**Texas Tech University Health Sciences Center El Paso**

**Billing Compliance Procedure**

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**TTUHSC El Paso Billing Compliance Website:** [http://elpaso.ttuhsc.edu/compliance/BillingCompliance/](http://elpaso.ttuhsc.edu/compliance/BillingCompliance/)

**Procedure Statement**

The purpose of this procedure is to outline the process associated with completing provider audits and to document the process of the department of Billing Compliance El Paso.

In accordance with BC Policy 3.0 Coding and Documentation, the Senior Analysts will conduct yearly audits for all billing providers and reconciliations with the department coders and/or billing faculty.

**Procedure**

1. The Billing Compliance Director (BCD) will create audits in MDAudit for all billing providers.

2. A department or departments will be selected each quarter for auditing and assigned to each analyst for auditing.

3. A deadline will be set for completion of all audits and reconciliations with department coders and providers.

4. The analyst will review all cases per provider in MDAudit.
   a. Remove pseudo codes and/or Nonbillable codes
   b. Verify duplicate claims with billing in Centricity Business
   c. Request all records from outside entities (48 hour deadline for BC analyst to follow up with outside entity)

5. If no findings for current audits:
   a. Analyst will send an email to provider(s), administrator, lead/supervisor coder, billing compliance director and Institutional Compliance Officer.

6. If findings occur analyst will email lead/supervisor coder with refund/rebill report for review in MDAudit with findings (per provider) to allow sufficient time for lead coder/supervisor to review prior to analyst scheduling meeting for rebuttal.

7. Lead coder/supervisor will have two (2) weeks to meet with Compliance analyst for reconciliation(s). Analyst will follow up 48 hours after initial email is sent.

8. If not resolved within the 2 week period audit finding(s) will be final. This is to include reconciliations with department lead coder/supervisor and billing provider(s)
   a. Findings to include overcoding and undercoding. Providers to be educated by analyst and/or Billing Compliance Director.
9. Compliance will monitor refund/rebill process in accordance with CMS 60 Day Refund Rule and BAC 18.

**Frequency of Review**

This policy shall be reviewed no later than July in each odd-numbered year.

Review Date: June 2016

Revision Date: