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

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| Date of Review: |  | CAH Agency: |  |  |  | Internal |  | Joint |
| County of Service Delivery:     |  |
| Reviewer & Credentials: |  |
| Client **signify**Community™ #: |  |

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| General Record Elements |
|  | **Yes** | **No** | **N/A** | **Comments** |
| First and last name of the client is on each page of the medical record.  |  |  |  |  |
| Date of birth and Medicaid/Child Health number are identified in the record and associated with the member’s first and last name. |  |  |  |  |
| All entries are dated (month, day, and year). |  |  |  |  |
| All entries include first name, last name, and credentials of service provider. All entries are signed or initialed. If initials are used, a signature log with printed first and last name, credentials, initials, signature, and **signify**Community™ username, is maintained.   |  |  |  |  |
| Place of service is noted (if other than the agency's main address). |  |  |  |  |
| Income is assessed to determine Title V eligibility. Note:  WIC, Medicaid, or Hawki enrollment may be used in place of income assessment. School-based oral health services do not require documentation of income. |  |  |  |  |
| Assessment of medical and dental insurance coverage is documented. Type of insurance coverage is identified (i.e. Hawki, Medicaid, private insurance). |  |  |  |  |
| Allergies/adverse reactions are prominently documented. |  |  |  |  |
| Current medications are documented. |  |  |  |  |
| Consent forms are complete including signature and date within the last 12 months. |  |  |  |  |
| Release of Information is signed by parent or guardian, and not expired, if any part of the medical record will be released to another individual or agency.  Release includes specific authorization for release of information protected by state or federal law including substance abuse (if applicable), mental health, and/or AIDS related information. *Note – for clients receiving only oral health services, these items do not need to be signed if this information is not collected or shared.* |  |  |  |  |
| Name of the physician/practitioner is documented. |  |  |  |  |
| Name of the dentist is documented. |  |  |  |  |
| For paper records: corrections in the record are made by drawing a single line through the error (do not blacken or use white-out), noting the correction, and signing and dating the correction. |  |  |  |  |
| **signify**Community™ Intake assessment reviewed day of service, or within 30 days  |  |  |  |  |

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| **G0451 - Developmental Testing w/ Interpretation and Report****961270 - Emotional/Behavioral Assessment w/Scoring and Documentation** |
|  | **Y** | **N** | **N/A** | **Comments** |
| Developmental history is documented. |  |  |  |  |
| Standardized tool is used and is present in the chart. Date/version of tool is noted.* Ages and Stages Questionnaire (ASQ-3) or M-CHAT-R/F for developmental testing
* ASQ:SE-2 for emotional behavioral assessment
 |  |  |  |  |
| Documentation includes both results (scoring) and narrative interpretation (report) of the results. |  |  |  |  |
| Appropriate referral/action is noted based upon results.  |  |  |  |  |
| 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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| **G0444 & 96161 - Depression Screening** Adolescents (G0444) or caregivers of child health clients (96161).  |
|  | **Y** | **N** | **N/A** | **Comments** |
| Service was provided by a RN or person with at least a bachelor’s degree in social work, counseling, sociology, psychology, family and community service, health or human development, health education, or individual and family studies.  |  |  |  |  |
| Standardized tool is used (PHQ-9).  Date/version of tool is noted. |  |  |  |  |
| Documentation includes both results (scoring) and narrative interpretation of the results.   |  |  |  |  |
| Appropriate referral/action is noted. |  |  |  |  |
| Time in and time out are noted if billing G0444 (for adolescents). |  |  |  |  |
| Duration of service is recorded if billing 96161 (for caregivers). |  |  |  |  |
| 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.) |  |  |  |  |

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| **T1013, T1013 UC, Z76.89 - Interpretation Services**Providing & billing interpretation services for clients to medical/dental/mental health. |
|  | **Y** | **N** | **N/A** | **Comments** |
| The service(s) for which the interpretation was provided is noted. |  |  |  |  |
| The name of the interpreter or the company (phone line) is noted. |  |  |  |  |
| The cost of the service is on file at the agency. |  |  |  |  |
| Time in and time out are documented. |  |  |  |  |
| Service is entered in **signify**Community™. |  |  |  |  |

