



**POLICY SUBJECT:**

**EFFECTIVE DATE: 8/12/2011**

*Holding Claims for Compliance Purposes*

*To be reviewed every three years by  
Compliance & Ethics Committee*

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## **Holding Claims for Compliance Purposes**

### ***Purpose***

This policy describes procedures for holding claims when the Sound Physicians Compliance Department determines that a billing practice may result in inaccurate claims being submitted to payers.

### ***Definitions***

None.

### ***Policy***

1. Sound Physicians is committed to excellence in its business practices. As part of this commitment, Sound Physicians will only bill for services consistent with all laws governing federal and state health care programs, payer contracts and Sound Physicians policies and procedures.

### ***Procedures***

1. Holding Claims - When the Sound Physician Compliance Director or Chief Compliance Officer (“CCO”) determines that claims are being submitted in a manner that may not be consistent with applicable laws, regulations, payer contracts or internal standards, claims for those services may be held until such services are appropriately documented, coded and billed.

2. Notice - As soon as possible, but no later than two working days after the decision to hold claims is made, the Compliance Director or CCO shall provide notice to the applicable Chief and Regional Chief Medical Officer (RCMO).

The notice shall include the following:

- a. The rule, regulation or other standard that is being violated or is at risk for being violated;

b. A detailed description of the practice forming the basis for the violation, or alleged violation, of that rule, regulation or standard;

c. The initial plan for the response; and

d. A contact person for the Chief or RCMO to obtain updates or additional information.

3. Coordination - The Sound Physicians Compliance Director or designee will work with appropriate clinical and operational staff to remedy the problem underlying the decision to hold claims. Such action should take place as soon as possible to ensure billing deadlines with the payer are not compromised.