

Facility Reimbursement for ED Services: Key 2023 Updates

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The Beginning: 2008 ED Facility Level Assignment

“CMS has instructed hospitals to report facility resources for clinic and emergency department visits using CPT E/M codes and to develop internal hospital guidelines to determine what level of visit to report for each patient.” **2008 OPPS Final Rule**

“In the absence of national visit guidelines, hospitals have the flexibility to determine whether or not to include separately payable services as a proxy to measure hospital resource use that is not associated with those separately payable services” **2008 OPPS Final Rule**

E/M Level Determination 11 Guiding Principles: CMS 2008 OPPS Guidance

1. The coding guidelines should 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 clinically necessary.
6. The coding guidelines should not facilitate upcoding or gaming.
7. The coding guidelines should be written.
8. The coding guidelines should be applied consistently across patients.
9. The coding guidelines should not change with great frequency.
10. The coding guidelines should be readily available for review.
11. The coding guidelines should result in coding decisions that could be verified by other hospital staff, as well as outside sources.

2023 ED Facility Guidelines Update



While several years ago CMS had shown intent to explore a single set of national ED facility guidelines, going back to the 2016 final rule, CMS stated that this had been a complex endeavor and that it did not have a timetable for creating national guidelines.

“Our own knowledge of how clinics operate, have led us to conclude that it is not feasible to adopt a set of national guidelines for reporting hospital visits that can accommodate the enormous variety of patient populations throughout the country.”

2016 OPPS final rule, page 593/1221

2023 No National ED Facility Guidelines

- 2023 CMS has demonstrated they are satisfied with the current ED Facility E/M process
- No anticipated changes to the reporting of ED services
- For quite a few years CMS has simply stated they are continuing with current policies

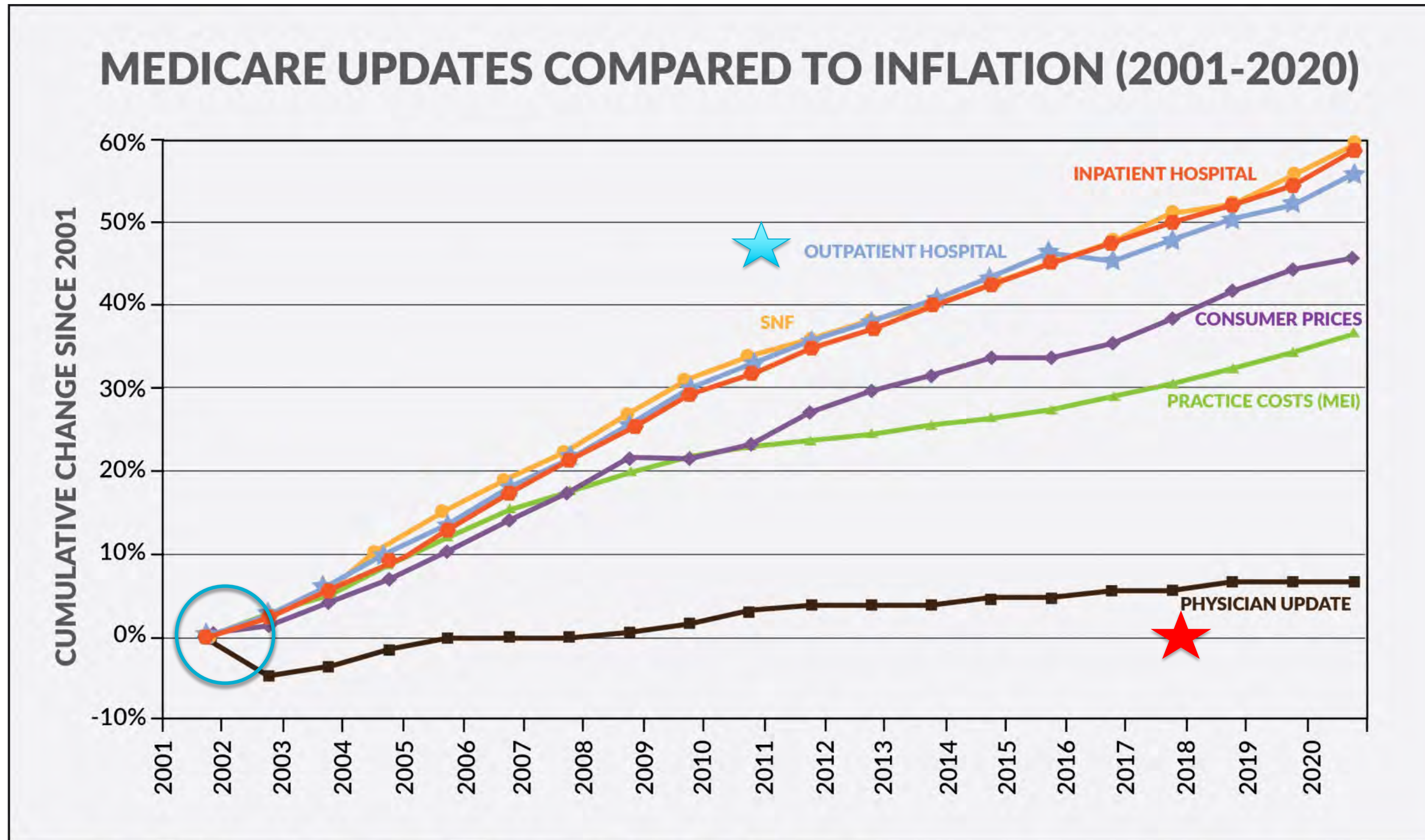
“For 2023, we proposed to continue with our current clinic and emergency department (ED) hospital outpatient visits payment policies. For a description of the current clinic and hospital outpatient visits policies, we refer readers to the CY 2016 OPPS/ASC final rule with comment period (80 FR 70448).”

