## Non-Documented FSC Policy

### A. GENERAL STATEMENT OF POLICY:
To establish a policy for assigning non-documented financial status classification.

### B. SCOPE:
This policy will cover the Department of Surgery.

### C. ADMINISTRATION:
This policy will be revised by the administrator and approved by the chairman.

### B. TEXT:
All clinic fee sheets, hospital rounds, emergency room consults, and all procedures will be pre-audited for complete documentation supporting the teaching physician guidelines and institutional policy.

If no supporting documentation is found, or there is not enough documentation to be in compliance, the coder/biller is to notify the attending physician(s) in writing (either by memo or email) of the documentation needed using the format outlined in attachments A & B. The coder/biller is to allow the following time limitations before returning to verify documentation:

- Fee sheets, hospital round, ER consults, and bedside procedures - 15 days
- Surgical procedures - 15 days

The biller/coder will keep these items in a tickler file, and when the deadlines have been reached, the biller/coder should verify the proper documentation. If the documentation is complete, the service should be entered and completed. If the supporting documentation is not completed, the biller/coder will enter the charge assigning it the non-documented FSC.

The following non-documented FSC should be used in accordance with the original FSC:
- Medicare - Medicare Non-Documented 203
- Medicaid - Medicaid Non-Documented 307
- All others - Non-Documented Care 162

### E. DISTRIBUTION
This policy and procedure should be distributed to all Department of Surgery Employees.

### F. REVISION
It shall be the responsibility of the administrator and/or designee to indicate any revisions to this policy and it shall be the responsibility of the chairman to approve any revisions to this policy.