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Acuity Caveat

In 1997 ACEP asked AMA about the inability to do a history or comprehensive exam. AMA sent the question to CMS (Dr. McCann) who replied with "in those circumstances where the patient's nature of illness/ injury does not lend itself to eliciting a history nor is it available from either a SNIF or other hospital transfer sheet, the patient, family, significant other or other source, or doing a comprehensive examination, the physician should document in the medical record the circumstances which precluded obtaining this information or from doing the comprehensive examination. This shows a good faith effort on the part of the physician."

Many times ED visits are trauma patients with LOC or acute injuries or they are nursing home patients that are demented or have decreased LOC. These patients should have high MDM but comprehensive Hx and exam were not available or prevented by the patient's condition. If the patient at high risk requires immediate action and the Hx, MDM support the use of a high level E/M you could use the caveat understanding the exam would have been done to the same level if the circumstances did not prevent it.

Under these circumstances, CPT 99285 can be coded based on the CPT book acuity caveat, and the allowance for unobtainable HX in the DGs as well as Dr. McCann's quote.

History

It is not adequate to state, "patient is

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Critical Care Time Verbiage

In the past newsletters, we have explained the services bundled into Critical Care, the rules about multiple physicians etc. Areas of concern still exist over documenting the time providing Critical Care. "I spent one hour of time with this patient" is not sufficient to support billing Critical Care services.

The Critical Care services are used to report the total duration of time spent by a physician providing Critical Care services excluding other billable services.

Acceptable documentation would be: Excluding procedure time, I spent 45 minutes with the patient providing fluids, pressor drugs, and oxygen with a patient who developed hypoxia and hypotension. ■

Acuity Caveat

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poor historian." The physician must demonstrate that he attempted to obtain history information from other sources. When the physician is not able to obtain and document the appropriate history, it is recommended the physician document the following:

- Document the reason history is not obtained and documented in the record. i.e. Patient too ill to speak, uncooperative, unconscious etc.
- Document where the history was obtained. i.e. Hx per EMS, Hx per nursing home etc.
- Indicate no other sources for history were available i.e. no family present, no previous medical records available.

Exam

The acuity level also applies to the exam provided the physician has documented that the exam was limited due to the patient's condition or ability to participate. Based on the severity of the MDM, and hx was documented as limited, a comprehensive exam would be expected or an explanation why the exam was not comprehensive. Without additional explanation about the exam, there is no way to know if the exam was limited due to the patient's condition or if the physician simply failed to appropriately document a comprehensive exam.

CPT 99285

The Acuity Caveat in the description for 99285 "which requires these 3 key components (Comprehensive history; Comprehensive exam; and High complexity medical decision making) within the constraints imposed by the urgency of the patient's clinical condition and/or mental status" only applies to level 5 (99285) code. ■

New Medicare Fee Schedule

The Centers for Medicare & Medicaid Services (CMS) is working with Congress, health care providers, and the beneficiary community to avoid disruption in the delivery of health care services and payment of claims for physicians, non-physician practitioners, and other providers of services paid under the Medicare Physician Fee Schedule (MPFS). As you are aware, the Temporary Extension Act of 2010, enacted on March 2, 2010, extended the zero percent (0%) update to the 2010 MPFS through March 31, 2010. CMS believes Congress is working to avert the negative update that will take effect April 1. CMS has instructed its contractors to hold claims containing services paid under the MPF for the first 10 business days of April. This hold will only affect claims with dates of service April 1, 2010, and forward. **The hold should have minimum impact on provider cash flow because, under the current law, clean electronic claims are not paid any sooner than 14 calendar days** (29 for paper claims) after the date of receipt. ■