



Bill Dunbar and Associates



EMERGENCY DEPARTMENT FACILITY E/M LEVELS

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Assigning Levels of Service...

When billing for medical services, there is typically a guideline for how to choose the correct CPT code for reporting purposes. Direction or clarification may come from the CPT book itself or the CPT Assistant, CMS' published guidelines, or the American Health Association's Coding Clinic, among others. But there is a significant category of codes for which providers have been given little coding direction: **Emergency Department Facility E/M Services.**

There are no national standards for how facilities choose an outpatient level of service in the emergency department. However, CMS published some guiding principles for establishing a level of service, which includes:

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 emergency department.
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.

Assigning Levels of Service (cont'd)...

The result, as could be reasonably inferred, is a significant variance on how facilities report the E/M services and how payers interpret these charges.

There are two models that are often considered when facilities develop their coding guidelines.

One model uses a point system and ranges are assigned to each level of service. For example, patient arrival by private vehicle may be given 1 point, but EMS arrival is valued at 3 points. Assisting the ED provider with a minor procedure like a laceration repair might be worth 5 points while assisting with a significant procedure such as CPR might be given 15 points. At the end of the visit the points are tallied and the ED facility level is determined based on total points.

Another model that is more simplified uses interventions or groups of interventions to determine a level of service. The American College of Physicians (ACEP) offers this model as an example on their website. Prepping a patient for a plain X-ray and providing crutch training is an example of a 99283 according to this model.

Regardless of which method your facility uses for capturing the codes, there should be clarification for vague terms like “minor” or “simple”. If you assign points for a “simple” procedure, then the coders need to know how simple is defined at your facility. Time should be taken on a regular basis to go over the guidelines to see if resource use has changed resulting in the guidelines needing to be altered to capture the increase or decrease in emergency department resources.



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It is also a good idea to regularly review with the coders the guidelines, particularly related to defining those vague terms while using examples from recent encounters. Reviewing examples of services performed and the specific documentation related to those services at your facility provokes discussion and could lead to other areas that may need clarification.

While there are no official coding guidelines for facility E/M services, regardless of the method used for determining the level, it's important that it accurately reflects the resources used, and the rationale is applied consistently across your organization.



Since there are significant impacts on documentation and coding, BDA **is offering a complimentary Preliminary Analysis** that will focus on your ED facility level of service. This analysis will contain potential growth opportunities related to your ED and facility setting.

Contact **Terri Scales at 800-783-8014 or ts@billdunbar.com** to learn more about BDA's **complimentary ED Facility Preliminary Analysis**.