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| **A0110, A0100, A0130, A0090, A0120, A0170 - Transportation Services** |
|  | **Y** | **N** | **N/A** | **Comments** |
| The entity providing the transportation service is noted (cab company, bus service, name of volunteer). |  |  |  |  |
| Address where the recipient was picked up is documented. |  |  |  |  |
| Destination was noted (medical/dental provider’s name and address). |  |  |  |  |
| Invoice of cost is noted (mileage if volunteer is used).  |  |  |  |  |
| Service is entered in **signify**Community™. |  |  |  |  |

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| **99211 - Evaluation & Management (E & M)** |
|  | **Y** | **N** | **N/A** | **Comments** |
| Reason for E & M service is documented.  |  |  |  |  |
| Assessment is completed and documented.    |  |  |  |  |
| Results and narrative interpretation of the assessment are documented.   |  |  |  |  |
| Documentation is present for specific education topics addressed. |  |  |  |  |
| Plan for 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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| 36415, 36416, & 99000 - Blood Draw or Blood Draw & Analysis for Lead Level Blood lead draws or analysis as a part of the complete well child screen or as a separate clinical service. |
|  | **Y** | **N** | **N/A** | **Comments** |
| Type of blood draw is noted - capillary or venous draw. |  |  |  |  |
| Test results are documented. |  |  |  |  |
| Lead poisoning education is documented. Documentation is present for specific education topics addressed. |  |  |  |  |
| If the Lead Poisoning Risk Questionnaire is used, a copy is included in the chart. |  |  |  |  |
| Follow-up services are documented including date of notification of family, date of recall, and recall reminder for levels of 10 µg/dL and higher.   |  |  |  |  |
| For results of 15 µg/dL or higher, records indicate a venous sample was drawn and sent to a reference lab for the confirmatory test. (The Lead Care II cannot be used to test the venous sample.) |  |  |  |  |
| Results of 20 µg/dL resulted in referral to Early ACCESS. |  |  |  |  |
| Plan for 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(s) is entered in **signify**Community™. |  |  |  |  |

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| **90472, 90473 & 90474 - Immunization Administration**Immunizations as a part of the complete well child screen or as a separate clinical service. Not to be billed with 90471 |
|  | **Y** | **N** | **N/A** | **Comments** |
| Immunization history is reviewed and documented at each visit. |  |  |  |  |
| VIS provided to the family is documented including date of VIS. |  |  |  |  |
| Immunizations administered are documented. |  |  |  |  |
| Immunizations are entered into IRIS. |  |  |  |  |
| Plan for follow-up is documented.  |  |  |  |  |
| Duration of service is recorded. |  |  |  |  |
| Service is entered in **signify**Community™. |  |  |  |  |

