Uniform Coding and Billing Compliance Report[1]

Payer Name	Report Date
Street address	Period Start
City, State, Zip	Period End

Statistics should be reported as follows:

1. Include – Fully insured HMO, PPO, POS (dual certificate), EPO, and Indemnity product lines
2. Exclude – Self-insured, Medicare Advantage, Medicare Supplement, Other Medicare, and Medicaid product lines

Section A. Coding report				
1. Line level denials for the following reasons related to itemized code structures.	**1. Compliance Measures**			
	a. Total # of finalized lines			
	b. Total # of line denials			% of 1a.
	c. Total # of appeals			% of 1b.
	d. Total # of denials overturned on appeal			% of 1b.
	e. Total # of incorrect denials			% of 1a.
	Summary of issues identified in 1e.			
	Code from 1b (i. – x.)	**Issue identified**	**Corrective Action Plan**	
1.1 Line level code structure issues not reportable under A.1.	**1.1 Compliance Measures**			
	f. Total # of line issues			% of 1a.
	Summary of issues identified in 1f.			
	Code from 1b (i. – x.)	**Issue identified**	**Corrective Action Plan**	
TOTAL	g. Total # of line denials (1e) plus line issues (1f)			% of 1a.

2. DRG Claims.	**2. Compliance Measures**			
	a. Total # of DRG Claims			
	b. Total # of DRG Claims reassigned from audit			% of 2a.
	c. Total # of DRG Claims reassigned appealed			% of 2b.
	d. Total # of overturned audit reassignments			% of 2a.
	Summary of issues identified in 2d.			
	Code from 1b (i. – x.)	**Issue identified**	**Corrective Action Plan**	

[1] Please see Bulletin2010-08 for more details on the Uniform Coding and Billing Compliance Report.