
| Service is entered in **signify**Community™. |  |  |  |  |  |