Case Management Billing Review Tool

Agency/Provider Name: _____ Date: _____

TDH Staff: _____ **MCM** **PWI** (circle appropriate one)

	Client Initials	Case Manager Initials	Client Medicaid Number	MCM Comp Visit	PWI Intake	PWI FNA	PWI SP	F/U or Monitor	F/U or Monitor	F/U or Monitor	F/U or Monitor	F/U or Monitor	F/U or Monitor	F/U or Monitor
1								**T F**	**T F**	**T F**	**T F**	**T F**	**T F**	**T F**
2								**T F**	**T F**	**T F**	**T F**	**T F**	**T F**	**T F**
3								**T F**	**T F**	**T F**	**T F**	**T F**	**T F**	**T F**
4								**T F**	**T F**	**T F**	**T F**	**T F**	**T F**	**T F**
5								**T F**	**T F**	**T F**	**T F**	**T F**	**T F**	**T F**

?? Indicate if records are MCM or PWI by circling appropriate program at top of page

?? Record the client initials (first name last name), case manager initials (first name last name), Medicaid number (or Name, SS# and DOB if Medicaid number not in record) and **date of service as it appears on documentation for visit/contact**.

?? Complete MCM and PWI services on different tools.

?? Circle “F” for face-to-face contact and “T” for telephone contact.

?? If documentation date and procedure match claims information place a check mark in the box.

?? If documentation date and procedure do not match claims information, the claims information should be noted on the billing review tool and circled. If there is no documentation for a date of service with a paid claim indicate on the billing review tool by writing the information in a blank box and circling.

?? Each record with a billed service that does not have supporting documentation should be recorded on the site review tool in section G.