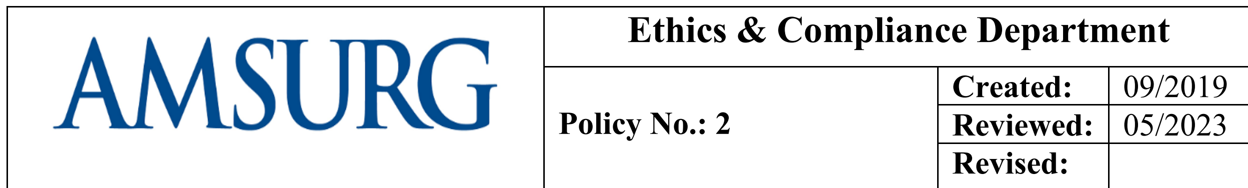

AMSURG	Ethics & Compliance Department		
	Policy No.: 2	**Created:**	09/2019
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		Revised:	

GENERAL CODING AND BILLING FOR AMBULATORY SURGERY SERVICES

SCOPE:

Applies to all AMSURG Corp. and its subsidiary or joint venture entities, including affiliated ambulatory surgery center teammates. For purposes of this policy, all references to “teammate” or “teammates” include temporary, part-time and covered persons, full-time employees, independent contractors, clinicians, officers and directors.

PURPOSE:

Envision Healthcare and its subsidiaries and affiliates (“Envision” or “the Company”) has adopted this General Coding and Billing for Ambulatory Surgery Services policy to outline the general billing and coding policies for ambulatory surgery services to be followed by each of the Company’s 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 Business Office Manuals. The manuals are separately maintained by the respective entities in conjunction with the Chief Compliance Officer (“CCO”) or his/her designee. 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 teammates 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 teammates 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 CCO. 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 teammate’s

supervisor, manager or the Company's CCO for clarification prior to entering a charge and submitting a claim.

It is Company policy that all bills for facility services must be appropriately coded to support the level of documentation in the medical record and the claim must be submitted in the name of the correct facility. Coders and providers are responsible for assigning or approving the appropriate codes for each treatment or service furnished by a provider. For claims submitted to government payors, the coders are required to select the appropriate codes based on the Centers for Medicare and Medicaid Services (coding manual) formerly the 1995 *Centers for Medicare & Medicaid Services (CMS, formerly known as Healthcare Financing Administration) Evaluation and Management Codes Documentation Guidelines*. For other third-party payors, 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 the CPT book narrative. Coders/providers will view code narratives in the CPT book if there is a question or contact their Operations Lead or Business Operations representative responsible for coding information, and/or consult available resources or the CCO for clarification and/or assistance prior to processing a claim.

- An ICD code is required for each facility procedure rendered by a provider to a patient to reflect medical necessity of the service/procedure. Coders/providers are accountable for selecting the appropriate diagnosis code and should properly 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 Business Operations representative or the CCO.

- It is the policy of the Company to use the most current and 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 billing and coding personnel must comply with Company's coding and billing policies to ensure consistency with policies or legal requirements regarding billing.

Operations shall recommend and implement discipline for any individuals who do not exercise the quality standards required. Written procedural documents on the standards of billing can be found in the respective billing entities Business Office Manual. Additionally, there are specific billing and coding policies relating to high-risk areas for the industry in which the Company does business.

POLICY REVIEW:

The Ethics & Compliance Department will review and update this Policy, when necessary, in the normal course of its review of the Company’s Ethics & Compliance Program.