2023 OPPS Final Rule, page 715/1764

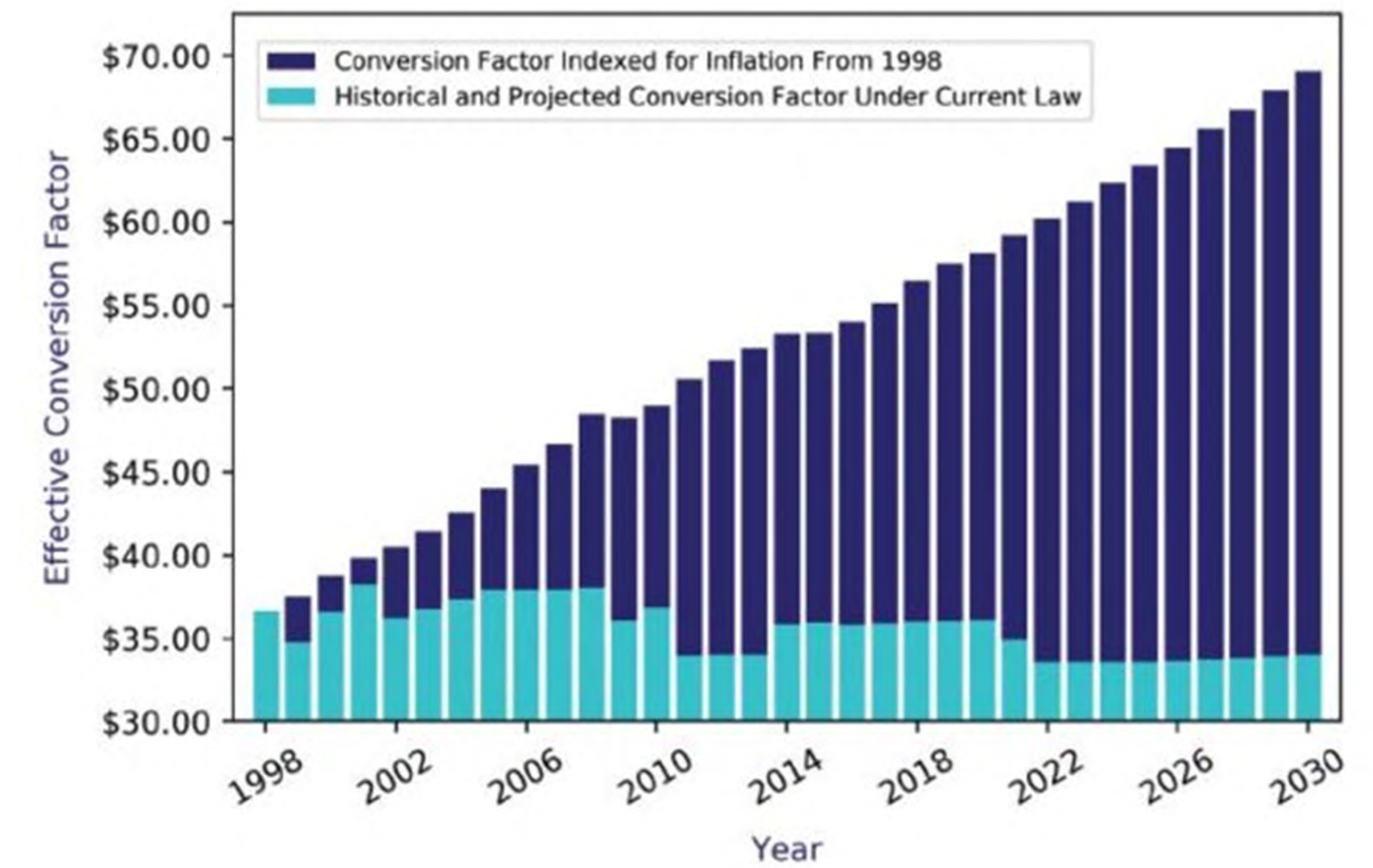
2023 ED Payment Construct: Five Levels Continue

- Payment continues for 5 distinct ED levels
- Each ED level is still assigned to a unique CMS APC
- Each APC is paid at a unique rate which increases with each level
- Level assignment and accurate charge capture matter
- The ED APCs were renumbered in 2016 and that convention/numbering continues for 2023

