envision	Ethics & Compliance Department		
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GENERAL CODING AND BILLING FOR PROFESSIONAL SERVICES

SCOPE

Applies to all Envision clinicians and teammates. For purposes of this policy, all references to "clinician" or "teammate" include temporary, part-time and full-time employees, independent contractors, officers and directors.

PURPOSE

Envision Healthcare Operating, Inc. and its subsidiaries and affiliates ("Envision" or "the Company") has adopted this General Coding and Billing for Professional Services Policy to outline the general coding and billing policies to be followed by each of the Company's internal 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 coding and billing guidelines and procedures. If any inconsistencies exist between coding and billing guidelines, procedures and these policies, then this policy shall govern.

The Company and its teammates shall 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 Ethics & Compliance Department. The designees will serve as focal points for compliance-related communications and work closely with their staff to achieve regulatory compliance. Questions regarding billable services should be directed to the teammate's supervisor or Ethics & Compliance Department for clarification prior to entering a charge and submitting a claim.

It is the Company's policy that all bills for clinician services are appropriately coded to support the documentation in the medical record and that the claim be submitted in the name of the correct clinician. The "coder," as defined in this policy, is the billing entity's professional coder. The coder is responsible for assigning or abstracting the appropriate codes for each treatment or service furnished. For claims submitted to payors, the coder is required to select the appropriate codes based on current coding and billing guidelines published by the applicable regulatory agencies and societies, including CMS, AMA and ASA, as interpreted by the Company. Coders shall also use the proper ICD, CPT or HCPCS codes for services documented in the medical record and reflect the appropriate provider of services.

Coders or their supervisors shall consult with the Ethics & Compliance Department for clarification and/or assistance, as needed.

Revenue Cycle Management shall recommend and implement discipline for any teammates who do not exercise the quality standards required.

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.