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ADDRESSING THE NEEDS OF HEALTHCARE PROFESSIONALS

coding focus

Presidents Note:

Helping you get certified

It may seem a bit simplistic in these most challenging economic times; although, there is nothing simple about the U.S. healthcare system, or the state of the economy. The fact of the matter is that the ACMCA continues to have only one purpose:

To assist professionals with obtaining certification in medical coding, billing, compliance, and auditing.

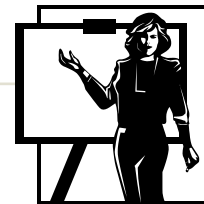
Our team of professionals work, and will continue to work for you to ensure your certification success through cost effective, high quality adult continuing education. We believe that it is your right to have a career that allows you upward mobility, with the recognition that you deserve as a certified medical professional. Let us help you get there!

Thank you,
Madeline A. Meyer, President
Academy of Certified Medical Coding Auditors

Coding Watch

Time moves fast, and Oct. 1, 2013 will be here before we know it. The buzz is that ICD-10 CM, PCS has creating a huge need for ICD-10 educational trainers and expert coding curriculum developers. The ACMCA will have both. As time gets nearer, the ACMCA will be your *one stop shop* for this important training with both certified trainers and approved online curriculum. Two of our curriculum developers, already versed in ICD-10, are taking the AHIMA online training for trainers, as well as attending the July 2009 AHIMA ICD-10 conference in Las Vegas, NV to become certified ICD-10 Trainers.

Watch for *Free ICD-10 Coding updates* on this major legislative industry change. Go to www.acmca.info and review *Coding Articles & Resources of Interest*.



Editor's Note: The *coding focus*, is a free quarterly informational newsletter published through the Academy of Certified Medical Coding Auditors (ACMCA). We welcome your input and educational articles relevant to our mission and patrons. Submit articles to info@acmca.info.

Physician Coding Focus: New 2009 CMS ToolKit!

PQRI = “pay for performance”, but, only if you Code & Report!

In 2007 the Physician Quality Reporting Initiative (PQRI) was established via the Tax Relief and Health Care Act of 2006. CMS was to create a financial incentive for physicians and other professionals to report on quality indicators. Reporting of appropriate category II G-codes could earn the provider a 1.5% bonus, subject to a cap, on total Medicare Part B allowed charges.

2009 PQRI Measures List

In 2009, there are 153 quality care indicators that a PQRI eligible provider may report.

Reporting

Reporting may be done two ways, i.e., 1) Consecutive Patient Sample Method where the provider reports on all PQRI measures that apply to a selected group of patients on 15 consecutive Part B patients who meet patient-PQRI sample criteria, or 2) the 80% Patient Sample Method, where providers report on all applicable measures within the selected group on claims for at least 80% of all Part B patients seen during an entire 6 month reporting period. *Need Help?*

NEW CMS ToolKit will Help!

The CMS has created **PQRI Code Master Single Source Files** in 2009. It includes downloadable files for all of the PQRI codes and data required for reporting that providers may use to incorporate into their billing software. CMS feels this will ensure that the practice's billing software will capture all the codes and associated modifiers used in PQRI Reporting.

In conjunction, the AMA has created new PQRI Data Collection Worksheets to assist providers in data capture.

For more information about the PQRI topics mentioned in this article, visit the resource center links listed below.



PQRI RESOURCE CENTER (Source: CMS 2009)

1. CMS Physician Quality Reporting Initiative: <http://www.cms.hhs.gov/PQRI>
2. Eligible Professionals: Refer to http://www.cms.hhs.gov/PQRI/10_EligibleProfessionals.asp#TopOfPage
3. 2009 PQRI Measures Groups Specifications Manual: http://www.cms.hhs.gov/PQRI/15_MeasuresCodes.asp#TopOfPage
4. Adoption/Use of e-Prescribing: http://www.cms.hhs.gov/PQRI/03_EPrescribingIncentiveProgram.asp#TopOfPage
5. AMA, Participation Tools: Medicare Physician Quality Reporting Initiative (PQRI): <http://www.ama-assn.org/ama/no-index/physician-resources/17432.shtml>

