



INPATIENT SERVICES AND ALL SURGICAL PROCEDURES

A coder assigned to specific clinical areas will review the inpatient medical record for all E&M services and for procedures or services that are furnished at the bedside. The coder will also review all off-service consultations.

- The coder will review the dictated operative report for all surgeries, both inpatient and outpatient.
- The coder will create a charge document called a Verification Log (V-log). This will be given to the provider for review, and dated signature. The provider may make any changes needed directly on this V-log before returning it to the coder.

In addition, all diagnostic and ancillary services are reviewed and 100% abstracted by a coder before entered into UPI's billing system.

All of these services will be coded based upon the faculty documentation or a combination of the faculty and resident's documentation as previously explained in the documentation requirements section of these guidelines.

Electronic Process

The provider enters documentation into EMR and submits charge(s). The coder will review. If the coder agrees with the provider charge(s), it will be processed accordingly. The provider will receive a report at regular intervals detailing all of the encounters submitted to a third-party payer, including Medicare, and Medicaid on behalf of the provider and the provider will be held accountable for the charge and the documentation to support his/her billing.

Manual Process

The provider documents in the medical record. The coder abstracts billing information and creates a charge document. The provider will receive a report at regular intervals detailing all of the encounters submitted to a third-party payer, including Medicare, and Medicaid on behalf of the provider and the provider will be held accountable for the charge and the documentation to support his/her billing.

OUTPATIENT SERVICES

The majority of outpatient records are not reviewed for appropriate documentation. **Therefore it is the faculty provider's responsibility to make certain that the charges listed on the charge form are correctly documented in the medical record. EACH BILLING DOCUMENT MUST BE SIGNED AND DATED BY THE FACULTY PROVIDER.**

Electronic Process

The provider enters medical documentation and submits charge(s). The coder reviews procedures and numbers diagnosis codes. If the coder agrees with the provider's charge(s), the charge(s) will be processed accordingly. The provider will receive a report at regular intervals detailing all of the encounters submitted to a third-party payer, including Medicare, and Medicaid on behalf of the provider and the provider will be held accountable for the charge and the documentation to support his/her billing.

Manual Process

The provider documents in the medical record and a superbill is sent to the coder who will number diagnosis codes and review procedures. If the coder agrees with the provider's charge(s), the charge(s) will be processed accordingly. The provider will receive a report at regular intervals detailing all of the encounters submitted to a third-party payer, including Medicare, and Medicaid on behalf of the provider and the provider will be held accountable for the charge and the documentation to support his/her billing.

INPATIENT AND OUTPATIENT CONSULTATION PROCESS

If the provider is performing Inpatient or Outpatient Consultation services, he/she will document their service and select the appropriate Consultation CPT code supported by their documentation. CU Medicine has an internal front end editing process in place that will change the Consultation code to the appropriate visit CPT code as required by the payer.

OFF SITE SERVICES

If the provider is performing a service to a patient at a hospital other than University of Colorado Hospital or Children's Hospital of Colorado and if the provider is a full-time faculty provider; the provider must let the coder know about this service so a charge may be generated for these services. A coder will review all surgical procedures and periodic reviews will be done on other services to ensure appropriate documentation is in the medical record. Contact the Fee Coordination manager for the information that needs to be provided in order to capture these charges.



Electronic Process

If an electronic billing process exists, the provider enters documentation into the EMR and submit(s) charge(s). If the coder agrees with the provider's charge(s), the charge(s) will be processed accordingly. The provider will receive a report at regular intervals detailing all of the encounters submitted on their behalf.

Manual Process

The provider documents the encounter in the medical record. The procedural documentation and superbill is sent to the coder who will number diagnosis codes and review procedures. If the coder agrees with the provider's charge(s), the charge(s) will be processed accordingly. The provider will receive a report at regular intervals detailing all of the encounters submitted on their behalf.

NON-CLINICAL BILLING

A variety of non-clinical services may be rendered by members of University Physicians, Inc., which are billable through CU Medicine and must be in compliance with all SOM rules. Billing should be submitted on a MEDICAL/LEGAL BILLING form. Additional forms may be obtained from the Financial Accounting Department at the main CU Medicine office.

CONSULTING AND MEDICAL/LEGAL BILLING

To insure timely processing of the claim the following information should be provided to UPI's accounting department:

- The type of consulting or legal service provided;
- The date the consulting or legal work was done;
- The hours expended and the hourly rate to be charged;
- A copy of a letter from the attorney or the consulting contract requesting services, if available;
- Complete names of clients, if available;
- Case numbers as assigned by court, if applicable; and
- The name, complete address, and telephone number of the attorney, consulting contractor or party responsible for the payment of the bill.

Consulting and medical legal earnings accrue under the social security number of the provider. Please refer to the Finance Department at CU Medicine or your Department Administrator for the most current information on medical legal billing.

ASSESSMENTS AND FEES

CLINICAL EARNINGS

When you have provided care to a patient, a charge is created either by the provider or the coder, depending on the location of the service. Once the provider approves charges, a claim form is generated and sent to the insurance carrier, and/or a statement is sent to the patient directly. The payment is received and assessed a fee for UPI's operational costs. The Academic Enrichment Fund in the Dean's Office assesses an additional amount to support the academic programs of the University of Colorado School of Medicine.

All clinical fees are billed using UPI's tax ID number therefore, all earnings accrue to CU Medicine, not to individual practitioners under their personal social security numbers. After the fees noted above, all clinical and contract earnings are credited to the appropriate department cost center of the provider that generated the funds.

OTHER INCOME

Each source of contract income or medical legal income may be assessed a processing fee by CU Medicine and the Academic Enrichment Fund tax. The level of assessment is determined by the contract classification.

UPDATES

CU Medicine is committed to being knowledgeable of all the changes that may affect our faculty regarding documentation and billing practices. CU Medicine administration will provide updates and addendums for our members as new policies and regulations occur through the formal approval process.