Applicability: UW Medicine

Policy Title: Billing Based on Timely Documentation of Ambulatory Care Clinic Visits

Policy Number: COMP.203

Superseded Policy(ies) or Entity Policy: UWP, C-018, Timely Documentation for Billing Purposes

Date Established: July 26, 2010

Date Effective: December 30, 2025

Next Review Date: December 30, 2028

PURPOSE

This policy establishes clear direction for billing based on the creation of medical records for ambulatory care clinic encounters. Separate UW Medicine or entity policies/bylaws establish the time within which providers are required to complete documentation of an ambulatory care clinic visit. This policy establishes billing requirements to follow if a provider does not meet the documentation timeline requirements applicable to the service to be billed.

This policy is applicable to all UW Medicine entities.

DEFINITIONS

See UW Medicine Compliance Glossary.

POLICY

1. This policy prohibits billing for a service that is not documented within 30 calendar days of the date of service. If neither the physician, resident or other licensed provider who saw the patient has documented the clinic visit within 30 days of the date of service, neither the professional charges nor the facility charges may be billed.

2. For visits where the patient is seen only by clinic staff, if the clinic staff documentation of the visit is not completed within 30 days of the date of service, the facility charge may not be billed. There is no professional billing for this type of visit.

3. Any documentation completed or amendments made beyond 30 days from the date of service, may not be used for billing purposes. Although it may not be used for billing purposes, providers should still complete or amend documentation, even if beyond 30 days, to maintain the medical record.

   There are three exceptions to this 30-day limit[1]:

   a. A date of service correction may be used for billing purposes without time restriction.

[1] There are additional exceptions to the 30-day limit for UWP providers. Please see attached UWP guidance document/procedure for additional information.

b. The addition of a missing provider's signature may be used for billing purposes without time restriction if the provider created the documentation him/herself.

c. The Director, Hospital Billing Compliance and/or the Chief Compliance Officer have the discretion to determine in individual cases that circumstances justify billing for a service even when documentation is not completed within 30 days from the date of service.

REGULATORY/LEGISLATION/REFERENCES

- False Claims Act (FCA), 31 U.S.C. §§ 3729 – 3733.
- Federal Deficit Reduction Act (DRA), § 6032 (2005).
- Federal Program Fraud Civil Remedies Act, 31 U.S.C. §§ 3801-3812.
- RCW 74.66 Washington State Medicaid Fraud False Claims Act.

PROCEDURE ADDENDUM(s) REFERENCES/LINKS

- 203.G1 UWP Timely Documentation for Billing Purposes Exceptions: Standard Operating Procedures.
- UW Medicine Compliance Glossary.

ROLES AND RESPONSIBILITIES

Defined within POLICY.

APPROVALS

/s/ Beth DeLair
Beth DeLair
Chief Compliance Officer, UW Medicine
Associate VP for Medical Affairs, UW

1/1/2026
Date