

CDS/Coder: _____
 Core Measures: _____
 Coding Audit: _____
 Other: _____

Request for RE-BILL Yes or No

**CDMP
 DRG Discrepancy Form**

Date: _____ Encounter #: _____ Pt Name: _____
 Date of Admission: _____ Date of Discharge: _____
 Initial DRG: _____ Possible DRG: _____
 Coder: _____ CDS: _____ Insurance: _____

Brief Summary: _____

DRG Discrepancy Reviewer Complete Below

Record Reviewed By: _____

Date: _____

Final DRG (as per 2nd level review): _____

Date released to coder: _____
 (Record to be released within 2 business days from date of final DRG)

Reviewer Comments:

_____ Code Change	_____ No Code Change	POA (Y, N, U, W)
Pdx: _____	_____	_____
MCC: _____	_____	_____
CC: _____	_____	_____
Procedure: _____	_____	_____

References: _____

Coder to complete below and Return Discrepancy Face Sheet to CDS

Date Received by Coder: _____ Date bill released by coder/ Final DRG: _____ / _____

Original to CDS
 Copy to Coder