

CDS/Coder: _____
CDMP Audit: _____
Coding Audit: _____
Other: _____

Request for RE-BILL Yes <u> </u> or No <u> </u>
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CDMP DRG Discrepancy Form

Date: _____ Encounter #: _____ Patient Name: _____

Date of Admission: _____ Date of Discharge: _____

Initial DRG: _____ Possible DRG: _____

Code: PDX _____ Proc _____ M/C _____ Code: PDX _____ Proc _____ M/C _____

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: _____

CDMP- Data Coordinator
<input type="checkbox"/> Emailed to CDMP/Coding
<input type="checkbox"/> Saved to Scanned folder
<input type="checkbox"/> Log on Discrepancy Spreadsheet
<input type="checkbox"/> Re-assigned to complete queue

CDMP- Action
<input type="checkbox"/> CDS Update Guide to reflect DRG change
<input type="checkbox"/> CDS
<input type="checkbox"/> Leadership