envision	Ethics & Compliance Department		
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BILLING FOR SERVICES PROVIDED BY AN ADVANCED PRACTICE PROVIDER

SCOPE

Applies to all Envision clinicians and teammates who may be involved in billing/coding for services provided by an Advanced Practice Provider. 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 Billing for Services Provided by an Advanced Practice Provider Policy to document the Medicare rules in billing for patient services provided by Advanced Practice Providers ("APPs") including Physician Assistants and Nurse Practitioners.

POLICY

Medicare rules give special recognition to the services of APPs under which they can be paid separately from or billed incident to a physician. Applicable regulations stipulate that APPs must meet applicable state requirements governing their qualifications to provide services. In addition, these regulations specify the types of APP services that may be covered by Medicare for payment purposes, as well as the payment limitations that exist when APPs treat patients without direct physician contact.

The Company and its billing entities will bill for all APPs who are enrolled according to state and payor regulations and guidelines. Medicare stipulates that, for payment to be made for services rendered by an APP, the APP must meet the applicable state requirements governing the qualifications for APPs. Medicaid and payor enrollment policies and requirements vary from state to state. The Company monitors third party payor requirements and adheres to all billing regulations as reflected in the service scenario matrix provided in the billing and coding manual.

PROCEDURE

Billing the APP Benefit Only

When claims do not qualify to be billed under the physician's National Provider Identification ("NPI"), they may be billed under the APP's own N P I with expected payment at 85% of the physician fee schedule for Medicare. APPs are required to be enrolled in Medicare to bill for services provided.

Billing Physician Services with APP Involvement in a Hospital Setting

When the APP assists the physician, the service is billable under the physician when:

- the physician performed more than half of the cumulative time spent in qualifying activities by the physician and APP; or
- the physician performed the substantive part of the medical decision making ("MDM").

Additionally, for billing purposes, documentation in the medical record must identify the clinician who performed more than half of the cumulative time in qualifying activities or the physician's involvement in the case, if the service is to be billed this way. Performance of a substantive part of the MDM requires that the physician made or approved the management plan for the number and complexity of problems addressed at the encounter and takes responsibility for that plan with its inherent risk of complications and/or morbidity or mortality of patient management, if the service is to be billed this way. Independent interpretation of tests and discussion of management plan or test interpretation must be personally performed by the physician if these are used to determine the reported code level by the physician.

Physician MDM attestation example(s):

- I performed a substantiative part of the MDM during the patient's E/M visit. I personally made or approved the documented management plan and acknowledge its risk of complications.
  - (Independent Interpretation) My (EKG/X-ray/US/CT) interpretation _____.
  - (Discussion) Management/test interpretation discussed with _____.
- I have seen and evaluated this patient's condition, reviewed the available

information, and fully participated in designing this patient's course of treatment.

Examples of qualifying activities:

- Preparing to see the patient (ex. reviewing tests);
- Obtaining or reviewing separately obtained history;
- Performing a medically appropriate examination and/or evaluation;
- Counseling and educating the patient/family/caregiver;
- Ordering medications, tests, or procedures;
- Referring and communicating with other healthcare professionals (when not separately reported);
- Documenting clinical information in the electronic or other health record;
- Independently interpreting results and/or communicating results to the patient/family/caregiver;
- Care coordination (when not separately reported).

If emergency departments use APPs, but as a policy, have physicians treat each patient, then documentation guidelines should capture the degree of physician involvement.

Missing Signatures and Co-Signatures

In order to bill for the services rendered, the clinician (the APP or the physician) that performed more than half of the cumulative time in qualifying activities or the substantive part of the MDM must sign and date the medical record. Additionally, a state, hospital, or payor *may* require the co-signature of the "supervising physician." A supervising physician's co-signature indicates general supervision, not direct supervision. Medicare defines general supervision as a procedure or service furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure.

The designated contact person at the facility will be notified of any documented charts that are received without a required signature. The clinician who performed more than half of the cumulative time in qualifying activities, or either the history, exam, or the medical decision-making component, will be expected to sign and date (signing date) the original chart and return a copy for processing.

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.