Facility Coding Focus: The ED ABCs

Type "A" and Type "B" ED Services & Urgent Care

In 2007, CMS made a payment distinction between Type A (24/7 EDs) and Type B (EMTALA facilities open less than 24/7). Type B EMTALA facilities open less than 24/7 were paid at hospital clinic rates. Concerns from ED providers were that facility fees were too low. CMS has analyzed the 2007 cost data from 342 hospitals that billed at least one Type B emergency department visit code. Data shows that most emergency room visits in Type B EDs are more expensive than clinic visits but less costly than emergency visits in Type A facilities.

What this means for ED the Coders.

There are new APCs for reimbursing certain Type B emergency department visits. For CY 2009, CMS has adopted four new APCs to pay for visits to Type B emergency departments. The payment rates for these APCs, which are based on claims data for emergency visits to Type B emergency departments, are generally higher than the payment rates for clinic visits to hospitals, but lower than the payment rates for emergency visits to Type A emergency departments. CMS is using a single APC to pay for the most intensive emergency room visits in both Type A and Type B emergency departments because the costs of these visits are similar in both settings. In addition, there are new G-codes that are to be used with Type B visits. See Charts below for further explanation on Type A, B and C visits. Source: CMS 2009;

<http://www.cms.hhs.gov/HospitalOutpatientPPS>, and ACMCA 43: ED Coding

CEU Course Excerpt

Type A

Emergency department services should be billed under Type A codes (99281-99285) if the services are provided in a physical section of the facility that is: (1) Open 24 hours per day, 7 days per week, and either: (2.a) Licensed by the State in which it is located under applicable State law as an emergency room or emergency department, or (2.b) Held out to the public (by name, posted signs, advertising, etc) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment.

Type B

Emergency department services should be billed under Type B codes (G0380-G0384) if the services are provided in a physical section of the facility that meets the EMTALA definition for dedicated emergency room, which is "any department or facility of the hospital that, regardless of whether it is located on or off the main campus, meets at least one of the following requirements": (1) Licensed by the State, as above, (2) Held out to the public, as above, or (3) During the calendar year immediately preceding the calendar year in which a determination under the regulations is being made, based on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment.

Urgent Care

If a facility sees 1/3 (33.3%) or more of its patients:

1. on an urgent basis
2. without appointment
3. and for treating emergency medical conditions?

Then it is **not** an Urgent Care facility, it is a Type B Emergency Room.

Urgent care centers will generally answer "yes" to the first two components (1) "urgent basis?" and 2) "without appointment?". But almost all true urgent care centers will answer the last question with a definitive "no," therefore, most urgent care clinics do not qualify as type B emergency departments.

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The ED APC, ABC Crosswalk

CPT			FINAL	
APC	Crosswalk	GROUP TITLE	SI	2009
609	99281	Level 1 Type A Emergency Visits	V	\$52.66
613	99282	Level 2 Type A Emergency Visits	V	\$86.14
614	99283	Level 3 Type A Emergency Visits	V	\$136.70
615	99284	Level 4 Type A Emergency Visits	V	\$217.91
616	99285	Level 5 Emergency Visits	V	\$323.90
617	99291	Critical Care	S	\$485.39
618	G0390	Trauma Response with Critical Care	S	\$935.12
626	G0380	Level 1 Type B Emergency Visits	V	\$45.18
627	G0381	Level 2 Type B Emergency Visits	V	\$61.45
628	G0383	Level 3 Type B Emergency Visits	V	\$88.64
629	G0384	Level 4 Type B Emergency Visits	V	\$159.16
659	C1300	Hyperbaric Oxygen	S	\$103.56

Trouble finding a primary data source or document on the DHHS, CMS, NIH, CDC, GOA, or within any other government offices or websites?

We may be able to help and at no cost!

Send your inquiry to info@acmca.info, Attention: **Find-a-Source**



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