Bulletin Number: RP-037
Subject: Emergency Evaluation and Management Coding Guidelines
Effective Date: August 27, 2018
Issue Date: August 27, 2018
End Date: 
Source: Reimbursement Policy

Applicable Commercial Market: PA ☒ WV ☒ DE ☒
Applicable Medicare Advantage Market: PA ☒ WV ☒
Applicable Claim Type: UB ☒ 1500 ☒

Reimbursement Policy designation of Professional or Facility application is respective to how the provider is contracted with The Plan. Provider contractual agreement terms in direct conflict with this Reimbursement Policy may supersede this Policy’s direction and regional applicability.

PURPOSE:

This policy notifies facility providers that The Plan will align with the Centers for Medicare & Medicaid Services (CMS) and will recognize the Facility’s policy guidelines for assigning emergency Evaluation & Management (E & M) coding if it meets the 11 guideline principles outlined on this policy.

BACKGROUND:

Since April 7, 2000, CMS instructed hospitals to report facility resources for emergency department hospital outpatient visits using the CPT E & M codes and to develop internal hospital guidelines for reporting the appropriate visit level. The ultimate goal is to create national guidelines for hospital coding of emergency department visits.

CMS has reiterated their goal to create national guidelines since CY 2000 but no national guidelines have been implemented as of CY 2018. CMS has communicated a set of principles that any national guidelines for facility visit coding should satisfy.

REIMBURSEMENT GUIDELINES:

Until national guidelines are established, hospitals should continue using their own internal guidelines to determine the appropriate reporting of different levels of emergency department visits. All internal hospital-specific guidelines for reporting visits must meet the 11 guideline principles listed below. [CMS-1392-FC]

(1) The coding guidelines should follow the intent of the CPT code descriptor in that the guidelines should be designed to reasonably relate the intensity of hospital resources to the different levels of effort represented by the code.

(2) The coding guidelines should be based on hospital facility resources. The guidelines should not be based on physician resources.
(3) The coding guidelines should be clear to facilitate accurate payments and be usable for compliance purposes and audits.
(4) The coding guidelines should meet the HIPAA requirements.
(5) The coding guidelines should only require documentation that is clinically necessary for patient care.
(6) The coding guidelines should not facilitate upcoding or gaming.
(7) The coding guidelines should be written or recorded, well-documented, and provide the basis for selection of a specific code.
(8) The coding guidelines should be applied consistently across patients in the clinic or emergency department to which they apply.
(9) The coding guidelines should not change with great frequency.
(10) The coding guidelines should be readily available for fiscal intermediary (or, if applicable, MAC) review.
(11) The coding guidelines should result in coding decisions that could be verified by other hospital staff, as well as outside sources.

The Plan requires providers remain compliant with their own internal policies governing facility emergency E & M coding. The Plan may request copies of current facility E & M coding policies and use these for audit purposes.

To the extent that facilities use either customized or off the shelf computerized point systems to determine emergency department visit levels such facilities should make inquiries to understand and document system logic including any changes. This would facilitate audits including audit re-performance of calculations. Such inquiries/documentation shall remain current for audit verification purposes.

REFERENCE:

CMS-1392-FC Medicare Program: Changes to the Hospital Outpatient Prospective Payment System and CY 2008 Payment Rates, the Ambulatory Surgical Center Payment System and CY 2008 Payment Rates, the Hospital Inpatient Prospective Payment System and FY 2008 Payment Rates; and Payments for Graduate Medical Education for Affiliated Teaching Hospitals in Certain Emergency Situations Medicare and Medicaid Programs: Hospital Conditions of Participation; Necessary Provider Designations of Critical Access Hospitals
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