DEVELOPING CLINIC AND EMERGENCY DEPARTMENT FACILITY LEVELING GUIDELINES

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Today’s Session

Great scrutiny has been placed hospitals as of late regarding the level of services that are billed for facility clinic and emergency room services. In the absence of national guidelines, hospitals have been permitted to develop their own internal guidelines. This course will review various methodologies currently in place nationwide, discuss the pros and cons of each methodology as well as review the Center for Medicare and Medicaid Services’ (CMS) eleven guidelines for establishing your leveling criteria.

Participants will be provided with a copy of the CMS guidelines, a facility leveling evaluation tool to utilize at their facility and examples of guidelines from other providers.
Regulatory Background

- Separate CPT/HCPCS codes have yet to be established to describe E/M services provided within a facility.
- E/M services include those within a clinic or emergency room setting:
  - 99201 – 99215
  - 99211 - 99285
- Hospitals are permitted to utilize “physician” E/M to capture charges for services provided.
- It is not an expectation of payers that levels reported by the physician and facility for the same patient, same encounter will be at the same level.
- Hospitals are to create their own system for determining visit level.
There is no national standard for hospital E/M level assignment.

CMS has stated since 2000 that each facility may utilize a unique system for E/M level assignment and that each facility must follow their system to demonstrate compliance.

“We will hold each facility accountable for following its own system for assigning the different levels of HCPCS codes. As long as the services furnished are documented and medically necessary and the facility is following its own system, which reasonably relates the intensity of hospital resources to the different levels of HCPCS codes, we will assume that it is in compliance with these reporting requirements as they relate to the clinic/ emergency department visit code reported on the bill. Therefore, we would not expect to see a high degree of correlation between the code reported by the physician and that reported by the facility.”

-65 FR 18451, April 7, 2000
In 2002, four types of E/M coding guidelines were proposed to CMS for adoption:

- **Staff intervention**—based on the number or type of staff interventions performed by nursing or ancillary staff. Higher levels are reported based on the number and/or complexity of staff interventions.

- **Staff Time/Resource intensity point scoring**—based on points assigned to each staff intervention based on time, intensity and staff type required. The service level is determined by the sum of the points for all services provided.

- **Severity acuity point scoring**—based on ICD-9-CM diagnosis codes, complexity of medical decision-making, or severity or acuity of patient’s presenting complaint or medical problem.
In the 2008 final rule, CMS outlined 11 standards that should be included in a facility’s guidelines for E/M level assignment:

- Follow CPT code descriptor intent and reasonable relate to the intensity of the hospital services.
- Based on hospital resources not physician resources.
- Clear to facilitate accurate payment and be usable for compliance purposes and audits.
- Meet HIPAA requirements.
- Require documentation that is clinically necessary for patient care.
- Don’t facilitate upcoding or gaming.
- Written or recorded, well documented and provide the basis for selection of a specific code.
- Applied consistently.
- Should not change frequently.
- Readily available for the FI/MAC review.
- Result in coding decisions that can be verified by hospital staff and outside resources.
CMS is proposing for CY 2014 a single HCPCS for clinic and ED leveling

- The single HCPCS would replace the need for leveling and pay a single flat rate
- The proposed rule is very controversial
- The greatest scrutiny from providers is specific to ED leveling
- A final rule will be published in the October/November timeframe
Current Environment

Despite the CMS OPPS Proposed Rule . . . . .

*its full steam ahead!*
Current Environment (continued)

- Various models are utilized nationwide for clinic and ED leveling
  - Staff Time/Resource intensity point scoring
  - Staff Intervention
  - Match to Physician Level
  - Hybrid Models

- Each model has its own pros and cons
Current Environment (continued)

- **Staff Time/Resource Intensity Point Scoring**
  - **Examples**
    - Handouts provided to attendees

### Staff Time/Resource Intensity Point Scoring

<table>
<thead>
<tr>
<th>Team Response</th>
<th>Cardiac/Telemetry Monitoring X</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labs</td>
<td>Other Specimens X</td>
<td>30</td>
</tr>
</tbody>
</table>

