A. **EFFECTIVE DATE:**
   October 19, 2020

B. **PURPOSE:**
   To ensure correct coding/billing of services provided by UConn Health faculty and staff.

C. **POLICY:**
   Patient care provided at UConn Health will be billed for actual services provided. UConn Health recognizes that special billing requirements may apply to certain government-sponsored programs or to other providers; any such requirements must be followed. Providers and billing employees have a collective responsibility to be knowledgeable about the meaning of the codes applicable to their area of practice, including relevant directives from billing authorities. UConn Health further recognizes the importance of maintaining accurate patient accounts in accordance with federal, state, and contractual requirements.

D. **SCOPE:**
   This policy applies to all JDH and UMG Inpatient, ED, Perioperative, Outpatient, Clinic, and Ambulatory Procedure Locations.

E. **DEFINITIONS:**
   None

F. **MATERIAL(S) NEEDED:**
   None

G. **PROCEDURE:**
   1. In selecting codes to describe services rendered, providers and billing and coding personnel are to select codes that they believe, in good faith, correspond to the services rendered as documented in the medical/dental record.
   2. If the provider does not select the code personally, the provider is responsible for ensuring and verifying the appropriateness of code.
   3. The provider rendering services must sign the charge document. Electronically in the EMR or on paper if a charge slip is still used.
   4. It is the responsibility of the provider of care to ensure that the documentation in the medical/dental record supports the level of service for which a bill is submitted.
   5. All billing documents, such as claims, charge slips etc. must be retained according to the State of Connecticut’s record retention criteria.
6. UConn Health may NOT submit a claim that is known to contain inaccurate information.
7. Any changes identified requires amendments and a corrected claim must be sent to all payers according to billing and contractual guidelines.
   i. Remove the incorrect claim.
   ii. If the inappropriate charge was already paid by the insurance carrier, proper payer instructions should be followed as to how the discrepancy should be resolved. This may entail having the payer offset an overpayment in a subsequent payment to the provider or submitting a full refund to the carrier and rebilling the claim appropriately.
8. Reconcile appropriately with third party payer.

H. ATTACHMENTS:
   None

I. REFERENCES:
   None

J. SEARCH WORDS:
   1. Billing
   2. Coding
   3. Charges
   4. Corrected claims
   5. Refiling of Claims

K. ENFORCEMENT:
   Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, the University of Connecticut Student Code, other applicable University Policies, or as outlined in any procedures document related to this policy.

L. STAKEHOLDER APPROVALS:
   On File

M. COMMITTEE APPROVALS:
   None

N. FINAL APPROVAL:

1. Dr. Andrew Agwunobi, MD, MBA (Signed) 10/27/2020
   Andrew Agwunobi, MD, MBA
   UConn Health Chief Executive Officer

2. Anne D. Horbatuck, RN, BSN, MBA (Signed) 10/26/2020
   Anne D. Horbatuck, RN, BSN, MBA
   Clinical Policy Committee Co-Chair

3. Scott Allen, MD (Signed) 10/26/2020
   Scott Allen, MD
   Clinical Policy Committee Co-Chair

4. Caryl Ryan, MS, RN (Signed) 10/27/2020
   Caryl Ryan, MS, RN
   VP Quality and Patient Service & Chief Nursing Officer
O. REVISION HISTORY:
   Date Issued: March 1, 2006
   Date Revised: October 19, 2020