Navigating the Pressures of Emergency Department Revenue Capture

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Where's the Money?

- Between 2019 and 2022
  - 17.5% increase in overall hospital expenses
  - 18.5% increase in supply expense
  - **33% increase in Emergency Department services expenses!**
    - Increased acuity = increased need
    - Cost of complex equipment for the ED such as ventilators
      - » AHA, "*The Financial Stability of America's Hospitals and Health Systems Is at Risk as the Costs of Caring Continue to Rise*", April 2023

Where's the Money?

- Emergency Department revenue comes from:
  - Facility Level of Service (99281-99285, 99291)
  - IV Therapy – Infusion/Hydration/Push
  - ED Procedures Performed
  - Ancillary Services
    - Labs
    - Radiology
    - Supplies

Chat Question

How are your facility levels of service determined?

A. Coders trained in outpatient coding

B. Nursing applies the codes

C. EHR calculates the level

D. Hybrid approach

Where's the Money?

- Who impacts the charges?
  - Nursing staff
  - Physicians/NP/PA
  - Coding
  - Billing
  - IT

Facility Level of Service

- What are the rules?
  - No "guidelines" for levels of service
  - Guiding principles according to CMS
    - Reasonably relate the intensity of hospital resources to the different levels of effort represented by the code.
    - Be based on hospital facility resources, not physician resources.
    - Be clear to facilitate accurate payments and be usable for compliance purposes and audits.

Facility Level of Service

- Guiding Principles
  - Meet HIPAA requirements.
  - Require only documentation that is clinically necessary for patient care.
  - Not facilitate upcoding or gaming.
  - Be written or recorded, well documented, and provide the basis for selection of a specific code.
  - Be applied consistently across patients in the clinic or emergency department to which they apply.

Facility Level of Service

- Guiding Principles (cont'd)
    - Not changed with great frequency.
    - Be readily available for fiscal intermediary (or, if applicable, MAC) review.
    - Result in coding decisions that could be verified by other hospital staff, as well as outside resources.

Facility Level of Service

- How are your levels of service determined?
  - Intervention based

Pros	Cons
Easy to use	Less options for impacting code choice
May result in higher levels of service on average	May result in higher levels of service on average
Consistent use by multiple facilities/health systems	

Facility Level of Service

- How are your levels of service determined?
  - Point System

Pros	Cons
Well defined	Time consuming to calculate
Easily verifiable by payers	Opportunities to miss points resulting in lower level of service

Facility Level of Service

- How are your levels of service determined?
  - EHR Calculates
    - What are the inputs that are used to determine the levels of service?
    - Are there manual interventions?

Pros	Cons
Less resource use for coding	Background information "hidden" from data entry
Consistency	Less flexibility

Facility Level of Service

- Impact Points
  - Nursing Documentation
    - Evaluations/Re-evaluations
  - Physician, NP, PA documentation
    - Diagnosis
    - Medical Necessity
  - IT
    - Can IT assist with links or templates for consistency

Facility Level of Service

- Impact Points
  - Coding
    - Is documentation consistently found in the same location?
    - Are the tools applied consistently?
      - Are gray areas defined?
        - "Simple" versus "Complex"
        - Multiple defined as more than one?

Facility Level of Service

- Impact Points
  - The EHR automatically assigns the level of service without provider input.
  - *How? What information is "counted"?*
  - Is the coding audited regularly?

Facility Level of Service

- Impact Points
  - Billing/AR team
    - What documentation should be sent for payer requests and where is that documentation found?
    - What are the follow-up protocols?

Chat Question

How are your IV charges determined?

