QUALITY IMPROVEMENT DATA COLLECTION

DATE/MONTH/YEAR ____ ____ _____

BILLING AND CODING ERROR LOG

Patient name	HCPCS	DOS	Denial code	Denial reason	Corrective Action taken/date	Follow-up	Resolved or W/O	Initials of person completing

Date Reviewed conducted:_____

Review Conducted by:_____

Improvements:_____

_____

_____