
	Policy No.: 305	Signature: 	
	Created: 1/1999	Reviewed: 5/2018	Revised: 5/2018

SUSPENSION OF THE MEDICAL RECORD

SCOPE:

All Envision Physician Services colleagues associated with the billing and coding process in anyway. For purposes of this policy, all references to “colleague” or “colleagues” include temporary, part-time and full-time associates, independent contractors, clinicians, officers and directors.

PURPOSE:



To establish the procedure to be followed by Envision Physician Services (the “Company”) billing entities regarding the suspension of medical records for the purpose of obtaining additional information necessary for billing.

POLICY/PROCEDURE:

The Company’s billing entities will submit claims for provider services based **only** on provider documentation on the chart. The provider’s documentation must support the services provided to the patient. The chart must be signed and dated by the provider of medical services. The claim must be submitted in the name of the provider who signed the chart. The original chart is the property of the hospital where the services were rendered. The chart provided to the billing entities is a copy of the original chart. Any documentation updated by the physician subsequent to the initial completion of the original chart must be signed and dated by the physician and labeled as an “ADDENDUM”.

The billing entity will only suspend a medical record to request additional information from the hospital/provider under certain circumstances. The claim must be coded using **only** the information included on the original chart, which may have a properly noted addendum per above, and the original chart must be signed and dated by the provider who performed the services prior to submitting a claim for payment. The provider must document only those services rendered to the patient. The billing entity should not request the provider to alter a chart, nor should the provider alter a chart or record false information. Any of these actions are subject to disciplinary action up to and including termination.

The charts may be suspended in order to request additional information from the hospital/provider that was excluded from the billing entity’s copy of the chart. Outlined below are the **primary** reasons the billing entity will suspend charts and request additional information from the hospital/provider.

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- Signature missing.
- Dictation/physician notes missing.
- Supervising physician co-signature missing.
- Clear copy needed.
- Clinical record missing/material page or pages missing.
- Scribe attestation missing.*
- Other as appropriately set forth by the Compliance Department’s policies and procedures.

The reason stated “Other” should only be used for specific requests for which no other description applies. Management approval must be obtained prior to using the “Other” category. Exceptions will be determined on a case by case basis. For Mid-Level Practitioner charts, please reference the Mid-Level Practitioner Policy.

The Company’s billing entities will not request additional information in the incidence where there is insufficient documentation for history, physical exam and medical decision making.

Any questions regarding this policy may be directed to your supervisor or the Compliance Officer.



With the increasing number of electronic medical records and associated facility policies (out of the control of the Company and/or billing entities), it is necessary to add an additional suspend reason to the existing policy. The new suspend reason would be, “incomplete H &P due to auto transfer of EMR”.

The following criteria must be met to use this new suspend reason:

- Documentation format must be an EMR
- The chart is missing part(s) of provider H&P
- ALL additional documentation MUST be dated within seventy hours (72) hours of date of service (DOS) or from date of discharge (DOD).

The billing entity will work with the billing coordinator and/or site representative to obtain an updated version of the medical record. The billing coordinator and/or site representative will not solicit the providers of service for updated information. They are only to send any medical records that have been updated in the system that are within a seventy-two (72) hour window from the date of service or date of discharge.

*This provision only applies when a physician signature is present on the physician note.

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POLICY REVIEW

The Ethics & Compliance Department will review and update this Policy and all HIPAA policies when necessary in the normal course of its review of the Corporate Ethics & Compliance Program.