   A. Coders trained in IV therapy coding

   B. IV system uploads charges into the EHR

   C. Nursing applies charges

   D. Hybrid approach

IV Therapy

- Significant source of revenue in ED
  - IV Infusions/ Push/Hydration
    - Complex coding guidelines
    - Reliant on nursing documentation
      - Start and Stop times for medications
      - Location of IV
      - Medication infused

IV Therapy

- Documentation
  - Start and Stop Times
    - Infusions are time-based services
    - Start and Stop times for medications are required for code choice.
  - Location of IV
    - Coding guidelines are based on location. If second IV is necessary, coding may change.
      - Documentation of necessity for the second IV

IV Therapy

- Impact Points
  - Nursing Staff
    - Start and Stop times must be documented
      - Are the precise times documented or are times rounded?
    - Location of the IV
      - Right arm vs. RAC vs. Right FA vs. Right hand.
      - Correct code is based on knowing the location and if more than one, the rationale for the additional line.

IV Therapy

- Impact Points
  - EHR
    - Do the infusion pumps interface with the EHR?
    - Does the EHR read the medications appropriately for coding?
      - Not all medications given are separately billable.

IV Therapy

- Impact Points
  - Coding
    - Are the IV services coded by staff?
    - If IV is interfaced, are they audited for accuracy?
    - Are modifiers applied when appropriate?

IV Therapy

- Impact Points
  - HIM/Release of Information
    - When records are requested for payer audit, are all the appropriate pages sent?
      - ROI might not know the requirements for specific codes.
        - » Information needed by payer might not be on first screen that is printed

ED Procedures Performed

- Multiple procedures performed in the ED
  - Procedures performed by ED Physicians/APP
    - Laceration Repair
    - Incision and Drainage
    - CPR
    - Lumbar puncture
  - Facility relies on complete documentation by provider to correctly submit the service
    - Simple versus complex

ED Procedures Performed

- Multiple procedures performed in the ED
  - Procedures performed by ED staff
    - Splint placement
    - Urinary catheter placement

ED Procedures Performed

- Impact Points
  - Providers
    - Procedures must be well documented for accurate coding.
    - Is the documentation uniform?
  - Coders
    - Are coders educated on procedure coding?
      - Bundled procedures
    - Do coders know where to find the documentation?

ED Procedures Performed

- Impact Points (cont'd)
  - IT
    - Are templates used for procedures
      - Templates contain all the information necessary for well documented procedure.
      - Easy to find for documentation and coding.

ED Procedures Performed

- Impact Points (cont'd)
  - HIM/Release of Information
    - When records are requested for payer audit, are all the appropriate pages sent?
      - ROI might not know the requirements for specific codes.
      - For an ECG interpretation, is the ECG printout also sent?
      - For moderate sedation, are the nursing vital signs flow sheets also sent?

Other Impact Points

- Registration
- Supplies
- Radiology
- Cardiology – ECGs
- Pulmonary – breathing treatments
- Medications

Chat Question

How often is a meeting held with the ED providers, coding, billing and IT?

A. All the time!

B. Quarterly

C. Yearly

D. Hmm, that's a great idea! We should look into that!

How to Relieve the Pressure

- Understanding the Why
  - Why do I have to say the exact time or the exact location?
    - Knowing the "why" emphasizes the importance to the person documenting or coding the encounter.
  - Why do I have to print *that* page when the chart is requested?
    - Payers say "send us the documentation". It's up to you to be sure you've sent everything.

How to Relieve the Pressure

- Communication between all personnel
  - A minor change may impact multiple parties
    - Changing the procedure template may have little clinical significance, but may impact the code choice or where the information is found.

How to Relieve the Pressure

- Review and Analysis
  - Periodically review charges with the team for accuracy of both the coding and the documentation of the encounter.

Impact on Emergency Department Revenue

Coding

Nursing

Billing/ROI

Physicians, NPs and PAs

Information Technology

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Sources:

- Facility Emergency Department Coding Principles CMS, pg 227 - https://www.cms.gov/regulations-and-guidance/regulations-and-policies/quarterlyproviderupdates/downloads/dwnlds/cms1392fcpdf

- https://www.aha.org/costsofcaring

Questions?

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