

**UCLA Health Ambulatory Practices
Revenue Policy and Procedure**

Policy Name: Charge Capture		
Policy #: 012	Developed Date: April 2014	Approved Date:
Approved By:	Revision Date:03/2016	Revised By:

I. Purpose

To optimize the revenue cycle by entering charges into the electronic medical record, or closing the patient encounter on the day of service, but no later than 48 hours after the patient's visit.

II. Policy

The UCLA Health ambulatory practice provider will enter office visit charges the same day, but no later than 48 hours after the patient's visit, to promote timely filing of claims to insurance carriers. Procedural charges must be entered within 48 hours of access to procedural report.

012 Charge Capture Policy Standard Operating Procedure

Procedure

A. Charge Capture:

- The provider of record will document all CPT and ICD-10 codes into the electronic medical/health record, complete the dictation and sign off
- The practice manager or designee will be responsible to ensure that the completed encounters are closed within 48 hours after the completion of the patient's visit. Procedural charges shall be entered within 48 hours of access to the procedural report.
- The practice manager or designee is responsible to ensure that all nurse visits are documented
- The practice manager or designee will investigate any missing charges or open encounters and report back to the provider of record within 48 hours
- If the provider of record has not responded to the request within 48 hours, the practice manager will escalate to the department chair
- Once the physician has electronically authenticated the dictated report, it becomes permanent. Any changes must be made in the form of a separate addendum

B. Uninsured / Self-Pay Patients:

Upon completion of the patient visit, the provider of record will document all CPT and ICD-10 codes electronically to complete the record.

- Any self-pay patient payments collected at check-out will be applied to the new outstanding balance and any remaining payment due will be collected and posted in CareConnect.

C. Accounting for Charges:

At the end of day, review the check-in DAR, to ensure that all encounters have been closed. All electronic charges will be reviewed by the practice manager or designee within 48 hours of each work day to identify patients for whom charges have not been documented.