

Medical Billing and Coding Standards of Conduct

Introduction

This Medical Billing and Coding Standards of Conduct, at the direction of the Company's executive management, demonstrates the Company's commitment to the highest level of professional and ethical standards while conducting its daily business for providing medical billing and/or coding services.

All employees, including management, contractors, part-time and full-time employees are responsible for adhering to the standards of conduct described below. Employees must follow the standards in a manner to ensure the standards are maintained, while performing medical billing and/or medical coding services on behalf of the Company's clients. Ethical conduct and compliance are both personal responsibilities.

All medical billing and coding staff members are given a copy of the Medical Billing and Coding Compliance Policy and Standards of Conduct upon hire. A signed acknowledgment of the receipt of the aforementioned documents will remain on file.

Standards of Conduct for Ethical Billing and Coding

1. ***Compliance with Laws and Regulations***

In order to provide the highest quality health data submissions, all medical billing and coding services performed will be consistent with the most current federal and state billing and coding requirements and Center for Medicare and Medicaid Services (CMS) Official Guidelines for Coding and Reporting.

2. ***Integrity***

The Company has great confidence in its Medical Billing and Coding staff and their commitment to collect, manage, and report data in an unbiased, honest, and ethical manner.

3. ***Confidentiality***

All medical, financial, and other personal information of our customers and their patients will be held in the strictest of confidence.

4. ***Accurate Billing and Coding***

As part of providing medical billing services, all changes to claims are to be made in compliance with federal, state, and client requirements.

As part of providing medical coding services, all changes to claims are to be made in compliance with federal, state, and client requirements.

- a. Diagnosis and procedure coding shall be governed by the ICD Official Guidelines for Coding and Reporting and all codes mandated by guidelines should be assigned and reported. Adherence to guidelines promotes consistency and accuracy of coded data.

- b. ICD diagnosis and procedure codes, and CPT procedure codes and modifiers must be correctly submitted and will not be modified or mischaracterized in order to be covered and paid. Diagnoses or procedures will not be misrepresented or mischaracterized by assigning codes for the purpose of obtaining inappropriate reimbursement.

5. *Reporting Illegal or Unethical Behavior*

Anyone who suspects or knows of violations of these Standards of Conduct, federal or state laws, or the requirements of the medical billing and coding policies and procedures, have an obligation to report such matters to his/her supervisor as soon as possible, but no later than three (3) business days following the discovery of the potential concern.

Suspected noncompliance or misconduct includes potential fraud or abuse activity on the part of the Company, its employees, or its customers.

Suspected instances of misconduct can also be reported anonymously by completing and submitting a complaint form, which can be found at MyComplianceReport.com.

The Company is prohibited from retaliating against employees who provide information, assist in an investigation, or participate in proceedings concerning alleged violations of this standard of conduct or illegal or unethical business. Therefore, any employee may submit a good faith concern regarding potential violations of this standard, or illegal or unethical business conduct without fear of dismissal or retaliation of any kind. The Company will also seek to protect any reporter’s identity, if possible.

6. *Medical Billing and Coding Policy and Procedures*

Employees must adhere to the requirements of all corporate medical billing and coding compliance program policies, procedures, and process documents.

7. *Disciplinary Actions to be Taken*

Any misconduct or noncompliance of these Medical Billing and Coding Standards of Conduct, federal or state laws, or the requirements of the medical billing and coding policies and procedures may result in disciplinary action, up to and including termination of employment.

Forms

Form	Description
MBC1-2.A	Medical Billing and Coding Standards of Conduct Acknowledgement

Guidance

Guidance	Description
	None Applicable

Definitions

Abuse Includes actions that may, directly or indirectly, result in unnecessary costs to any health care benefit program, improper payment, payment for services that fail to meet professionally recognized standards of care, or services that are medically unnecessary. Abuse involves payment for items or services when there is no legal entitlement to that payment and the provider has not knowingly and/or intentionally misrepresented facts to obtain payment. Abuse cannot be differentiated categorically from fraud, because the distinction between “fraud” and “abuse” depends on facts and circumstances, intent and prior knowledge, and available evidence among other factors.

False Claims Act (FCA) is a federal law that imposes liability on persons and companies who defraud governmental programs. It is the Federal Government's primary tool in combating fraud against the Government.

Fraud Knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program or to obtain (by means of false or fraudulent pretenses, representations, or promises) any of the money or property owned by, or under the custody or control of, any health care benefit program.

Noncompliance Failure or refusal to act in accordance with the organization's Compliance Program, or other standards or procedures, or with federal or state laws or regulations.