



ESSENT HEALTHCARE, INC.

Section: Corporate Compliance	Effective Date: 06/01/05
Subject: Coding for ED Services	Revision Date: 06/24/09
Policy #: CC-21	Review Date: 06/24/09
Responsible Party: Corporate Compliance Officer	Revision #: 2

Scope:

This policy applies to all Essent Hospitals.

Purpose:

The purpose of this policy is to set a uniform process for the assignment of Evaluation and Management Codes (visit levels), and other appropriate CPT codes in the Emergency Department across all Essent Hospitals.

Policy:

It is the policy of Essent to appropriately match resource consumption with billed “visit levels” in the emergency department. In this respect, all Essent Hospitals will utilize the E-Point system developed by Lynx Medical Systems to assign E/M visit levels. In addition, the E-point system requires documentation of start and stop times for infusions and/or IV therapy.

It is the policy of Essent Healthcare Inc. that all Essent Hospital personnel must document start and stop times for all infusions and IV therapies for all patients regardless of payer. Failure to properly document start and stop times will result in disciplinary action against any individual who fails to properly document this information.

Under no circumstances should any hospital ever bill or assign an injection (“IV Push”) code in lieu of an infusion code due to missing start or stop times as this would result in improper use of the CPT codes in question and may result in a false claim.

E/M Coding Guidelines

1. Coding guidelines for emergency room visits should be based on emergency room resource consumption. Visit levels should be tied to actual resource consumption in the ED such as number and type of staff interventions, clinical services provided, and/or patient acuity.
2. All CPT codes that are assigned should accurately reflect the service provided as described by the formal CPT code descriptors. If the documentation needed to assign a CPT code does not exist in the medical record, then no code should be billed. It is never appropriate to substitute



ESSENT HEALTHCARE, INC.

Section: Corporate Compliance	Effective Date:	06/01/05
Subject: Coding for ED Services	Revision Date:	06/24/09
Policy #: CC-21	Review Date:	06/24/09
Responsible Party: Corporate Compliance Officer	Revision #:	2

one code for another code due to missing or insufficient documentation.

3. Coding guidelines should be uniform across all Essent facilities.
4. Coding guidelines should be clear, facilitate accurate charging and payment, be usable (reproducible) for compliance auditing purposes, and meet HIPAA requirements.
5. Coding guidelines should only require documentation that is clinically necessary for patient care. Preferably, coding guidelines should be based on current hospital documentation requirements.
6. Coding guidelines should not facilitate “upcoding” or “gaming” of the system.
7. Coding guidelines should result in a normal distribution (bell-shaped curve) of E/M levels.
8. Coding guidelines for E/M services should NOT allow counting of any separately payable services. Coding guidelines for E/M services should only include services that are not otherwise separately payable.
9. Coding guidelines should be appropriate for the types of services provided in the hospital and must also clearly differentiate the relative resource consumption for each level of service so that a medical reviewer can easily infer the type, complexity, and medical necessity of the services provided and validate the level of service reported.
10. Documentation to support the visit level assigned must be contained within the medical record.

References:

OPPS proposed rule FR 08/24/01

OPPS final rule FR 11/01/02

E-Point Coding System/LYNX Medical Systems