



**North Carolina Department of Health and Human Services  
NC Division of Medical Assistance - Program Integrity**

**BEHAVIORAL HEALTH: INDEPENDENT MH/SA PROVIDER  
REVIEW TOOL**

<b>PROVIDER NAME:</b>	<b>REVIEW DATE:</b>
<b>PROVIDER #:</b>	<b>NAME:</b>
<b>SERVICE TYPE:</b>	<b>MEDICAID #:</b>
<b>SERVICE DATE:</b>	<b>DOB/AGE:</b>
<b>UNITS PAID:</b>	<b>RECORD #:</b>
<b>PROCEDURE CODE:</b>	<b>TAX ID:</b>
RATING CODES: 0=Not met/No    4=Yes/Met    9=N/A	
	<b>Rating</b>
1. Is there a referral from an approved referral source prior to date of service billed?	
2. Is an authorization in place covering this date of service?	
3. Is there a valid service order for the service billed?	
4. Is there signed consent for treatment prior to the date of service billed?	
5. Is there a valid treatment plan/PCP in place for the date of service billed?	
6. Is there documentation signed by the person who provided the service, within the designated timeframe?	
7. Does the documentation reflect intervention/treatment for the duration of service billed?	
8. Does the service note reflect client's response to therapy?	
9. Does the documentation reflect the specific service billed?	
10. Does the service note reflect the specific treatment goal in the treatment plan/PCP	
11. Is there documentation that the staff is qualified to provide the service billed?	
12. Are the interventions provided individualized in order to meet the recipient's diagnosis, age, clinical, and intellectual needs?	
<b>COMMENTS:</b>	
<b>REVIEWER:</b> (Print and Sign)	<b>AGENCY:</b>
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