MARVIX AI

MEDICAL BILLING AND CODING TEMPLATE

Questions? Visit us at **www.marvix.ai**

1 PATIENT / ENCOUNTER INFORMATION

PATIENT NAME

RENDERING PROVIDER

DOB

FACILITY / CLINIC NAME

AGE / SEX

ENCOUNTER TYPE

AUTHORIZATION NUMBER

PB PURPOSE OF BILLING / CODING REVIEW

Initial claim creation, charge capture, coding validation, denial review, appeal preparation, audit review, documentation improvement, or reimbursement reconciliation...

CD CLINICAL DOCUMENTATION REVIEWED

Progress note, consultation note, procedure note, operative note, discharge summary, therapy note. Orders, referrals, authorizations. Lab, imaging, pathology, diagnostic reports. MAR, treatment records. Provider attestation, supervising / teaching physician documentation when applicable...

MN REASON FOR ENCOUNTER / MEDICAL NECESSITY

Presenting problem or diagnosis addressed. Severity, acuity, or complexity. Need for evaluation, monitoring, treatment, procedure, or care coordination. Risk factors, comorbidities, or complications influencing service intensity...

DX DIAGNOSIS CODING — ICD-10-CM

5a PRIMARY DIAGNOSIS

Primary ICD-10 Code + Description:

5b SECONDARY DIAGNOSES

Secondary conditions addressed, monitored, treated, or affecting management:

5c SIGNS / SYMPTOMS / STATUS / HISTORY CODES

Signs / symptoms when no definitive diagnosis. History, long-term medication use, device status, post-procedure, screening / surveillance codes:

5d LATERALITY / SPECIFICITY / GAPS

Laterality / Specificity noted:

PC PROCEDURE / SERVICE CODING — CPT / HCPCS

6a PRIMARY CPT / HCPCS CODE

Primary Code + Description:

6b ADDITIONAL CPT / HCPCS CODES

Ancillary procedures, diagnostics, injections, supplies, imaging guidance, prolonged services, care management, therapy services:

6c PROCEDURE DETAILS SUPPORTING CODE SELECTION

Anatomical site, laterality, approach, complexity, units, size, time, imaging guidance, medication dose, device / supply used:

6d GLOBAL PERIOD / UNITS / GAPS

GLOBAL PERIOD STATUS

DOCUMENTATION GAPS

EM E/M CODING

E/M CODE

BASIS FOR BILLING (MDM / TIME-BASED)

PROBLEMS ADDRESSED

RISK OF COMPLICATIONS / MORBIDITY / MANAGEMENT

DOCUMENTATION SUPPORTING MEDICAL NECESSITY

MO MODIFIERS

MODIFIER(S) USED

LATERALITY MODIFIER

PROFESSIONAL / TECHNICAL COMPONENT

TELEHEALTH / POS MODIFIER

PY PAYER / COVERAGE REQUIREMENTS

Prior authorization requirement. Medical necessity criteria. LCD / NCD if applicable. Frequency limits. Bundling or NCCI edits. Diagnosis-to-procedure linkage. Required documentation elements. Referral or network requirements...

CC CHARGE CAPTURE

E/M SERVICE

DIAGNOSTIC TESTS

SUPPLIES / DEVICES

THERAPY UNITS

SERVICES EXCLUDED + REASON

CV CODING VALIDATION / COMPLIANCE REVIEW

Codes supported by documentation. Codes requiring clarification. Potential overcoding / undercoding. Bundled or mutually exclusive codes. Missing medical necessity. Diagnosis-procedure mismatch. Signature / attestation issues. Need for provider query or addendum...

DR CLAIM STATUS / DENIAL REVIEW

CLAIM SUBMITTED DATE

DENIAL REASON / REMITTANCE CODE

RESUBMISSION / APPEAL DEADLINE

PQ PROVIDER QUERY / DOCUMENTATION CLARIFICATION

Specific missing or unclear documentation. Diagnosis specificity needed. Procedure details needed. Laterality, severity, stage, complication status. Time or MDM clarification. Provider response and date received:

FS FINAL CODING SUMMARY

14a ICD-10-CM DIAGNOSIS CODES

Primary diagnosis code + description. Secondary code(s) if applicable:

14b CPT / HCPCS CODES

Code + Description + Units. Additional code(s) if applicable:

14c MODIFIERS / E/M LEVEL / BILLING BASIS

Modifiers + Rationale:

Billing Basis:

FA FOLLOW-UP ACTIONS

- [ ] Submit claim
- [ ] Correct claim

- [ ] Appeal denial
- [ ] Add missing documentation
- [ ] Hold billing pending documentation
- [ ] Request provider clarification
- [ ] Review payer policy
- [ ] Reconcile payment / adjustment

RA REVIEWER ATTESTATION

CODER / BILLING SPECIALIST NAME

CREDENTIALS (CPC / CCS / RHIT / RHIA / CPMA)

PROVIDER REVIEW NAME (IF REQUIRED)

DATE

SO SIGN-OFF

CODER / BILLING SPECIALIST	CREDENTIALS	SPECIALTY	DATE	TIME