A Common Sense Approach to Emergency Department E&M

"Common Sense it don’t make no Sense, It don’t Make no sense no More"

John Prine

We all Know the Drill

• CPT and CMS Guidelines
• History
• Physical
• Medical Decision Making
• All of Those Acronyms
• HPI, ROS, MDM, FH, SH, PMH, PBA
• Oops last one is Professional Bowlers Association
Results of CMS/CPT Guidelines

- Defensible Documentation Guidelines
- Basis for Coder Training
- Basis for Certifications
- Audit Tools
- ETC, ETC
- But....

Confusion Remains

- Variances Coder to Coder
- Particularly whether to code a 99282, 3 or 4
- AAPC List Serve debates on Ankle Sprains, Otitis Media, Pharyngitis, Abdominal Pain etc. etc.
- ED Billing/Coding Industry Approach
- AAPC Approach
- Your Approach
Why?

• Medical Decision Making
• The Marshfield Tool
• Emphasis on Tool
• If Marshfield is so Great Why were they Searching for a Director of Coding?
• Marshfield did not Invent Coding or write the CPT Book
• But you are Right...Auditors use the Tool

Additional Issues

• 99282 and 99283 require same EPF History and Physical Exam
• 99283 and 99284 require the same Moderate Complexity Decision Making
• Table of Risk not well Suited for ED Services
• There are often E&M Close Calls
• For Example;
What is better than Hoops with Your Son?

You Know What Happens Next
You know it, You Love it, you’ve Seen it 1000 Times

• Good Old Ankle Sprain
• So let’s take a look at it
• Dad trips over his own feet trying to show off his moves to his son. Injures his ankle. Painful and swollen, trouble bearing weight. Heads to ED worried he has a fracture. ED doc documents a Detailed History and Physical, Orders an X-ray; documents Radiology finding; no fracture. Ankle is immobilized. Dad sent home with RICE order, and to coach and not play Basketball; and a prescription for Percocet for pain
• So What ED Level are we looking at?

Survey says

A. 99282
B. 99283
C. 99284
D. 99285
E. 99291
What about the Kid

• Same scenario for son since Dad injured kid while tripping over him. Kid also has an ankle sprain. Same P&E, same treatment. The kid is upset and crying in the ED, so the Physician orders a specific dose of Kids Tylenol. Kid is sent home with instructions including specific instruction about dose and timing of Tylenol.

99282, 3 or 4?

• Have seen that Ankle Sprain Scenario coded anywhere from 99282-4
• Should Father and Son be coded at different Levels for similar treatments?
• Marshfield Tool?
• What if physician documented “Independent visualization of Image” and “Review of old Records”?
• Along with the Omni-Present Detailed History and Physical
• And pretty much all ED Visits are; “New Problem to Examiner”.
• And what about the Diagnosis? (we will get back to that)
## Non ED Industry Approach

<table>
<thead>
<tr>
<th>99282</th>
<th>99283</th>
<th>99284</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low MDM</td>
<td>Moderate MDM</td>
<td>Moderate MDM</td>
<td>Issue is</td>
</tr>
<tr>
<td>No Prescription Medication</td>
<td>Where are the 99283?!</td>
<td>Prescription Medication Ordered</td>
<td>MDM is moderate for both 99283 and 4</td>
</tr>
<tr>
<td>X-Ray without Documentation of Visualization</td>
<td>Or X-Ray Visualization and Review of Previous Records</td>
<td>So are Sprains pretty much all 99282’s or 4s?</td>
<td></td>
</tr>
</tbody>
</table>

## ED Level Approaches for Non Fracture Injuries

- Should Injuries be Coded either 99282 or 99284 based on MDM?
- Detailed History Physical and Moderate MDM gets your to a 99284
- But it’s an ankle Sprain!? 
  - Detailed History and Physical with Low MDM gets you 99282
  - But I usually code an Ankle Sprain a 99283
  - Am I wrong?
Ah, What a Cute Kid

Think We are Looking at
Otitis Scenario

• Here we have a 4 year old complaining of ear pain, fever of 100.6, some drainage of ear. Kid is in discomfort in the ED. Detailed History and Physical are done. Child is comforted and the antibiotic of choice is prescribed along with the usual discharge instructions or

• Same child same symptoms and treatment. But ordered and administered specific dose of children’s Tylenol in the ED. Risk of medication is discussed with parents. No anti-biotic prescribed, continued timing and dosage of Children’s Tylenol in discharge instructions.

Survey Says

a. 99281
b. 99282
c. 99283
d. 99284
e. 99213(Kid should have been taken to family doctor and saved the system some $)
Otitis Media

• Similar MDM/Marshfield Drill to Injuries
• With Detailed H&P brought to you by a well Scribed EMR
• And Anti-biotic prescription
• Are we always at 99284 with Script
• Or 99282 without Script?
• But I usually code Otitis 99283 unless other symptoms being treated e.g. High Fever etc
• Am I wrong?

