

DMC-ODS Initial Billing Compliance Reviews

REVIEW DATE:	1/0/1900	CHART #	1	ADMISSION DATE:		CLIENT NUMBER:		REVIEWER:	0	
INTAKE/ASSESSMENT								Yes	No	N/A
1	Is the DDN completed within timelines? <u>Residential</u> - 10 days from admission <u>Outpatient</u> - 30 days from admission									
2	Did MD/LPHA document the basis of diagnosis sufficiently on the DDN?									
3	Initial LOC Assessment completed with all signatures upon intake.									
4	If Initial LOC Assessment completed by SUD counselor, then there is documentation of face to face visit with LPHA OR MD in chart									
Intake/Assessment Comments:										
TREATMENT PLANS								Yes	No	N/A
5	Is initial treatment plan completed within timelines? <u>Residential</u> - 10 days from admission with MD or LPHA signature <u>Outpatient</u> - 30 days from admission; MD/LPHA signature within 15 days of counselor's signature									
6	Are updated treatment plans completed within timelines? <u>Residential</u> - 30 days from the previous treatment plan with MD or LPHA signature <u>Outpatient</u> - no later than 90 days after signing the previous treatment plan, signatures per timelines Note: MD/LPHA must include signature and legibly printed/typed name on all treatment plans.									
7	All treatment plans meet requirements (individualized based on assessment, include problem statement, goals, action steps, target dates, description of services: type and frequency assignment of primary counselor, diagnosis, and physical examination goals, if not met by other physical exam option).									
8	ASAM LOC Recommendation completed with all signatures with each treatment plan									
9	If ASAM LOC Recommendation completed by SUD counselor, then there is documentation of face to face visit with LPHA or MD in chart									
Treatment Plans Comments:										
PROGRESS NOTES: All notes must be complete to meet requirements								Yes	No	N/A
10	There is a progress note for each service claimed? (residential minimum requirement is weekly summary, except for CM which requires a separate note)									
11	Progress notes signed (with legibly printed/typed name) within 7 days of service? (weekly summary within following week)									
12	Required elements included? (Client name, topic of the session or purpose of service, description of client's progress on treatment plan, date of service, start/end times of service, type of service, identified if provided in person, by telephone, in the community [which requires documentation of how confidentiality was obtained])									
13	Residential: each day meets required one hour of clinical or structured activity.									
Progress Notes Comments:										
GROUP COUNSELING								Yes	No	N/A
14	Sign-in sheet contains all of the following: typed or legibly printed name & signature of the LPHA or counselor conducting the session, date of the session, topic of the session, start/end time of session, typed or legibly printed list of the clients' names and the signature of each client that attended.									
15	All groups meet size limitation requirements (2-12, except patient education in residential).									
Group Counseling Comments:										
AUTHORIZATIONS (Residential Only)								Yes	No	N/A
16	Is initial Optum authorization present?									
17	Was the initial authorization submitted within timelines? (Day 1 of admission)									
18	Is continuing Optum authorization present?									
19	Was the continuing authorization submitted within timelines? (continuing: Day 10; extension: Day 80; adolescent: Day 30)									
Authorizations Comments:										

DMC-ODS Initial Billing Compliance Reviews

--	--