

**Texas Tech University Health Sciences Center  
Billing Compliance Program Policy and Procedure**

<b>8.1 Coding Discrepancies/Provider Query</b>	
<b>Approved Date:</b> December 2, 2010	<b>Effective Date:</b> December 2, 2010
	<b>Last Revised:</b> September 26, 2016

**A. PURPOSE**

Coding discrepancies generate inaccurate information, which if it is submitted to a payer can result in overpayments and underpayments as well as potential false claims liability. The purpose of this policy is to provide guidance to coders and providers to address identified coding discrepancies prior to billing of health care items or services.

**B. POLICY**

It is the policy of Texas Tech University Health Sciences Center (TTUHSC) to properly code services based on the documentation in the medical record.

**C. SCOPE**

This policy applies to coders who review clinical documentation, as part of the billing process, to verify the codes assigned by a provider.

**D. DEFINITIONS**

For purposes of this policy, these terms are defined as follows:

1. The term “code” means either the Current Procedural Terminology (CPT), including modifiers or the Healthcare Common Procedural Coding System (HCPCS) codes used to describe items and/or services provided to a patient for billing purposes.
2. The term “providers” includes Physician, Advance Practice Nurse, Certified Nurse Midwife, Physician’s Assistant, Psychologist, Pharmacist, Speech Language Pathologist, Audiologist, Licensed Clinical Social Worker, and any other health care professional who has the authority to select a code for services provided by that individual.
3. The term “coders” mean those individuals who review the medical record documentation to verify the accuracy of code(s) selected by the provider of the service.
4. The term “coding discrepancy” means that the code selected by the provider is incorrect, including, but not limited to, wrong code, upcoding (code reflects a higher level of service and/or reimbursement than documented),

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downcoding (code reflects a lower level of service and/or reimbursement than documented), coding for services not documented, missing codes, etc.

5. Provider Query: process for the coder and provider to work collaboratively to determine and assign the correct code for the service based on the documentation contained in the medical record.

**E. PROCEDURE**

1. General Concept. Providers and coders shall work collaboratively to determine and assign the correct code for the service based on the documentation contained in the medical record.
2. Coder Identification of Coding Discrepancy – Provider Agreement (Optional)
  - a. If the provider has agreed in writing to allow the coder to revise any coding discrepancy, the coder shall revise the code(s) to accurately reflect the services provided as supported by the documentation contained in the medical record. See attachment “A”, for a sample provider agreement approving coder revision of identified coding discrepancies.
  - b. The coder may record any discrepancies identified for that provider to review with the provider as agreed upon by the coder and provider.
3. Coder Identification of Coding Discrepancy – No Provider Agreement
  - a. The coder shall bring information to the provider related to an identified coding discrepancy that the coder believes will result in upcoding or downcoding before submitting the charge.
  - b. The provider shall review the information supplied OR offered by the coder. If the provider agrees with the coder, the code(s) shall be changed to accurately reflect the services as documented in the medical record.
  - c. If the provider does not agree with the coder, and the matter cannot be mutually resolved by the coder and provider, then the matter will be submitted to the coding supervisor for resolution.
  - d. If the coding supervisor and provider cannot mutually resolve the issue, the matter will be submitted to the provider’s Department Chair for review. If the issue is still not mutually resolved, the matter will be submitted to the Billing Compliance Officer (BCO) for an independent review. The coder and provider shall provide all necessary documentation (i.e., medical records, coding policies, and payment policies) to the BCO. The BCO shall render a decision within ten (10) business days from the receipt of all necessary documentation. The BCO’s decision shall be final.

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4. Provider Addendum to Correct Coding Deficiencies.

- a. In those situations where services have not been billed, the provider may document an addendum to the medical record to reflect actual services provided to the patient in order to resolve any identified coding discrepancy. Such addendum shall only be allowed if it occurs no more than fourteen (14) business days after the date of the patient visit. The addendum shall include the date of the addendum along with the signature of the provider making the addendum and otherwise be in accordance with clinic policies.

**F. ADMINISTRATION AND INTERPRETATIONS. REVISIONS OR TERMINATIONS**

Refer to Billing Compliance Program Policy and Procedure [1.0 Policy Development and Implementation](#)

Failure to comply with this policy shall result in appropriate disciplinary action.

Questions regarding this policy may be addressed to the appropriate BCO or the Institutional Compliance Officer.

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Attachment "A"

**SAMPLE  
PROVIDER AGREEMENT  
ALLOWING CODER TO CHANGE  
IDENTIFIED CODING DISCREPANCIES**

Date: \_\_\_\_\_

Provider: \_\_\_\_\_

I agree to allow coder(s) [in the Department of \_\_\_\_\_] or [Medical Practice Income Plan (MPIP)] to correct any coding discrepancies identified during a review of my medical records prior to billing of services to the extent it is supported by documentation contained in the medical record. This agreement is limited to the following situations:

- ☐ coding discrepancies that result in upcoding (i.e., wrong code, missing or inaccurate modifier, insufficient documentation that would result in higher level of reimbursement)
- ☐ coding discrepancies that result in undercoding

I understand that I may revoke this Agreement at any time by providing written revocation to the coding supervisor in my Department or at my campus.

\_\_\_\_\_  
Provider Signature