



Policy No.: 301

Created: 6/2015

Reviewed: 7/2019

Revised: 7/2019

GENERAL CODING AND BILLING

ETHICS & COMPLIANCE DEPARTMENT

SCOPE:

Applies to all Evolution Health colleagues associated with the billing and coding process in anyway. For purposes of this policy, all references to “colleague” or “colleagues” include temporary, part-time and full-time associates, independent contractors, clinicians, officers and directors.

PURPOSE:

To outline the general billing and coding policies to be followed by Evolution Health (the “Company”) 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 colleagues and entities. 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.

The Company and its colleagues 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 Director will serve as liaison to the Company’s Chief Compliance Officer. 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 colleague’s supervisor, manager or the Company’s Chief Compliance Officer for clarification prior to entering a charge and submitting a claim.

All bills for provider 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 provider. Coders



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are responsible for assigning or approving the appropriate codes for each treatment or service furnished by a provider.

- A current ICD- code is required for each 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 Company's Chief Compliance Officer.
- It is the policy of the Company to use the current and proper ICD, CPT, Revenue Codes, HIPPS 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 ensure consistency with policies or legal requirements regarding billing.

- Supervisors shall recommend and implement discipline for any individuals who do not exercise the quality standards required. Supervisors will follow the Disciplinary Action Policy included in this Program. Written procedural documents on the standards of billing can be found in the respective department or entity Training Manual and Coding Procedure 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 and all HIPAA policies when necessary in the normal course of its review of the Ethics & Compliance Program.