

SURVEY - LCA & CI AGENCY CASE FILE BILLING TOOL

Agency/Region: [] Surveyor: [] Date/Time: [] INDIVIDUAL'S NAME & IDENTIFIER: [] Document Service Code and Modifier (One Sheet per Service) []	Supported Living (T2016 OR H2022) (Daily) Family Living (T2033) (Daily) Customized In-Home Supports (S5125) (15 min) Intensive Medical Living Supports (T2033 HB TG) (Daily) Customized Comm. Supports (H2021 or T2021) (15 min) Community Integrated Employment: T2019 (15 min), T2025 (Monthly), 99509 (Hourly), T2013 (Hourly) Surveyor: ALL AREAS MUST BE DOCUMENTED IN UNITS (I.E. 15 MINUTES, HOURLY, MONTHLY, ETC.) AS REFLECTED IN REMITTANCE ADVICE
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Total Units Documented in Progress notes (*See Below)	Units Billed By AGENCY (Verified by Remittance Advice)	Total Units Documented in Progress notes (*See Below)	Units Billed By AGENCY (Verified by Remittance Advice)	Total Units Documented in Progress notes (*See Below)	Units Billed By AGENCY (Verified by Remittance Advice)	Surveyor Instruction: Must document findings to include no document for service billed; no time in/out; no signature; no service description, etc. must include date of finding. (Refer to Chapter 21 or Medicaid Billing requirements in NMAC 8.302.2). This would not be met if there are any billing deficiencies
MONTH 1	[]	MONTH 2	[]	MONTH 3	[]	[]
1) []	[]	1) []	[]	1) []	[]	[]
2) []	[]	2) []	[]	2) []	[]	[]
3) []	[]	3) []	[]	3) []	[]	[]
4) []	[]	4) []	[]	4) []	[]	[]
5) []	[]	5) []	[]	5) []	[]	[]
6) []	[]	6) []	[]	6) []	[]	[]
7) []	[]	7) []	[]	7) []	[]	[]
8) []	[]	8) []	[]	8) []	[]	[]
9) []	[]	9) []	[]	9) []	[]	[]
10) []	[]	10) []	[]	10) []	[]	[]
11) []	[]	11) []	[]	11) []	[]	[]
12) []	[]	12) []	[]	12) []	[]	[]
13) []	[]	13) []	[]	13) []	[]	[]
14) []	[]	14) []	[]	14) []	[]	[]
15) []	[]	15) []	[]	15) []	[]	[]
16) []	[]	16) []	[]	16) []	[]	[]
17) []	[]	17) []	[]	17) []	[]	[]
18) []	[]	18) []	[]	18) []	[]	[]
19) []	[]	19) []	[]	19) []	[]	[]
20) []	[]	20) []	[]	20) []	[]	[]
21) []	[]	21) []	[]	21) []	[]	[]
22) []	[]	22) []	[]	22) []	[]	[]
23) []	[]	23) []	[]	23) []	[]	[]
24) []	[]	24) []	[]	24) []	[]	[]
25) []	[]	25) []	[]	25) []	[]	[]
26) []	[]	26) []	[]	26) []	[]	[]
27) []	[]	27) []	[]	27) []	[]	[]
28) []	[]	28) []	[]	28) []	[]	[]
29) []	[]	29) []	[]	29) []	[]	[]
30) []	[]	30) []	[]	30) []	[]	[]
31) []	[]	31) []	[]	31) []	[]	[]