

DRAFT -OIP Alert

FY09-006
Anticoagulation Services



Date: 05/12/09

To: Local Integrity Officers and CFOs

Recommended Distribution:

Directors in Pharmacy/Anticoagulation Clinics, PFS, HIM, In-house/Trinity Health legal Counsel

Description of Issue:

The billing of evaluation and management (E/M) services in hospital clinics is coming under greater scrutiny by Office of Inspector General (OIG). We have recently learned the OIG is conducting "survey reviews" to determine whether hospitals have established facility-based E/M coding grids to support visits billed. In addition to the OIG, the Recovery Audit Contractors (RACs) are also expected to perform audits to assess E/M practices in hospital clinics (see CMS RAC Q&A #14 posted 12/02/08).

As an example, a Medicare contractor recently challenged the billing of E/M services provided by a Trinity Health Michigan hospital in its anticoagulation clinic. The hospital received notice in August from National Government Services (NGS) demanding repayments for anticoagulation services billed utilizing CPT code 99211 - *Office or Other Outpatient Visit, Evaluation and Management, Level I*. Based on consultation between the Unified Revenue Organization (URO) and OIAS, Trinity Health MOs were instructed to suspend billing for E/M services provided in connection with anticoagulation services pending further review and evaluation of the issues. The Trinity Health MO was subsequently successful in appealing NGS' decision and reversing the payment denials. As explained further herein, **key to the successful appeal was the MO's ability to demonstrate that separately identifiable medical management services were provided to patients to support a separate E/M service in addition to anticoagulation lab services.**

This OIP Alert explains the medical necessity and billing requirements for E/M services provided to Medicare beneficiaries in hospital-based anticoagulation clinics. Key is the requirement for pharmacists to provide follow-up care to the physician's approved care plan. Follow-up services include reviewing and analyzing laboratory test results, conducting a physical assessment, providing patient instruction and education, communicating with the supervising physician, and updating prescription orders to adjust medication dosages as needed. Accompanying this Alert is an Anticoagulation E/M Documentation Standards grid for use by all MOs operating anticoagulation clinics.

Please forward this OIP Alert to the individuals on the above distribution list. If your organization provides anticoagulation services, please review the recommended actions herein to ensure the services provided in your facility are significant, separately identifiable services that warrant billing of an E/M service. If the services provided are consistent with the accompanying Anticoagulation E/M Documentation Standards, you may proceed with the release of suspended claims for final billing.

Background:

Since implementation of the Outpatient Prospective Payment System (OPPS), the Centers for Medicare and Medicaid Services (CMS) has required hospitals to report facility resources for clinic visits using CPT evaluation and management codes (E/M) codes. However, CMS recognized that CPT E/M codes, developed for physician services, do not adequately describe the intensity and range of clinic services provided by hospitals.

Therefore, CMS instructed hospitals to develop their own internal guidelines for reporting E/M visits. CMS recognizes that the E/M levels reported by the hospital will not necessarily equate to the levels reported by physicians for physician services provided for the same patient encounter. Therefore, facilities are expected to develop their own E/M service levels based on their facility's resource consumption, not physician resource consumption. This includes situations where patients may see a physician only briefly, or not at all.

CMS makes clear that hospital guidelines must reasonably relate the intensity of hospital resources to the levels represented by the E/M codes. CMS has not provided national guidelines (CMS has repeatedly delayed development of national E/M standards for facility services), but the expectations are that hospitals will develop their E/M service levels in compliance with the following guidelines:

1. The coding guidelines should follow the intent of the CPT code descriptor; guidelines should be designed to reasonably relate the intensity of hospital resources to the different levels of effort represented by the code.
2. The coding guidelines should be based on hospital facility resources. The guidelines should not be based on physician resources.
3. The coding guidelines should be clear to facilitate accurate payments and be usable for compliance purposes and audits.
4. The coding guidelines should meet the HIPAA requirements.
5. The coding guidelines should only require documentation that is clinically necessary for patient care.
6. The coding guidelines should not facilitate up-coding or gaming.
7. The coding guidelines should be written or recorded, well documented, and provide the basis for the selection of a specific code.
8. The coding guidelines should be applied consistently across patients in the clinic or emergency department to which they apply.
9. The coding guidelines should not change with great frequency.
10. The coding guidelines should be readily available for fiscal intermediary (or, if applicable MAC) review.
11. The coding guidelines should result in coding decisions that could be verified by other hospital staff, as well as outside sources.

In regards to medical management services such as anticoagulation, CMS states the following:

*"If the only service provided to a patient is a laboratory test to determine medication levels, the **laboratory test is all that should be billed**. If a hospital provides a distinct, **separately identifiable service** in addition to the test, the hospital is responsible for billing the CPT code that most closely describes the service provided. **Billing a visit code in addition to another service merely because the patient interacted with hospital staff or spent time in a room for that service is inappropriate**. A hospital may bill a visit code, based on the **hospital's own coding guidelines** which must reasonably relate the **intensity of hospital resources to the different levels of CPT codes**. Services furnished must be medically necessary and documented."*

In summary: a provider must clearly document why a separately identifiable service was clinically necessary and provided in order to bill an E/M service with the anticoagulation lab services.

Action:

Review the Anticoagulation E/M Documentation Standards accompanying this Alert to ensure the anticoagulation services provided in your clinics meet the medical necessity and documentation standards to support a separately identifiable E/M service. Please assess your unique operations and adjust current documentation practices, as necessary, for future application of the E/M criteria in your department. It is expected that a patient's frequency of visits will taper from the start of anticoagulation services once therapeutic INR levels have been reached and maintained over a period of time.

It is expected that not all episodes of care provided in anticoagulation clinics will result in the assignment of an E/M service. Do not assign an E/M level when only an INR level is drawn and minor adjustments are made to a patient's dose according to a pre-established protocol, without an assessment of the patient, evaluation of external health factors and coordination of care as indicated in the Anticoagulation E/M Documentation Standards. In addition, utilize caution before billing an E/M service on the same date when the patient sees their physician or is having another scheduled procedure where the INR level is required and medication doses may be adjusted to assure patient safety. When a pharmacist is consulted to provide input in the care of the patient, the pharmacist's services may be considered incidental and included in the major procedure or other E/M service performed on that date. Refer to the Anticoagulation FAQ listing for further information.

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Attachment A: Anticoagulation E/M Documentation Standards

Attachment B: Anticoagulation Services FAQ