

	<b>Ethics &amp; Compliance Department</b>	
	<b>Policy No.: 3</b>	<b>Created:</b> 09/2019
		<b>Reviewed:</b> 05/2023
	<b>Revised:</b>	

## **MEDICAL NECESSITY**

### **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 Medical Necessity policy to outline the medical necessity guidelines.

### **POLICY:**

The National Coverage Determination and Local Coverage Determination guidelines identify medical necessity as services or items reasonable and necessary for the documented diagnosis, treatment of an illness or injury, or to improve the function of a malformed body member.

Teammates providing medical service should thoroughly document the patient visit, demonstrating medical necessity.

Each Center’s coders/providers will identify and submit for payment the most appropriate codes based on provider documentation. Provider documentation will identify only professionally recognized and sound medical service(s) that are accepted as necessary for the proper diagnosis and treatment of the patient.

### **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.