NAMAS Surgical Auditing Tool

Patient ID: _____________________________ Provider: _____________________________

The following were all appropriately documented in the heading:

___ Patient ___Surgeon ___Pre-Op Diagnosis ___Procedure
___Date of Service ___Anesthesia Type ___Post-Op Diagnosis ___Informed Consent
___An assist-at-surgery was indicated

___ Documentation included statement of assist-at-surgery involvement

___ A co-surgeon was used

___ Documentation includes information regarding the sharing of the case

➢ Indications for surgical procedure:
  ▪ ___were clearly identified
  ▪ ___were included but not well-defined
  ▪ ___were not found in the documentation

➢ The body of the procedure:
  ▪ ___included detailed procedure information
  ▪ ___was lacking detailed information
  ▪ ___included contradictory information

➢ Co-morbidities of the patient:
  ▪ ___included
  ▪ ___not documented

<table>
<thead>
<tr>
<th>Comments</th>
<th>22</th>
<th>24</th>
<th>50</th>
<th>51</th>
<th>58</th>
<th>59</th>
<th>78</th>
<th>79</th>
<th>Not Supported</th>
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</thead>
<tbody>
<tr>
<td>Documentation was included to support additional work</td>
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<td>Multiple procedures were performed and did support use of modifiers</td>
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<td>Bilateral services were identified and supported in documentation</td>
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<td>Documentation indicated this was a staged or anticipated return to the OR</td>
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<td>Service was identified as an unplanned return to the OR</td>
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<td>Indications identified that this procedure was performed within 24 hours of decision for surgery</td>
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<td>This service was performed during the global of another service and unbundling is supported</td>
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This report has a template appearance:

- Yes but appears to be updated per patient
- Yes and must be reviewed
- No

The following were properly noted in the OP Report:

- Discussed risks & benefits
- Informed consent
- Tolerance of procedure
- Patient’s condition for recovery room
- Provider’s signature

This case was coded as:

<table>
<thead>
<tr>
<th>CPT</th>
<th>Modifier Used</th>
<th>ICD-9 Code</th>
<th>Supported Yes</th>
<th>Supported No</th>
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Coding lines to be corrected (please circle): 1 2 3 4 5 6 7

Corrected codes are:

<table>
<thead>
<tr>
<th>Line Number</th>
<th>CPT Code</th>
<th>Modifier</th>
<th>ICD-9</th>
<th>Comment:</th>
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Other comments: ___________________________________________________________

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Auditor Signature ___________________________ Date Audited ___________________________