

# SOP: Accurate Charging for Services Rendered and Coding of Procedures

This SOP outlines the process for **accurate charging for services rendered and coding of procedures**, ensuring proper documentation, billing accuracy, and compliance with regulatory standards. It includes guidelines for verifying service details, selecting appropriate codes for procedures, recording charges accurately, and conducting regular audits to maintain billing integrity. The objective is to optimize revenue cycle management while minimizing errors and denials.

## 1. Purpose

To ensure all services rendered are charged accurately and coded correctly, supporting compliant and efficient billing practices.

## 2. Scope

This SOP applies to all clinical, billing, and coding staff involved in documenting, charging, and coding patient services and procedures.

## 3. Responsibilities

- **Clinical Staff:** Accurately document services provided in patient records.
- **Coding Staff:** Assign appropriate procedure and diagnosis codes based on documentation.
- **Billing Staff:** Enter and submit charges based on coded procedures.
- **Supervisors/Managers:** Oversee billing processes and ensure compliance through audits.

## 4. Procedure

1. **Verification of Services**
  - Review patient encounter notes to confirm all services rendered are documented.
  - Clarify ambiguities with the provider before coding.
2. **Coding of Procedures**
  - Select the correct CPT/HCPCS, ICD-10, or other applicable codes, referencing the latest coding manuals and payer guidelines.
  - Ensure codes used reflect both procedures and diagnoses accurately documented.
3. **Accurate Charge Entry**
  - Post charges to the patient's account using verified codes.
  - Double-check entry for quantity, modifiers, and supporting documentation.
4. **Billing Review & Submission**
  - Review charges for completeness and compliance before claim submission.
  - Address flagged errors or missing information promptly.
5. **Audit & Quality Assurance**
  - Conduct regular random audits of charges and coding for accuracy and compliance.
  - Provide feedback and education as needed to reduce future errors.

## 5. Documentation

- Maintain all billing and coding records for the required retention period.
- Document audit results, corrections, and staff training activities.

## 6. Compliance

- Adhere to federal and state regulations, payer requirements, and organizational billing policies.
- Report suspected fraud or non-compliance to the compliance officer immediately.

## 7. Revision & Review

This SOP must be reviewed annually and updated as necessary to reflect changes in coding standards, regulations, or organizational policy.

## 8. References

- CPT/HCPCS and ICD-10 Coding Manuals
- Medicare and Medicaid Billing Guidelines
- Organizational Billing Policies

*Effective Date:* \_\_\_\_\_

*Review Date:* \_\_\_\_\_