

PRP BILLING REVIEW Reviewer: Program: Consumer Name: Consumer ID #:		Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date			
		CPT Code	CPT Code	CPT Code	CPT Code	CPT Code	CPT Code	CPT Code	CPT Code	CPT Code	CPT Code	CPT Code	CPT Code	CPT Code	CPT Code	CPT Code		
		Is documentation present for the CPT-code billed? <i>10.21.21.06 D (a)(i)(ii)</i>																
		Is the date of service documented and does it match billing records? <i>10.21.21.06 D (a)(i)</i>																
Do the number of encounters substantiate the PRP monthly claim?(Include number of units reported/ documented) <i>10.21.25.05 – 09</i>	Y/N																	
	Y/N																	
	Start																	
	End																	
Does the length of the service billed match the length of time documented in the contact note? (Include start time, end time, and total time) <i>10.21.21.06 D (a)(II)</i> <i>10.21.25.05 – 09</i>																		
Does the individual performing the service have the required licenses and certification? <i>Health Occupations Article – Code of MD</i> <i>10.21.21.10 C</i>																		
Does the location of the service billed match the location recorded in the billing records? <i>10.21.21.06 D (a)(i)</i>	Y/N																	
Do billing records include services that are contractually funded with other federal or state dollars? <i>42 CFR 447.15</i>	Y/N																	
Do billing records include noncovered days or periods of time (for residential and other settings billing a bundled rate)?	Y/N																	
Is the consumer eligible for this service?		Y/N																