PURPOSE:

To ensure compliance with all billing and coding regulations.

POLICY:

The URMC promotes full compliance with all relevant billing, coding and claim reimbursement requirements by expecting all personnel involved in billing and claims submission to maintain high ethical standards and a strong knowledge of all laws and regulations related to the billing function.

PROCEDURE:

1. All persons involved in any aspect of the URMC’s billing and claims reimbursement activities will be held to a high standard with respect to knowing and complying to the requirements, rules, and regulations pertaining to claims submission and reimbursement under the Medicare and Medicaid programs.

2. The URMC should bill only for items or services actually rendered.

3. The URMC should bill only for medically necessary services.

4. Claims should be submitted only when the correct billing code has been assigned to the item or service.

5. Claims should be submitted under the name and billing number of the appropriate clinical provider.

6. The URMC will not routinely waive copayments or deductibles.

7. The URMC will ensure that all claims have been properly bundled and that global billing codes are properly assigned when appropriate.

8. The URMC will ensure that no duplicate billing occurs.

9. The URMC will identify and refund credit balances in a timely and appropriate manner.

10. Any overpayment received as a result of an identified billing error will be promptly repaid to the appropriate third party payer.