

SC DHEC Audit Items for DSME Clients

Auditor Education Record Chart Review Form

Date: _____

Use the following checklist to review at least one patient record of each program component to ensure that each element is included. If you have more than 5 patient records to review, initiate a second sheet. Place a ✓ in the box to indicate if an item is present, N in the box to indicate the item is not present, and NA to indicate the item is not applicable.

✓ = Met
N = Not Met
NA = Not Applicable
Record # = Write patient's number in assigned column

Financial Documentation in permanent record:	Record #:	Patient record #1	Patient record #2	Patient record #3	Patient record #4	Patient record #5
1. Medicare only 10/hrs initial a life time and annual update 2/hrs						
2. Managed Care form on file for private insurance patients						
3. Benefits Notification Letter on file if private insurance						
4. ABN required if 10hrs of life time benefit used up						
5. Clinical Assessment – DHEC 3572						
6. Physician's orders DHEC 1610-A						
7. Does Payers and Coverage include:						
a. The correct payer						
b. Correct beneficiary number if Medicare or Medicaid						
Financial Documentation in permanent record:						
	Record #:	Patient record #1	Patient record #2	Patient record #3	Patient record #4	Patient record #5
8. Copies of billable and non-billable visit notes on file:						

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a. Nursing					
b. Physical Therapy					
c. Health Educator					
d. Nutrition					
c. Medical Social Work					
d. ODE-Other Diabetic Educator					
9. Consent to Release Information DHEC 1623					
10. Privacy Notice - DHEC 2021					
11. Client Profile DHEC 755 or exp 114					

Financial Comments/Recommendations:

Financial Reviewer Signature

Date