

### 1: Profee Coding Specialist/Remote Coder Resume Example (Harmony Healthcare) - Atlanta, Georgia

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This article outlines principles for hospital ED visit guidelines, as well as guidance on reporting them. During its consideration of various available guidelines, CMS identified four basic models in use: Guidelines based on the number or type of staff interventions. Intervention models use basic care interventions to report the lowest level of service, with higher levels assigned as complexity or number of nursing and ancillary staff interventions increases. Guidelines based on time spent with the patient. As time spent with the patient increases, so does the level assigned. Guidelines based on a point system. The time, complexity, and type of staff required determine the number of points assigned to each intervention. Guidelines based on patient severity. The diagnoses, level of medical decision making, and presenting complaint or medical problem are used to correlate resource consumption. ED Visit Guiding Principles Regardless of the model, guidelines should reflect the hospital resources used in providing the service. This includes situations where patients may see a physician only briefly, or not at all. It also found that all proposed guidelines allow for counting of separately paid services e. The ED is a location where primarily unscheduled, urgent, or emergency care is provided, and modifier use is legitimately higher in the ED than in other outpatient hospital settings. It is appropriate to append modifier to ED codes " when these services lead to a decision to perform diagnostic or therapeutic procedures. Thus the journey for national guidelines began. CMS responded in its November 1, , OPSS final rule with a recommendation that an independent panel of experts be convened to make recommendations regarding standard definitions and guidelines for ED facility visit code assignment. CMS made modifications to the recommended guidelines and contracted a pilot study to test them. The pilot was halted when it revealed that the guidelines required clearer definition. CMS continued to review several submitted guidelines for consideration. In the absence of national guidelines, CMS is now regularly re-evaluating hospital outpatient visit patterns of reporting through the annual analysis of claims data to ensure that hospitals continue to bill appropriately according to their own internally developed guidelines. Available online at [http:](http://) The Critical Care Controversy In the OPSS final rule, CMS again stated that hospitals must provide a minimum of 30 minutes of critical care services in order to report CPT code , Critical care evaluation and management of the critically ill or critically injured patient; first 30"74 minutes. Any services that CPT indicates are included in the reporting of CPT code should not be billed separately by the hospital. CMS also addressed the policy during a hospital open door forum last winter, reiterating that CMS follows CPT-4 guidelines to the extent possible and that critical care coding rules in the CPT-4 manual apply to hospitals and physicians. Hospitals should thus subtract from the critical care time any separately reportable procedures, such as CPR and drug administration. They should not report separately those procedures included in the CPT definition of critical care. Hospitals also should report face-to-face critical care time provided by physicians or hospital staff. If multiple staff members or physicians are providing the service simultaneously, the time involved can only be counted once. The challenge is daunting, and the impact on compliant billing practices is broad. CMS expects hospitals to maintain, update, and provide ongoing education to their providers regarding the internal guidelines they have developed, while following the principles delineated above. Notes Jones, Lolita M. A Guide to Hospital Outpatient Challenges, second ed. Available online at [www.AmericanCollegeofEmergencyPhysicians.org](http://www.AmericanCollegeofEmergencyPhysicians.org). Centers for Medicare and Medicaid Services. Resources American College of Emergency Physicians. Medicare Claims Processing Manual. Tedi Lojewski [tlojewski.chanllc](http://tlojewski.chanllc).

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