### Current Environment

- **EMERGENCY DEPARTMENT CHARGE TICKET**
  - **INJECTION ONLY VISIT** - Injection fee & drug only, w/o ED visit (example - Rabies vaccination series, no MD evaluation)
  - **SUTURE/STAPLE REMOVAL VISIT** - Nurse involvement in suture/staple removal only, w/o ED visit, no MD evaluation
  - **WOUND RE-CHECK VISIT** - Nurse involvement in wound re-check only, w/o ED visit, no MD evaluation

#### Examples

- **WOUND CARE**
  - ASSESSMENTS
  - LAB WORK
  - MONITORING

- **TRANSPORT**
  - Initial Nursing Assessment
  - Urine-Clean Catch
  - Urine from Cath
  - Repeat Vitals
  - Urine - Collect Bag
  - Transport & Manage (One-Way)

- **EYE/EAR EXAM**
  - Domestic Violence Documentation
  - Neuro Re-Check
  - Visual Acuity
  - Orthostatic Vitals
  - Eye Patch Application
  - SAD Assessment
  - Eye/Ear Irrigation

- **ORTHO**
  - Ace Wrap/Sling/Velcro/Splint/Knee Immobilizer/Cervical Collar

- **SPECIAL HEALTHCARE NEEDS**
  - Communication Barrier
  - Extricate C-Spine
  - Physical Impairment/Mobility Assistance
  - Seizure Precautions
  - Assistive Device
  - Restraint Application
  - Pelvic Assist, Vaginal Exam

- **OB/GYN**
  - Seclusion/Monitoring/Restraints
  - Precipitous Delivery
  - Bathroom Assist/BedPan/Urinal
  - Suctioning
  - Ventilator Management

- **RESPIRATORY**
  - Patient Clean Up
  - Return to Nursing Home/Institution
  - IV THERAPY
  - IV Insertion
  - IV Attempts >3
  - Intravenous Emerson X

- **CARDIAC PROCEDURES**
  - Patient Clean Up
  - Return to Nursing Home/Institution

#### MISCELLANEOUS

- **MEDICATIONS**
  - PO/Sublingual
  - Rectal Medications
  - Intranasal E\textit{xy}ternal

#### AS DEFINED BY HSCRC

- **Level 1: 99281** (0 - 14 points)
  - 99281 (0 - 14 points)

- **Level 2: 99282** (15 - 29 points)
  - 99282 (15 - 29 points)

- **Level 3: 99283** (30 - 59 points)
  - 99283 (30 - 59 points)

- **Level 5: 99285** (> or 120 points)
  - 99285 (> or 120 points)

### Levels

- **Critical Care: 99291**
  - Blood Products
  - Extensive Discharge
  - Medical Consult Request
  - Assistive Device
  - Pelvic Assist, Vaginal Exam

- **OB/GYN**
  - Precipitous Delivery
  - Bathroom Assist/BedPan/Urinal
  - Suctioning
  - Ventilator Management
  - AMA

- **ORTHO**
  - Ace Wrap/Sling/Velcro/Splint/Knee Immobilizer/Cervical Collar

- **SPECIAL HEALTHCARE NEEDS**
  - Communication Barrier
  - Extricate C-Spine
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  - Ventilator Management

- **RESPIRATORY**
  - Patient Clean Up
  - Return to Nursing Home/Institution

#### IV THERAPY

- **IV THERAPY**
  - IV Insertion
  - IV Attempts >3
  - Intravenous Emerson X

### PROCEDURES & PROCEDURE ASSIST.

- **MISCELLANEOUS**
  - PO/Sublingual
  - Rectal Medications
  - Intranasal E\textit{xy}ternal

### Levels

- **Level 1: 99281** (0 - 14 points)
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  - 99283 (30 - 59 points)

- **Level 5: 99285** (> or 120 points)
  - 99285 (> or 120 points)
Current Environment (continued)

- Staff Intervention
  - Example

*Handout provided to attendees*
## Current Environment (continued)

