

	Ethics & Compliance Department	
	Policy No.: 314	Created: 02/2004
		Reviewed: 06/2025
		Revised: 09/2022

GENERAL CODING AND BILLING FOR HOSPITAL-BASED SERVICES

SCOPE:

Applies to all Envision Healthcare teammates involved in billing and coding for hospital-based services. For purposes of this policy, all references to “teammate” or “teammates” include temporary, part-time and full-time employees, independent contractors, clinicians, 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 Hospital-Based Services policy to outline the general billing and coding 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 training manuals and billing and coding procedure manuals. The training and procedure manuals are separately maintained by the respective billing teammates and entities. All individuals responsible for revising and implementing the policies and procedures contained in other manuals must ensure that these revisions are appropriately reflected in these policies. If any inconsistencies exist between other manuals and these policies, 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.

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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 (“CCO”) or designated compliance personnel. 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, designated compliance personnel, or CCO for clarification prior to entering a charge and submitting a claim.

It is the Company’s policy that all bills for provider services are appropriately coded to support the level of documentation in the medical record and that the claim be submitted in the name of the correct provider. The “coder,” as defined in this policy, is either the treating physician or 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 government payors, the coder is required to select the appropriate codes based on 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 coder is required to select the appropriate codes based on the CPT code book and payor specific guidelines.

For procedural coding, the CPT code selected must meet or exceed the current CPT-coding manual book narrative. Coders will reference code narratives in the CPT book if there is a question or will contact the departmental representative responsible for coding information, and/or consult the CCO for clarification and/or assistance prior to processing a batch.

- A current 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 CCO.
- It is the policy of the Company that coders use the proper ICD, CPT, or HCPCS codes for services documented in the medical record and reflect the appropriate provider of services.

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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 personnel must comply with the Company's coding and billing policies 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. Written procedural documents on the standards of billing can be found in the respective billing entities billing and coding manuals.

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.