

Audit Tool RAP/Final Billing

Patient Name _____ MR # _____

SOC Date _____

RAP AUDIT

- OASIS Received OASIS entered
- Therapy evaluation Received Comments _____
- OASIS Variance Conference with Clinician Signed Comments _____
- SOC order sent SOC order Received
- POC (485 & 487) sent RAP billed Date _____
- RAP paid LUPA Comments _____

Auditor Signature _____ Date _____

Final

- POC (485 & 487) received Comments _____
- All Mod Orders received signed and dated Comments _____
- All clinical notes received and complete Comments _____
- All visits follow POC frequency or Mod Order frequency Comments _____
- Transfer OASIS completed/received and entered (if applicable)
- Resumption OASIS completed/received and entered(if applicable)
- Recertification OASIS completed/received and entered(if applicable)
- Discipline discharges received Comments _____
- Discharge OASIS received Discharge OASIS entered
- Discharge summary sent (if requested by physician(s)) Comments _____
- Final Billed Final Paid

Comments _____

Auditor Signature _____ Date _____