


Physicians' Billing Office		
SECTION:	CLAIM MANAGEMENT	POLICY NUMBER: C401
POLICY TITLE:	"BY REPORT" CLAIMS	PAGE: 1 of 2
APPROVALS: FPG B&F Committee: 01/25/2010	PBO: 01/25/2010	ISSUED: 09/08/2009 EFFECTIVE: 02/25/2010
SUPERSEDES: N/A		

PURPOSE:

1. To improve the **efficiency** of PBO billing and collections operations by establishing standard billing processes across all PBO units.
2. To manage **FPG account receivables** more effectively, and expedite collections for services, which require payor medical review by pro-actively submitting provider documentation to the payors.

POLICY:

It is the policy of FPG PBO to pro-actively submit medical records when billing for "by report" procedures, which require payor medical review prior to claim adjudication.

POLICY CROSS REFERENCES:

N/A

APPLICABILITY:

This policy applies only to FPG PBO Customers.
This policy applies only to commercial payors, Medi-Cal, UCLA HMO and Medicare.

MONITORING / ACCOUNTABILITY:


Each PBO billing unit must conduct frequent, regularly scheduled quality reviews to ensure adherence with this policy. Immediate corrective actions must be taken as necessary. These may include:

- a) Training and re-training of staff;
- b) Disciplinary actions;
- c) Escalating non-compliance to PBO director.

COGNIZANT OFFICE:

For interpretations of this policy, resolution of problems and special situations, contact:

Grace Barba
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POLICY AUTHORITY:

UCLA Faculty Practice Group

REVISION HISTORY:

Original Policy issued: 09/08/2009

Revisions: None