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| **90460 & 90461 - Counseling for Immunizations**Complete in addition to the above section when providing immunization administration & counseling services. |
|  | **Y** | **N** | **N/A** | **Comments** |
| Service was provided by a RN or above. |  |  |  |  |
| Education and counseling services are documented. (Includes review of the immunization record, explaining need for immunizations, and anticipatory guidance. Documentation is present for specific education topics addressed.) |  |  |  |  |
| VIS provided to the family is documented including date of VIS. |  |  |  |  |
| Plan for 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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| **T1001 - Nursing Assessment/Evaluation**Performed outside the home. |
|  | **Y** | **N** | **N/A** | **Comments** |
| Service is provided by a RN.  |  |  |  |  |
| Reason for performing the nursing assessment/evaluation is noted.  |  |  |  |  |
| Medical history is reviewed and noted. |  |  |  |  |
| Nursing assessment is documented. |  |  |  |  |
| Evaluation and narrative interpretation of the results are documented.  |  |  |  |  |
| Individual plan of care is documented, including referrals and follow-up. |  |  |  |  |
| Follow-up plan is documented for service interruptions during the pandemic |  |  |  |  |
| 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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| **S9123 - Home Visit for Nursing Services** |
|  | **Y** | **N** | **N/A** | **Comments** |
| Service is provided by a RN.  |  |  |  |  |
| Reason for home visit is documented.  |  |  |  |  |
| Medical history is reviewed and noted. |  |  |  |  |
| Nursing assessment is documented.   |  |  |  |  |
| Evaluation and narrative interpretation of the results are documented. |  |  |  |  |
| An individual plan of care is documented, including referrals and follow-up.  |  |  |  |  |
| Oral health services provided at a home visit are documented (according to guidelines in the oral health sections below).  These services are limited to initial or periodic screening, fluoride varnish, nutrition counseling for oral disease, and/or oral hygiene instruction. A minimum of 1 hour must be spent on child health nursing services in order for oral health services to be billed. |  |  |  |  |
| Time in and time out are documented. |  |  |  |  |
| Service is entered in **signify**Community™. |  |  |  |  |

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| **D0190CC, D0190, D0150, D0120: Oral Health Screening**Initial, Recall, and Evaluation and Counseling for child under age 3 |
|  | **Y** | **N** | **N/A** | **Comments** |
| Current or recent oral health problems or injuries are documented. |  |  |  |  |
| Parental concerns related to child’s oral health are documented. |  |  |  |  |
| Dental visit frequency is documented. |  |  |  |  |
| Only when parent present: home care (brushing, flossing, or other oral hygiene practices), feeding/snacking habits (exposure to sugar/carbohydrates), and fluoride use (water source, use of fluoride toothpaste or other fluoride products) are documented. |  |  |  |  |
| Hard tissue evaluation (e.g. suspected decay, white spot lesions, visible plaque, decay history, enamel defects, stained fissures, trauma or injury) is documented.   |  |  |  |  |
| Soft tissue evaluation (e.g. gum redness or bleeding, swelling or lumps, trauma or injury) is documented.  |   |   |  |   |
| Duration of oral health screening service is recorded. |  |  |  |  |
| Risk assessment results are documented with duration of service. |   |   |  |   |
| Decayed, filled, sealed, demineralization results are documented. |   |   |  |   |
| Provision of age-appropriate oral health education is documented. |   |   |  |   |
| Oral health products (OTC) used or recommended are documented.  (Examples:  Sensodyne, Biotene, Xylitol) |  |  |  |  |
| Referral is documented |  |  |  |  |
| Dental referral based on I-Smile™ Risk Assessment is documented. |   |   |  |   |
| Service is entered in **signify**Community™ |  |  |  |  |

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| **Other Oral Health Direct Services** |
|  | **Y** | **N** | **N/A** | **Comments** |
| **D1206 -** Topical fluoride varnish application is documented including type of product used and fluoride concentration. Duration of service is recorded. |  |  |  |  |
| **D1351** - Sealant application is documented by tooth number(s) and product used.  Duration of service is recorded. |  |  |  |  |
| **D1354** - Application of silver diamine fluoride is documented by tooth number and product used.  Additional consent is documented and duration of service is recorded. |  |  |  |  |
| **D1110 & D1120** - Prophylaxis (cleaning) is documented, including evaluation of teeth, gingiva, and periodontium.  Duration of service is recorded. |  |  |  |  |
| **D0270, D0272 & D0274** - Dental radiographs are documented including type, number taken, tooth number(s) and the dentist who will read the films.  Duration of service is recorded. |  |  |  |  |
| **D1330 -** Oral hygiene instruction is documented, including what was discussed and to whom.   |  |  |  |  |
| **D1310 -** Nutritional counseling was provided including what was discussed and to whom.  |  |  |  |  |
| Service(s) is entered in **signify**Community™. |  |  |  |  |