Use of the Medicare Audit Tool for Emergency Medicine Evaluation and Management Coding
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Overview

Due to a preponderance of different publications on medical coding and use of the Medicare and AMA/CPT Evaluation and Management (E&M) Documentation Guidelines (DGs) most coding organizations have found it necessary to construct and maintain reference material that assists coders in selecting the correct level of the E&M code and particularly the level of Medical Decision Making (MDM). The chosen MDM level is used in conjunction with the History and Exam levels to assist coders in determining the proper Evaluation and Management code for services provided by the emergency physician. The original "Marshfield Clinic Audit Tool" and the current "Medicare Documentation Worksheet"[1] are commonly used by emergency medicine coding organizations with the realization that such guidelines were originally developed for use by multi-specialty clinics and office-based medical practices, and not for emergency medicine.

We have elected to use this "Medicare Documentation Worksheet" as the baseline for this "Coding Grid User Guide." This Guide defines items in each of the tables in an attempt to obtain a higher degree of clarity and to explain each with a focus on the practice of emergency medicine. In addition, we have added numerous clinical examples for many of these defined words, phrases and sentences. We have also included a more detailed discussion of the moderate level of the Risk Table as this level incorporates the biggest range of MDM. Comments related to the types of patient presentations, procedures and management options are additionally provided for the MDM involved in the care of the Critical Care type patient. The clinical examples and comments of patient presentations described herein are all fictitious.

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[1] "HGS Administrators Documentation Worksheet", HGS Administrators (CMS Pennsylvania Carrier,),www.hgsa.com, April 2008

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This Grid provides guidelines for determining the level of Medical Decision Making from provider documentation in the emergency department; however it should be noted that the coder is also expected to review the documentation for reasonable medical necessity and severity of the patient's presenting problem(s). Therefore, in an extreme example, if the History, Exam, and Medical Decision Making indicated a level five service, but the patient presented with a minor laceration and was discharged with a simple laceration repair and nothing more, then we would expect the coder to refer such chart to management or the provider for review prior to coding and billing.

Using the Coding Grid

The expanded grid consists of the following tables:

- Table A: Number of Diagnosis and Treatment Options
- Table B: Amount and/or Complexity of Data Reviewed
- Table C: Table of Risk of Complications and/or Risk of Morbidity and/or Mortality
- MDM Choice Summary Table

The grid should be used in the following manner:

1. The coder should review all of the tables (A, B, and C), and circle the patient presentation, procedures performed, therapeutic interventions and ultimate patient disposition that are documented on the emergency department treatment record (EDTR).
2. The coder should mark the Summary Table with the results from each of the three tables. The column that includes two or more choices and is the closest in proximity to the right side of the table will determine the level of Medical Decision Making. If no single column includes two or more choices then select the second choice from the right or left (middle choice).
3. The level of MDM indicated in the Summary Table must be checked against the level obtained for the History and Physical Exam. If the levels achieved for the History and/or the Exam are below the level of MDM, the coder must select the lowest level of the deficiently documented History and/or Exam.

Additional information and instructions for proper use of Tables A, B, and C is included immediately following each table.

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Table C: Risk of Complications and Morbidity/Mortality

Level of Risk	Presenting Problem(s)	Diagnostic Procedure(s) Ordered	Management Options Selected
Minimal	• One self-limited or minor problem (e.g., cold, insect bite, tinea corporis)	• Lab Test requiring venipuncture • Chest x rays • EKG/EEG • Urinalysis • Ultrasound	• Rest • Gargles • Elastic bandages • Superficial dressings
Low	• Two or more self-limited or minor problems • One stable chronic illness (e.g., well controlled hypertension or non-insulin dependent diabetes, cataract, BPH) • Acute uncomplicated illness or injury (e.g., cystitis, allergic rhinitis, simple sprain)	• Physiologic test not under stress (e.g., pulmonary function tests) • Non-cardiovascular imaging studies with contrast (e.g., barium enema) • Superficial needle biopsies • Clinical laboratory tests requiring arterial puncture • Skin biopsies	• Over-the-counter drugs • Minor surgery with no identified risk factors • Physical therapy • Occupational therapy • IV fluids without additives
Moderate	• One or more chronic illnesses with mild exacerbation progression, or side effects of treatment • Two or more stable chronic illnesses • Undiagnosed new problem with uncertain prognosis (e.g., lump in breast) • Acute illness with systemic symptoms (e.g., pyelonephritis, pneumonitis, colitis) • Acute complicated injury (e.g., head injury with brief loss of consciousness)	• Physiologic tests under stress (e.g., cardiac stress test, fetal contraction stress test) • Diagnostic endoscopies with no identified risk factors • Deep needle or incisional biopsy • Cardiovascular imaging studies with contrast and no identified risk factors (e.g., arteriogram, cardiac catheterization) • Obtain fluid from body cavity (e.g., lumbar puncture, thoracentesis, culdocentesis)	• Minor surgery with identified risk factors • Elective major surgery (open, percutaneous, or endoscopic) with no identified risk factors • Prescription drug management • Therapeutic nuclear medicine • IV fluids with additives • Closed treatment of fracture or dislocation without manipulation

