

SPECIAL eBULLETIN

FOR FACILITY PROVIDERS

JUNE 27, 2018

FACILITIES MUST MAINTAIN COMPLIANCE WITH THEIR INTERNAL EMERGENCY EVALUATION AND MANAGEMENT CODING GUIDELINES

Highmark has developed a new reimbursement policy that will require facility providers to remain compliant with their internal policies that govern facility emergency evaluation and management (E/M) coding. The new reimbursement policy, Emergency Evaluation and Management Coding Guidelines, becomes effective Aug. 27, 2018, and applies to Highmark's Commercial and Medicare Advantage products.

In April 2000, the Centers for Medicare & Medicaid Services (CMS) instructed hospitals to use all CPT® E/M codes to report emergency department outpatient visits because they had been using the E/M codes that described physician services, not the services provided by the facility. CMS's goal is to create national guidelines for hospital coding of emergency department visits and those efforts continue. Because a consensus has not yet been reached, CMS instructed hospitals to develop their own unique internal guidelines for reporting emergency department E/M visits. Today, each hospital must have its own E/M reporting methodology.

All internal hospital-specific guidelines for reporting emergency department visits must meet the following 11 guideline principles:

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.



Until national guidelines are established, hospitals should continue to use their own internally developed guidelines to determine the appropriate reporting of different levels of emergency department visits. Highmark may request copies of current facility E/M coding policies and may use those for audit purposes.

WEB LOCATION OF HIGHMARK'S REIMBURSEMENT POLICIES

You can review Highmark's Emergency Evaluation and Management Coding Guidelines reimbursement policy on the Provider Resource Center on Aug. 27, 2018.

Reimbursement policies are located on the Provider Resource Center as an option under **CLAIMS, PAYMENT & REIMBURSEMENT**. Select **Reimbursement Policy** to review Highmark's reimbursement policies. As new reimbursement policies are developed, they will be added to the Reimbursement Policy page.