

<b>OMHC BILLING REVIEW</b> <b>Reviewer:</b>  <b>Program:</b>  <b>Consumer Name:</b>  <b>Consumer ID:</b>		Date	Date	Date	Date	Date
		CPT code	CPT code	CPT code	CPT code	CPT code
<b>Is documentation present for the CPT-code billed?</b> <i>10.21.20.07 B (1)(a)(b)</i>	Y/N					
<b>Is the date of service documented and does it match billing records?</b> <i>10.21.20.07 B (1)(a)</i>	Y/N					
<b>Does the length of the service billed match the length of time documented in the progress note? (Include time billed/documentated)</b> <i>10.21.20.07 B (1)(b)</i> <i>10.21.25.05 – 09</i>	Y/N					
	Billed					
	Doc					
<b>Does the individual performing the service have the required licenses and certification?</b> <i>Health Occupations Article – Code of MD</i>	Y/N					
<b>Do billing records include services that are contractually funded with other federal or state dollars?</b> <i>42 CFR 447.15 Acceptance of State Payment as Payment in Full</i>	Y/N					

**NOTES:**