

**ICD-10 Monthly Claims Audit Form**

Facility: \_\_\_\_\_

Billing month/year: \_\_\_\_\_

Auditor: \_\_\_\_\_

Date all claims processed: \_\_\_\_\_

**Error Type**

Claim status	Total number	# outstanding	ICD-10 error	Vendor error	Payer error	Correction needed	Date due
Prepared							
Submitted							
Processed							
Paid							
Unprocess							

**Tracking Unprocessed Claims**

**P = Paid/D = Denied/X = Partial payment**

Claim amount	Resident name/ID	Dates of Service	Date resubmitted	P/D/X	Date resubmitted	P/D/X	Comments



Utilize the form throughout the month to track claim status

**Top portion**

- Complete the tracking information at the top of the page (facility, auditor, month/date, etc.)
- Document the number of claims at each level of the revenue cycle
- For claims with errors, note the number of errors for each type of reason (ICD, vendor, payer, etc.)
- If the error type is not one of the selections, please note in the 'comments' section

**Bottom portion**

- Complete data for each column on all unprocessed claims (Claim amount, resident name, dates of service)
- Update claim status at each time the claim is resubmitted for payment, include whether the claims was paid, denied, or partially paid.

Once all claims have been paid or addressed, date the "all claims processed" area on the top right.