- **Match to Physician Level**

### Elements Required for Each Type of History

<table>
<thead>
<tr>
<th>TYPE OF HISTORY</th>
<th>CHIEF COMPLAINT</th>
<th>HISTORY OF PRESENT ILLNESS</th>
<th>REVIEW OF SYSTEMS</th>
<th>PAST, FAMILY, AND/OR SOCIAL HISTORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem Focused</td>
<td>Required</td>
<td>Brief</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Expanded Problem Focused</td>
<td>Required</td>
<td>Brief</td>
<td>Problem Pertinent</td>
<td>N/A</td>
</tr>
<tr>
<td>Detailed</td>
<td>Required</td>
<td>Extended</td>
<td>Extended</td>
<td>Pertinent</td>
</tr>
<tr>
<td>Comprehensive</td>
<td>Required</td>
<td>Extended</td>
<td>Complete</td>
<td>Complete</td>
</tr>
</tbody>
</table>

### Elements Required for Each Type of Examination

<table>
<thead>
<tr>
<th>TYPE OF EXAMINATION</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem Focused</td>
<td>A limited examination of the affected body area or organ system.</td>
</tr>
<tr>
<td>Expanded Problem Focused</td>
<td>A limited examination of the affected body area or organ system and any other symptomatic or related body area(s) or organ system(s).</td>
</tr>
<tr>
<td>Detailed</td>
<td>An extended examination of the affected body area(s) or organ system(s) and any other symptomatic or related body area(s) or organ system(s).</td>
</tr>
<tr>
<td>Comprehensive</td>
<td>A general multi-system examination OR complete examination of a single organ system and other symptomatic or related body area(s) or organ system(s).</td>
</tr>
</tbody>
</table>

### Recognized Body Areas and Organ Systems

<table>
<thead>
<tr>
<th>BODY AREAS</th>
<th>ORGAN SYSTEMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head, including face</td>
<td>Eyes</td>
</tr>
<tr>
<td>Neck</td>
<td>Eyes, Nose, Mouth, and Throat</td>
</tr>
<tr>
<td>Chest, including breasts and axilla</td>
<td>Cardiovascular</td>
</tr>
<tr>
<td>Abdomen</td>
<td>Respiratory</td>
</tr>
<tr>
<td>Genitalia, groin, buttocks</td>
<td>Gastrointestinal</td>
</tr>
<tr>
<td>Back</td>
<td>Genitourinary</td>
</tr>
<tr>
<td>Each extremity</td>
<td>Musculoskeletal</td>
</tr>
<tr>
<td></td>
<td>Skin</td>
</tr>
<tr>
<td></td>
<td>Neurologic</td>
</tr>
<tr>
<td></td>
<td>Hematologic/Lymphatic/Immunologic</td>
</tr>
<tr>
<td></td>
<td>Psychiatric</td>
</tr>
</tbody>
</table>
**Current Environment (continued)**

