


GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER		
TITLE: Review of Billing Statements and Claims	POLICY NO: AD-F-07	Page 1 of 2
RESPONSIBILITY: Patient Affairs Business Office		
APPROVED BY:  _____ DIRECTOR	EFFECTIVE: SEP 22 2017	
	LAST REVIEWED/REVISED:	

PURPOSE:

To provide a guideline in the medical billing claims process and quarterly review of representative sampling of the consumer records. This is to ensure that bills and insurance claims reflect the services that were provided and identify necessary corrective action.

POLICY

- A. It is the policy of the Guam Behavioral Health and Wellness Center (GBHWC) to accurately charge for services in accordance with the approved GBHWC Fee Schedule and other rules and/or regulations as applicable.
- B. The current GBHWC Fee Schedule was approved by Guam Public Laws: 31-239, 31-274 and 33-63, and is published on the GBHWC Encounter Form with each fee listed individually by description, medical and revenue codes.
- C. A quarterly internal audit/review of the representative sampling of the consumer records, insurance claim and billing statements of the services rendered and charged, shall be conducted to assure appropriateness, accuracy and consistency guided by public law or best industry standards.
- D. Consumers without medical insurance and eligible for public assistance are referred to the Guam Department of Public Health and Social Services.

RESPONSIBILITY

Patient Affairs Business Office:

1. Prepares the bill and/or insurance claim that contains demographic information, diagnosis, and appropriate medical codes that accurately support payment for service(s).
2. Reviews the service fees every two years or at the frequency set by public law.

Clinical Supervisors/Program Head:

1. Shall conduct quarterly billing audit in conjunction with the peer review process. Audit form shall be forwarded to Patient Affairs Business Office for action and filing.

PROCEDURE:

- A. The bill or insurance claim is scanned into the Patient Affairs Repository.
- B. The week after the end of each quarter of the fiscal year, representative sample random bills are extracted from the repository and reviewed to determine the following:
 1. The dates of services provided coincide with billed episodes of care.
 2. The bills accurately reflect the services that were provided through the use of industry standard coding i.e., Diagnostic and Statistical Manual of Mental Disorder V (DSM V) and International Classification of Diseases-10 (ICD-10), Current Procedural Terminology Codes (CPT).
 3. The necessary corrective action is identified and taken.
- C. The service fees are reviewed by the Patient Affairs Business Office or designee every two years or at the frequency set by public law.

