	Policy No.: 305	
	Created: 1/1999	Reviewed: 10/2022

SUSPENSION OF THE MEDICAL RECORD

ETHICS & COMPLIANCE DEPARTMENT

SCOPE:

Applies to all Envision Physician Services teammates associated with the billing and coding process in any way. For purposes of this policy, all references to “teammate” or “teammates” include temporary, part-time and full-time employees, 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.

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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. The addition of information is at the provider's discretion and the billing entity should not request the provider to add the additional information if he/she is not willing.

- Signature missing.
- Dictation/physician notes missing.
- Supervising physician co-signature missing.
- Clear copy needed.
- Clinical record missing/material page or pages 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 Advanced Practice Provider charts, please reference the Billing for Service provided by an Advanced Practice Provider 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.


In addition to the primary reasons outlined above, the following suspend reasons have also been approved by the Compliance Department:

Elements of Non-Time-Based Anesthesia Procedures

The following criteria must be met in order to utilize this suspend reason:

- The record **MUST** clearly indicate that a non-time-based procedure was performed in addition to time-based anesthesia services; **AND**
- **ANY** requested elements **MUST NOT** rely solely on the provider’s recollection of the encounter.

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

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POLICY REVIEW

The Ethics & Compliance Department will review and update this Policy, as necessary, in the normal course of its review of the Company’s Ethics & Compliance Program.