- **Hybrid Model**
  - **Example**

  *Handout provided to attendees*

<table>
<thead>
<tr>
<th>Level</th>
<th>Clinical Care Times</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-10</td>
<td>Simple dressing change</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Catheter checks</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bandage or cast strip application</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Vital signs and assessment (not leading to treatment – i.e. ancillary services noted)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Physician drug management Simple (1-2)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Patient assessment prior to laboratory specimen retrieval</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Patient seen by outside provider</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Removal of sutures</td>
<td></td>
</tr>
<tr>
<td>11-15</td>
<td>Moderate dressing change</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Patient assessment of new issue</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Patient education and counseling (5 mins)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Physician drug management Moderate (3-5)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Room set-up</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Procurement of lab specimen and handling (UA, Blood)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Repeat Vital</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Osteoarthritis Vital</td>
<td></td>
</tr>
<tr>
<td>16-20</td>
<td>Complex dressing change</td>
<td></td>
</tr>
<tr>
<td></td>
<td>General wound care and irrigation; not debridement or I&amp;D</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Patient examination</td>
<td></td>
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<tr>
<td></td>
<td>Patient transport requiring skilled care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Physician drug management Complex (&gt;5)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Outpatient Office Procedure Simple (used example)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Procurement of lab specimen and handling (UA, Blood)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hemiparesis, Amputation or Deformity Simple (3 Facility resources)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Patient Education and Counseling (10 mins)</td>
<td></td>
</tr>
<tr>
<td>20-45</td>
<td>Complicated wound care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>New patient assessment, without same day treatment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Established patient assessment, with same day treatment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Outpatient Office Procedure Moderate (used example)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hemiparesis, Amputation or Deformity Moderate (≥2 Facility resources)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Patient Education and Counseling (5 mins)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cardiac Patient (Dementia or Altered Mental Status)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Transfer of Care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Work up of 0-2 Chronic Conditions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Outpatient Office Procedure Complex (≥1 facility resource)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hemiparesis, Amputation or Deformity Complex (≥3 Facility resources)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Admission to Hospital</td>
<td></td>
</tr>
</tbody>
</table>
Analyzing Your Current Leveling

- What makes a difference?
  - Service Offerings
  - Acuity of Patients Served
  - Regional Influences
  - Teaching Status
Example ED Distribution

Mid-Atlantic Academic Level I Trauma

<table>
<thead>
<tr>
<th>EMERGENCY SERVICES FACILITY CPT CODE</th>
<th>99281</th>
<th>99282</th>
<th>99283</th>
<th>99284</th>
<th>99285</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS - HOSPITAL SPECIFIC</td>
<td>6.14%</td>
<td>34.43%</td>
<td>27.62%</td>
<td>17.96%</td>
<td>13.85%</td>
</tr>
<tr>
<td>CMS - PEER GROUP</td>
<td>2.84%</td>
<td>8.94%</td>
<td>32.10%</td>
<td>39.02%</td>
<td>17.10%</td>
</tr>
<tr>
<td>CMS - NATIONAL ON TEACHING STATUS</td>
<td>3.36%</td>
<td>9.89%</td>
<td>31.44%</td>
<td>34.92%</td>
<td>20.39%</td>
</tr>
<tr>
<td>ADJUSTED HOSPITAL SPECIFIC BASED ON PDX</td>
<td>2.89%</td>
<td>10.70%</td>
<td>35.72%</td>
<td>36.95%</td>
<td>13.74%</td>
</tr>
</tbody>
</table>

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[Graph showing distribution of CPT codes for different groups]
Example ED Distribution

Mid-Atlantic Non-Academic Suburban Hospital

<table>
<thead>
<tr>
<th>EMERGENCY SERVICES FACILITY CPT CODE</th>
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<tr>
<td>CMS - PEER GROUP</td>
<td>3.27%</td>
<td>12.45%</td>
<td>35.09%</td>
<td>34.89%</td>
<td>14.30%</td>
</tr>
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<td>13.72%</td>
<td>33.57%</td>
<td>32.14%</td>
<td>16.94%</td>
</tr>
<tr>
<td>ADJUSTED HOSPITAL SPECIFIC BASED ON PDX</td>
<td>3.74%</td>
<td>14.17%</td>
<td>37.30%</td>
<td>32.61%</td>
<td>12.18%</td>
</tr>
</tbody>
</table>
Audit Your Tool/Methodology

- Utilize CMS’ guidelines
  - Is the methodology reasonable?
  - Is the methodology based on hospital resources not physician resources?
  - Can the methodology be easily re-produced for auditing and monitoring?
  - Does the methodology provide “credit” for items that are supported within medical documentation necessary for patient care?
  - Is the methodology written or recorded, or well documented and provide the basis for selection of the level of visit?
  - Does the methodology provide for consistency in application?
  - Has the methodology been in place for a period of time with no or minimal changes?
  - Is the methodology readily available if needed for external requests?

Detailed handout provided to attendees
Today’s Presenter

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Save the Date
September 21-24, 2014
33rd Annual Conference
Austin, Texas