

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

4.0 Basic Documentation Standards For Billing Purposes	
Approved Date: 11-19-2009	Effective Date: 12-01-2009.
Last Revised: June 1, 2015	

A. PURPOSE

This policy sets forth basic documentation standards that apply to billing of health care items or services to a patient or his/her third-party payer.

B. SCOPE

This policy applies to all Texas Tech University Health Sciences Center (TTUHSC) Schools that bill for health care items and/or services under a TTUHSC tax identification number.

The documentation standards outlined in this policy apply to all medical records, regardless of whether they are created as paper records or electronic medical records.

C. POLICY ON DOCUMENTATION STANDARDS

1. General Concepts

- a. All providers are expected to use the electronic medical record.
There should be an audit trail to verify the author of electronic entries. Electronic signatures shall comply with federal and state laws. Refer to [Electronic Medical Record Playbook](#).
- b. Paper records:
 - Legibility. Health care items or services documented in the medical record should be legible. Health care items or services should not be billed if 3 individuals within the provider's department are unable to read the entry.
 - Signature and Credentials. All entries into the medical record should be signed or initialed by the individual making the entry, and shall include the person's credentials (e.g., MD, DO, etc.)

2. Scribes

A scribe is anyone who enters information into the medical record exactly as communicated by the health care provider. In accordance with the Schools of Medicine Ambulatory Clinic policy ([SOM Policy 9.10](#)), medical students shall not be used as scribes. Residents shall not be used as

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scribes. A teaching physician's presence and participation shall not be documented by a scribe.

3. Documentation of Health Care Items and Services

It is the responsibility of each School and its various clinical departments to implement a process so that health care items or services have been documented before submission of a claim for payment of those health care items or services. No health care items or services should be billed unless there is documentation in the medical record to support the health care item or service.

4. Evaluation and Management (E/M) Services

For billing purposes, E/M services shall be documented in accordance with CPT coding instructions and the 1995 or 1997 Documentation Guidelines for Evaluation and Management Services (EMDG) created by the American Medical Association and adopted by the Center for Medicare and Medicaid Services. The EMDGs are located at:

1995: <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/95Docguidelines.pdf>

1997: <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/97Docguidelines.pdf>

5. Teaching Physician Presence and Documentation

- a. Medicare Teaching Physician Rule. Unless otherwise stated in this or other written Billing Compliance Office policies, Medicare's teaching physician rules regarding teaching physician presence and documentation (42 CFR 415.170-415.190) apply to all payers for billing of health care items or services involving a resident.
- b. Texas Medicaid Teaching Physician Rule. To the extent it does not interfere with meeting Medicare's teaching physician rules for non-Texas Medicaid payers, Texas Medicaid supervision and documentation standards for teaching physicians apply for billing of health care items or services involving a resident where Texas Medicaid is the primary payer. More detailed guidance on presence and documentation required under Texas Medicaid's teaching physician rules is contained in separate BCO policies addressing teaching physician presence and documentation.
- c. Billing Compliance (BC) Policies on Teaching Physician Presence and Documentation. More detailed guidance on presence and documentation required under Medicare and Texas Medicaid's teaching physician rules, including, but not limited to use of electronic

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macros and extent of documentation, is contained in separate BC policies addressing teaching physician presence and participation.

6. Other Documentation Standards

The patient's third-party payer may require additional documentation for billing of health care items or services that are not addressed in this or other BCO policies. It is the responsibility of each School to make sure health care items and services are properly documented in accordance with the payer's contractual requirements and/or policies.

D. ADMINISTRATION AND INTERPRETATION, REVISIONS OR TERMINATION

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 TTUHSC Institutional Compliance Officer or BCD/O.

This policy shall be reviewed no later than ~~September~~ April 1 in each odd-numbered year.