Warning the Following Slides Do Not Represent Coding Guidelines
Coding Common Sense/Nature of Presenting Problem

<table>
<thead>
<tr>
<th>99281</th>
<th>99282</th>
<th>99283</th>
<th>99284</th>
<th>99285</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Limited or Minor</td>
<td>Low to Moderate</td>
<td>Moderate</td>
<td>High Severity Require Urgent Evaluation by Physician</td>
<td>High Severity but Pose an Immediate, significant threat.</td>
</tr>
</tbody>
</table>

Include Nature of Presenting Problem in your Coding Thought Process

• NOPP provides Clear Differentiation between ED Levels
• In Choosing a 99282 to 99284 NOPP Terms are more clearly Defined Than
• History which is the same for 99282 and 99283 (Expanded Problem Focused)
• And MDM which is the Same for 99283 and 99284 (Moderate Complexity)
• Not factoring in NOPP and “Medical Necessity” results in an Over Reliance on Marshfield Tool and resulting 99282s or 99284s
• But Examples of 99282 to 99284 would help...
CPT Examples

<table>
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<tr>
<th>99282</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Painful Sunburn w Blister</td>
<td>8 year old with Fever, Diarrhea, Abdominal Cramps</td>
<td>4 Year Old Falls off Bike, Head Injury with Brief LOC</td>
</tr>
<tr>
<td>Impetigo</td>
<td>Blunt Head Injury, No LOC</td>
<td>Flank Pain with Hematuria</td>
</tr>
<tr>
<td>Poison Ivy</td>
<td>Inversion Ankle Injury, unable to Bear Weight</td>
<td>Lower Abdominal Pain with Vaginal discharge</td>
</tr>
<tr>
<td>Minor Injury</td>
<td>Sexually Active Female with Vaginal Discharge</td>
<td>“Fallen and Can’t Get up” Elderly with Fall and Hip Pain</td>
</tr>
</tbody>
</table>

Per CPT Appendix C

- “Of utmost importance is that these clinical examples are just that: Examples
- “A particular encounter must be judged by the services provided by the physician for that patient”
- Simply because a patient’s complaints, symptoms or diagnoses match those of a particular clinical example does not ...automatically assign a Level of Service”
- *Duh...I think we knew this was not DRG Coding*
- And finally “The three components History, Physical and Medical Decision Making must be documented...”
- *I think we knew that!*
But CPT Also States

• Clinical examples of the CPT for E/M services are intended to be used as an important element of the coding system.”
• And “Clinical examples....provide a powerful and comprehensive tool for physician to report Services provided to their patients”
• So examples can be used to determine Levels?
• Sorry, No but they do provide a relatively logical increase in acuity of patient presenting problems with each increasingly acute code
• So Examples can help with hose “Close Calls”

Second Warning: CPT Examples are not to be used as the Basis of CPT Coding
Can we factor in Physician Course of Treatment Based on NOPP? (Stimlerish Approach)

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<tr>
<td>Topical Cream or Ointment for Rash</td>
<td>OTC MEDS Ordered and Administered in ED or Provider reviews and adjusts current Meds</td>
<td>Multiple Sets of X-Rays for multiple MVA injuries</td>
<td>Now You Try It</td>
</tr>
<tr>
<td>Topical for Minor Abrasion.</td>
<td>One Set of X-Rays Ordered for an Isolated Area; Injury Immobilized</td>
<td>Ultrasound for RLQ Abdominal Pain</td>
<td></td>
</tr>
<tr>
<td>Sub-q, IM Injection</td>
<td>Multiple Nebs for SOB and Wheezing</td>
<td></td>
<td></td>
</tr>
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Common Sense

- Certain NOPPS, Sign, Symptoms, Chief Complaints are typically a “Starting Point” for “Considering” an ED Physician Level
- Chest Pain and SOB in a 50 Year OLD
- Lower Abdominal Pain, Nausea and Vomiting in a 38 Year old
- Sprain of Joint or Strain of Muscle
- Rash, no other symptoms
- Fever, sore Throat
- ETC
Summary

• CMS 95/97 and CPT Guidelines are the Basis for Determining ED Professional E&Ms
• Marshfield Tool is widely used for Determining and Auditing MDM
• Nevertheless; approaches to ED Levels Vary and Can Result in Abundance of 99282 or 99284
• Common Sense Approach of Factoring in NOPP, Examples, and additional Scenarios can Help in “Close call” Scenarios.
• A Bell Curve Looks Like;

Peaking Much closer to 99284 These Days
Thank you!

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