

	Policy No.: 301	Signature: 	
	Created: 1/2000	Reviewed: 5/2018	Revised: 1/2007

GENERAL CODING AND BILLING FOR EMERGENCY SERVICES

SCOPE:

All Envision Physician Services colleagues associated with the billing and coding process in anyway. For purposes of this policy, all references to “colleague” or “colleagues” include temporary, part-time and full-time associates, independent contractors, clinicians, officers and directors

PURPOSE:

To outline the general billing and coding policies for emergency services to be followed by each of Envision Physician Services’ (the “Company”) billing entities.

POLICY:

This Policy contains the general policies and procedures that direct the billing and coding entity’s efforts towards compliance. Additionally, each billing entity shall maintain its own Training Manuals and Billing and Coding Procedure Manuals. The training and procedure manuals are separately maintained by the respective billing entities in conjunction with the Compliance Officer. All individuals responsible for revising and implementing the policies and procedures contained in other manuals must ensure that these revisions are reflected appropriately in this policy. If any inconsistencies exist between other manuals and this policy, then the Policy in this Program governs.

It is expected that all colleagues associated in any way with the billing and coding process adhere to the standards of billing and coding outlined in this policy.

The Company and its colleagues will comply with all laws pertaining to the billing of Medicaid, Medicare, and other federal claims, as well as the guidelines and requirements of private payors.

PROCEDURE:

- To enhance communication and understanding of the standards of billing, each billing entity’s designee will serve as liaison to the Company’s Chief Compliance Officer. The liaison will serve as focal point for compliance-related communications and work closely with the department’s staff to achieve regulatory compliance. Questions regarding billable services should be directed to the colleague’s supervisor, manager or the Company’s Chief Compliance Officer for clarification prior to entering a charge and submitting a claim.

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All bills for provider services are appropriately coded to support the level of documentation in the medical record and the claim must be submitted in the name of the correct provider. Coders are responsible for assigning or approving the appropriate codes for each treatment or service furnished by a provider. For claims submitted to government payors excluding Medicaid, the coders are required to select the appropriate codes based on the Centers for Medicare and Medicaid Services (coding manual) formerly the 1995 Healthcare Financing Administration Evaluation and Management Codes Documentation Guidelines. For other third party payors, including Medicaid, Managed Medicaid and Managed Medicare, the coders are required to select the appropriate codes based on the current CPT code book.

For procedural coding, the CPT code selected must meet or exceed the CPT book narrative. Coders will view code narratives in the CPT book if there is a question or contact their manager or departmental representative responsible for coding information, and/or consult available resources or the Company’s Compliance Officer for clarification and/or assistance prior to processing a batch.

- An ICD code is required for each professional service rendered by a provider to a patient to reflect medical necessity of the service/procedure. Coders are accountable for selecting the appropriate diagnosis and should sequence the diagnosis, condition, problem, complaint or other reason responsible for the encounter. If unsure of the appropriate ICD code, questions should be directed to their manager or the Company’s Chief Compliance Officer.
- It is the policy of the Company to use the proper ICD; CPT or HCPCS codes for services documented in the medical record and reflect the appropriate provider of services.

All departments and individuals shall comply with the Company’s billing and coding policies, and interpretations different from or actions inconsistent with this policy are prohibited. Due to the dynamic changes, intricacies and possible misinterpretations of billing standards, all professional service billing and coding personnel must actively participate in the Professional Billing Compliance Program to ensure consistency with policies or legal requirements regarding billing.

- Billing shall recommend and implement discipline for any individuals who do not exercise the quality standards required. The supervisors will follow the Disciplinary Action Policy included in this Program. Written procedural documents on the standards of billing can be found in the respective billing entities Training Manual and Coding Procedures Manual. Additionally, there are specific billing and coding policies relating to high-risk areas for the industry in which the Company does business.

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POLICY REVIEW

The Ethics & Compliance Department will review and update this Policy and all HIPAA policies when necessary in the normal course of its review of the Corporate Ethics & Compliance Program.