ORGANIZATION POLICY

POLICY TITLE: Unbundling of Services

POLICY NUMBER: 1215

PURPOSE:

To avoid submitting charges for services that are fragmented or unbundled that are required by Medicare to be billed together.

POLICY:

This policy is intended to establish standards for the charging of services that are considered to be bundled services as established by the American Medical Association's Current Procedural Terminology.

PROCEDURE:

1. The hospital shall bill for services only after they are performed.

2. The hospital, using standard billing procedures such as Health Information Management and Patient Financial Service vendor edits, shall bill only for medically necessary services or conditional denial.

3. The hospital shall bill only for those services and treatments actually ordered by a healthcare provider and provided by the hospital.

4. The CPT and/or HCPCS code used by the billing staff will accurately describe the service that was ordered by the healthcare provider and performed by the hospital.

5. The coding staff shall only submit diagnostic information obtained from qualified personnel and contact the appropriate personnel to obtain diagnostic information in the event that the individual who ordered the test has failed to provide such information.

6. The receipt of diagnostic information obtained from a healthcare provider after receipt of the specimen and request for services shall be documented and maintained with the hospital.

EFFECTIVE DATE: June 2003

REVIEW DATE: October 2008

REVISION DATE: July 2004

APPROVED BY:

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