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Level of Risk	Presenting Problem(s)	Diagnostic Procedure(s) Ordered	Management Options Selected
High	• One or more chronic illnesses with severe exacerbation progression, or side effects of treatment • Acute or chronic illnesses or injuries that pose a threat to life or bodily function (e.g., multiple trauma, acute MI, pulmonary embolus, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness with potential threat to self or others, peritonitis, acute renal failure) • An abrupt change in neurologic status (e.g., seizure, TIA, weakness, or sensory loss)	• Cardiovascular imaging studies with contract with identified risk factors • Cardiac electrophysiological tests • Diagnostic endoscopies with identified risk factors • Discography	• Elective major surgery (open, percutaneous, or endoscopic) with identified risk factors • Emergency major surgery (open, percutaneous, or endoscopic) • Parental controlled substances • Drug therapy requiring intensive monitoring for toxicity • Decision not to resuscitate or to de-escalate care because of poor prognosis

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Table C: Overview

Note: Table C, the Risk Table, is only one of three tables to consider in determining the appropriate level of MDM. Exclusive use of the Risk Table to determine the appropriate level of MDM is not appropriate and should never be considered.

Table C, **The Risk of Morbidity and/or Mortality Table,** has not been modified from its original state. It is the same table that can be found in the 1995 Documentation Guidelines and on the CMS web site. Table C is used by many of the Medicare carriers, and other payers and coding organizations. In an attempt to illustrate how Table C should be used for the practice of emergency medicine, we have provided clinical scenarios that are based on the phrases in the table and that often occur in the ED. These examples should assist a coder in selecting the Risk level that most appropriately represents the activity performed by the emergency medicine provider.

We have added concepts to provide the coder with additional guidance; especially in the Moderate risk level where the MDM risk of two of emergency medicine's CPT codes - 99283 and 99284 - are represented. We have also included a comprehensive review of Critical Care in order to assist the coder in the appropriate verification of a Critical Care-type case.

Table C is divided into three main columns. The choices in the three columns mimic the natural progression of Medical Decision Making that occurs given a patient's presentation and the treatment options chosen by a provider up to the point of patient discharge, transfer, admission or death. The progression of higher severity of Risk can be observed by referring to the patient's medical record. This includes the order sheets, EDTR, and nurses' notes that include all ancillary study orders, therapeutic orders and the results and interpretations of

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these ancillary studies that help guide additional therapy and ultimate disposition of the patient. By observing all activity performed for the patient from presentation to final disposition, a coder should be able to discover increased severity of patient presentations, procedures that are performed, and the therapeutic efforts that indicate the type of risk of mortality and morbidity in any given case. Patient presentations are discovered in the chief compliant(s) and the HPI section of the chart along with the initial vital signs. Procedures performed generally can be found by reviewing documentation that is located near the results and interpretation section of the MDM section of the EDTR. These procedures can sometimes be verified by reference to the procedure being performed in the nursing notes. Therapeutic efforts are most frequently found in the order sheets that are separate from the main EDTR.

Presenting Problems Column

This column presents the coder with grades of severity for patients who present to an ED for care. These presentations range from minor recheck visits to various high-risk conditions that require rapid evaluation and therapy on the part of the emergency physician. Presentations increase in potential severity as the user moves from the top to the bottom of this column.

Diagnostic Procedure(s) Ordered Column

This column includes the number and types of procedure(s) that are ordered or performed by the provider in order of increased risk to the patient during and following the performance of the various procedures. Only a few procedures that are performed by the emergency physician are listed in this column. When reviewing the various levels of Risk related to procedures, we have elected to add various ancillary studies that are ordered, additional exam areas that enhance the provider evaluation and other procedures that were not listed in the Medicare audit tool but are performed not uncommonly by the emergency physician or NPP.

This section contains a review of all procedures that are found in the Diagnostic Procedures Ordered column and a review of other procedures unique to emergency medicine practice for each risk level. Certain procedures carry with them an enhanced risk for morbidity and mortality. In our review of this column, we have elected to address additional clinical scenarios that have an impact on the determination of risk even though they have not been included in the Medicare Risk Table. These areas include:

- The number and types of laboratory studies, x-rays and any Special Studies ordered.
- Additional exam areas or systems.
- Multiple procedures that are performed in the practice of emergency medicine. These procedures are presented with the level of risk assigned that coincides with the amount of risk to the patient at both the time the procedure is performed and the time following the performance of said procedure.

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On the main audit tool, procedures performed are placed in levels of risk based on the risk to the patient during the performance of the procedure and the risk during the time following these efforts up to the patient's disposition. We have added additional explanatory verbiage that focuses on such efforts as enhanced workups (ancillary studies), more comprehensive exams, and various special studies ordered or procedures performed. The types of patients these procedures and management options are performed on have also been addressed. Discussion of these issues will occur with a focus on not only on the overall severity of the patient (low, moderate or high) but also on the threat to life or physiologic function along with the risk of increased morbidity and mortality.

