



CLINIC ENCOUNTER UPDATE & REVIEW POLICY AND PROCEDURES

MSRDP Operating Procedure Number: MSRDP-1.004
Effective Date: January 1, 2000, Revised May 14, 2004
Prepared By: MSRDP Business Administration and UNTHSC Quality Management
Purpose: To facilitate accurate and complete billing practices through use of current clinic encounter form.

Approval: _____
Chairman, MSRDP Board of Directors

1.0 Policy. All staff employed within the department will use current diagnosis and procedure codes to ensure efficient and accurate billing.

2.0 Purpose. To facilitate accurate and complete billing practices.

3.0 Definitions.

- **Charge document** – Documentation, specific to a department (may be referred to as a super-bill, face sheet, charge ticket, etc.), utilized by the physician, nurse practitioner or physician assistant to communicate billing data, based on services provided, to the coder/charge entry staff or front office staff performing Point of Service Billing.
- **Encounter Form** – Encounter slip including patient demographics and as marked by the physician, nurse practitioner or physician assistant with the services to be billed for the day's encounter. Services may be provided as an inpatient, outpatient, in the nursing home or physician's office.

4.0 Procedures.

- 4.1 Each clinic will review their charge documents at least annually.
- 4.2 All codes will be reviewed against the new year's published codes from ICD-9, CPT-4, HCPCS and CCI for changes, deletions and additions.



4.3 Charge documents will be updated as follows:

- 4.3.1 To reflect accurate and current codes as published.
- 4.3.2 To include providers most frequently utilized diagnosis codes.
- 4.3.3 When a subset of Evaluation and Management codes are included on the charge document all levels within that subset shall be included.

4.4 Each clinic encounter form will include the date of the last review.

5.0 References. Most recently published: ICD-9 CM, CPT-4, HCPCS books
Correct Coding Initiative

6.0 Follow-Up and Review.

Policy to be reviewed as needed or every three (3) years.

7.0 Responsibility.

Senior Associate Dean and Chief Medical Officer
Vice President, Practice Operations and Chief Administrative Officer
Department Chairs
Senior Administrative Official in each Patient Care Department