# Clinical trial coding/billing monitor – review 1st three patient encounters/new study

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Documents Referenced:** | | | | | | | | |
| Claim image – UB(HB) & 1500 (PB) | | | | | | | | |
| Research calendar | | | | | | | | |
| MCA/EMR Template/ Informed Consent Form | | | | | | | | |
|  | | | | | | | | |
| **Claim Review of (study name)** | | **HAR/E#** | | **HAR/E#** | | **HAR/E#** | | **Comments** |
| **Yes** | **No** | **Yes** | **No** | **Yes** | **No** |  |
| **Pre Bill** | |  |  |  |  |  |  |  |
| Study Code attached to encounter | |  |  |  |  |  |  |  |
| Z00.6 in 2nd position | |  |  |  |  |  |  |  |
| Q modifier appropriate | |  |  |  |  |  |  |  |
| If required on claim, free drug or device located in non-covered column? | |  |  |  |  |  |  |  |
| Free device has CC53 on claim | |  |  |  |  |  |  |  |
| If device has G#IDE - on claim procedure code line w 624 Rev Code(HB). PB has G# on procedure line | |  |  |  |  |  |  |  |
| **Post Bill** | |  |  |  |  |  |  |  |
| Billed to appropriate guarantor | |  |  |  |  |  |  |  |
| Reimbursement appropriate | |  |  |  |  |  |  |  |