

SOP: Medical Records Documentation and Timely Submission to Billing

This SOP details the process for **medical records documentation and timely submission to billing**, emphasizing accurate and complete patient record keeping, compliance with healthcare regulations, efficient data entry, verification of coding and billing information, and prompt transmission of records to the billing department. The goal is to enhance revenue cycle management, reduce claim denials, and ensure a seamless flow of information between clinical and administrative teams.

1. Purpose

To standardize the process of documenting medical records and submitting them to the billing department in a timely and compliant manner.

2. Scope

This SOP applies to all clinical staff, medical coders, and billing personnel involved in patient care documentation and billing processes.

3. Responsibilities

- **Clinical Staff:** Ensure accurate, timely, and complete documentation of patient encounters.
- **Medical Coders:** Verify coding accuracy and adherence to current regulations.
- **Billing Personnel:** Ensure timely submission of claims and coordination with clinical teams for documentation queries.
- **Compliance Officer:** Review documentation for regulatory compliance as needed.

4. Procedure

1. **Patient Encounter Documentation**
 - Document all relevant information in the patient's medical record immediately after the encounter or procedure.
 - Ensure documentation is legible, accurate, complete, and signed within 24 hours.
2. **Quality Check**
 - Review records for completeness and accuracy before submission to coders/billing.
 - Address any discrepancies or missing information promptly.
3. **Coding Verification**
 - Assign appropriate diagnosis and procedure codes according to current coding standards (e.g., ICD-10, CPT).
 - Double-check codes for accuracy and compliance with payer requirements.
4. **Timely Submission to Billing**
 - Transmit verified documentation and coding information to the billing department within 48 hours of patient encounter.
 - Use secure electronic health records systems for transfer and tracking.
5. **Billing Submission**
 - Billing team reviews submitted records and prepares claims.
 - Submit claims to payers within designated timelines.
6. **Follow-up and Correction**
 - Address any billing queries or claim denials promptly by referring back to the clinical documentation and making corrections as needed.

5. Compliance and Confidentiality

- Maintain HIPAA compliance and patient confidentiality at all times.
- Report and investigate any breaches according to organizational policy.

6. Documentation and Record Retention

- Maintain all medical and billing records according to federal, state, and organizational retention policies.

- Ensure secure archival and easy retrieval when needed.

7. Review and Updates

- This SOP will be reviewed annually or as regulations and organizational policies change.

Effective Date: _____

Approved by: _____