Management Options Selected Column

This column presents the provider's therapeutic orders and a patient's final disposition. The items listed in this column represent the risk to the patient during and after the performance of these orders. We will address management options and final dispositions that are common to the practice of emergency medicine and are performed for various patients depending on the overall risk of increased patient morbidity and mortality or the threat to life or physiologic function.

A patient's final dispositions following treatment in the ED refers to whether the patient was discharged, transferred, admitted, placed in observation or deceased. Medications administered in the ED are presented in increasing significance as are other therapeutic treatments including respiratory treatments and other types of medications.

Specific Items Related to Risk

The Risk Table includes many elements that are common to the practice of emergency medicine. To facilitate its use, a breakdown of each of the cells in the table has been provided. We will examine each level of Risk independently and will initially review the Presenting Problems followed by Procedures Performed and the Management Options selected. We will present additional examples and define various terms while also explaining items as they relate to the practice of emergency medicine and subsequent choice of Risk level based on the patient's risk of increased morbidity and mortality, the severity of a case, and the risk of an immediate threat to life or physiologic function. The items listed in the Risk table are presented with bullets (•). Other examples that we have added are preceded by a dash (–).

Minimal

Presenting Problems

- **One self-limited or minor problem (e.g., cold, insect bite, tinea corporis)**

Self limited or minor problems can be defined as those problems requiring no ancillary studies or therapeutic intervention including medication. Other examples of self-limited or minor problems include:

– Tetanus shot only w/ no other presenting complaint.
– Recheck: wound repaired at other location.
– Recheck: I&D, burn, cellulitis (healing).

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Diagnostic Procedures Ordered

- Lab Test requiring venipuncture
- Chest x rays
- EKG/EEG
- Urinalysis
- Ultrasound

The risk in performing a venipuncture, taking a chest x-ray, performing an EKG or EEG, obtaining a urinalysis or having an ultrasound performed on a patient poses only minimal risk to the patient. The risk following the performance of these procedures is also minimal. Please note, however, that the risk to perform these procedures may be minimal but the severity of the patient may be much greater as will be addressed later in the Risk Table review.

Management Options Selected

- Rest
- Gargles
- Elastic bandages
- Superficial dressings

The risk to the patient in performing these efforts is minimal. As a general rule, orders for medication or ancillary studies do not occur at this level.

Low

Presenting Problems

- **Two or more self-limited or minor problems**
- **One stable chronic illness (e.g., well controlled hypertension or non-insulin dependent diabetes, cataract, BPH)**
- **Acute uncomplicated illness or injury (e.g., cystitis, allergic rhinitis, simple sprain)**

Self-limited or minor problems may be defined as those problems requiring no ancillary studies or therapeutic interventions including medication. A stable chronic illness and an acute uncomplicated illness or injury also implies that no medication or ancillary studies such as lab or x-rays were required either in the emergency department or on discharge following the visit. Surgical procedures such as laceration repair or I&D of an abscess that have a separately identifiable history and physical exam with no medication or ancillary studies have low severity presenting problems. Examples of minor illness and injury include:

- Minor trauma without the need for an x-ray
- Minor illness with no ancillary studies or medications ordered
- An isolated rash

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Diagnostic Procedures Ordered

- Physiologic test not under stress (e.g., pulmonary function tests)
- Non-cardiovascular imaging studies with contract (e.g., barium enema)
- Superficial needle biopsies
- Clinical laboratory tests requiring arterial puncture
- Skin biopsies

The only procedure from this list that is performed in the emergency department is clinical laboratory tests requiring an arterial puncture, which would be seen in orders for an Arterial Blood Gas or ABG. ABG orders typically occur in patients with shortness of breath from conditions such as severe asthma, or COPD, or in significant metabolic illnesses such as diabetic ketoacidosis. The risk to the patient during and after this procedure is considered low. Regardless, coders should be mindful of the fact that these cases requiring an ABG are generally high severity cases that pose immediate threat to life or physiologic function.

Management Options Selected

- Over-the-counter drugs
- Minor surgery with no identified risk factors
- Physical therapy
- Occupational therapy
- IV fluids without additives

The risk to the patient in performing these management options is low. Directing a patient to purchase over the counter medication at discharge does not carry extensive risk, nor does performing minor surgery. Physical and occupational therapy are not generally performed in an emergency setting. The act of starting IV fluids also does not carry a significant risk to the patient during and after the infusion of the IV fluids. For example, starting an IV with Normal Saline or D5W ½ NS carries low risk as does the infusion of these IV fluids. The coder should be mindful, however, that those patients requiring IV fluids, with or without additives, are generally high severity cases that may or may not pose an immediate threat to life or physiologic function.

Other examples of management options that are commonly seen with patients who have a low severity condition are as follows:

- – No meds in ED or prescription on discharge
- – Over-the-counter drugs suggested without a prescription

Moderate

Presenting Problems

- **One or more chronic illnesses with mild exacerbation progression, or side effects of treatment**
- **Two or more stable chronic illnesses**
- **Undiagnosed new problem with uncertain prognosis (e.g., lump in breast)**

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