

University of Wisconsin Department of Family Medicine
CLINICAL POLICY AND PROCEDURE

TITLE: Timelines for completion of outpatient (clinic visit) encounter forms

Effective Date: 6-27-2007

Approval: Vice Chair of Clinical Care

Supersedes Policy: none

Contact: DFM Coding Coordinator

Reviewed				

Scope: All clinicians providing patient care within the department of family medicine

Purpose: A report will be generated weekly and sent to each provider clinic manager and medical director. This report will outline any missing encounters that are over 14 days old. Each is listed by visit type and provider. Our ultimate goal is to ensure all outpatient charges are posted within days of the patient encounter.

Definitions: A missing encounter form (electronic or paper) is a charge that has not been billed and a service(s) were provided. Timely charge submission is important for many reasons. There are time periods for which a claim for medical services can be submitted to payers. Charges not posted in a timely manner can affect compensation.

Management of away time: Clinicians who have planned time away are encouraged to document and bill encounters before leaving.

Encounter becomes past due as follows:

Days past due are timed from the date of the visit/encounter

Provider responsibilities:

Coding and Documentation

1. Complete encounter forms the same day a patient is seen.
2. Document the patient visit within 24 hours of the visit. Dictation or smart text is preferred over hand written notes.
3. Include clinical indications on orders for diagnostic tests reflecting the reason for the test, which may be a sign of symptom, not the definitive diagnosis.
4. If there is a reason to reduce or waive the fee, indicate that on the encounter form rather than not submitting one.

This information can be found in the "Guide to UWMF Fees and Billing for Providers and Staff". You can locate this booklet in U-Connect.

Protocol for notification of missing outpatient (clinic visit) encounters

1. 1st notification Provider and Manager. Encounter over 14 days old.

*Please note if there is a **question on how to Code or Bill an encounter**, please contact your Clinic Coder or Coding Coordinator to review the encounter. This can be done through inbasket by using **p family medicine coding**

2. 2nd notification Provider and Clinic Manager. Encounter over 28 days old.
*A note stating “Second Request” will be sent.
3. 3rd notification Provider, Clinic Manager and Medical Director of Clinic, and Vice Chair of Clinical Care. Encounter over 35 days old.
*A note stating “Third Request” will be sent.

Notes:

This policy only deals with timing guidelines for missing outpatient (office visit) encounters.

* Please see Clinical Policy and procedure entitled **Timelines for completion of Documentation of Patient Visits and Telephone Encounters** for review of timely documentation guidelines.