Professional vs. Facility Conversion Factor: Not Keeping Up



Sources: Federal Register, Medicare Trustees' Reports and U.S. Bureau of Labor Statistics



2023 Facility ED E/M Level Reimbursement Stable

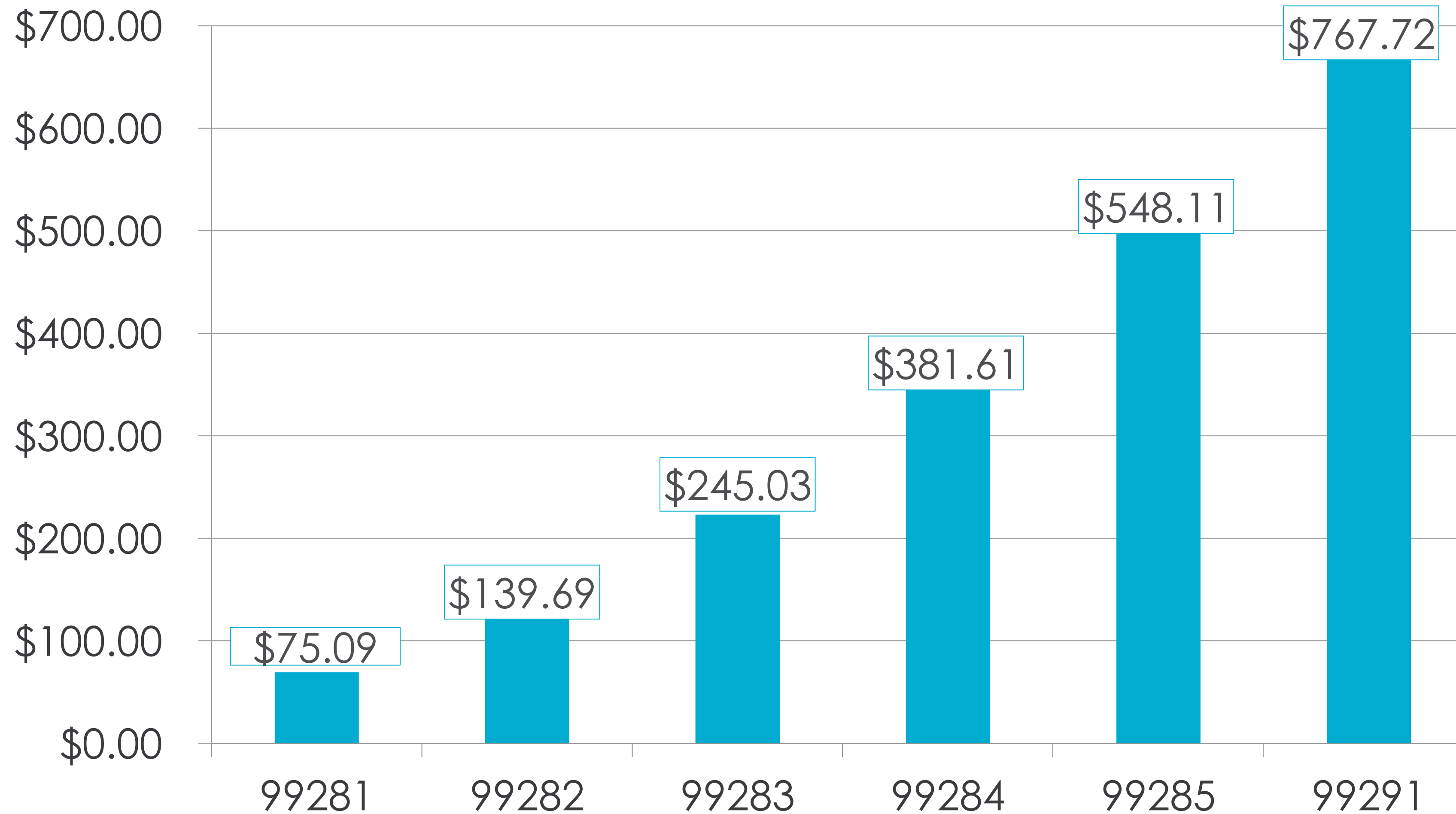
Facility Level	APC	2022	2023
99281	5021	\$74.08	\$75.09
99282	5022	\$134.15	\$139.69
99283	5023	\$236.35	\$245.03
99284	5024	\$371.52	\$381.61
99285	5025	\$533.27	\$548.11
99291	5041	\$760.74	\$767.72

2023 ED Packaging Technical Detail

- ED E/M Services as Status Indicator V will package many services
- Q1 Status Indicator
 - Packaged with S, T, or V
 - Many laceration repairs
- Packaging continues to increase
 - Minor procedures (e.g. lacerations Q1)
 - Foley, TC of EKG (Q1)
- Highlights importance of E/M leveling

2023 Facility Level Reimbursement

2023



2023 Critical Care

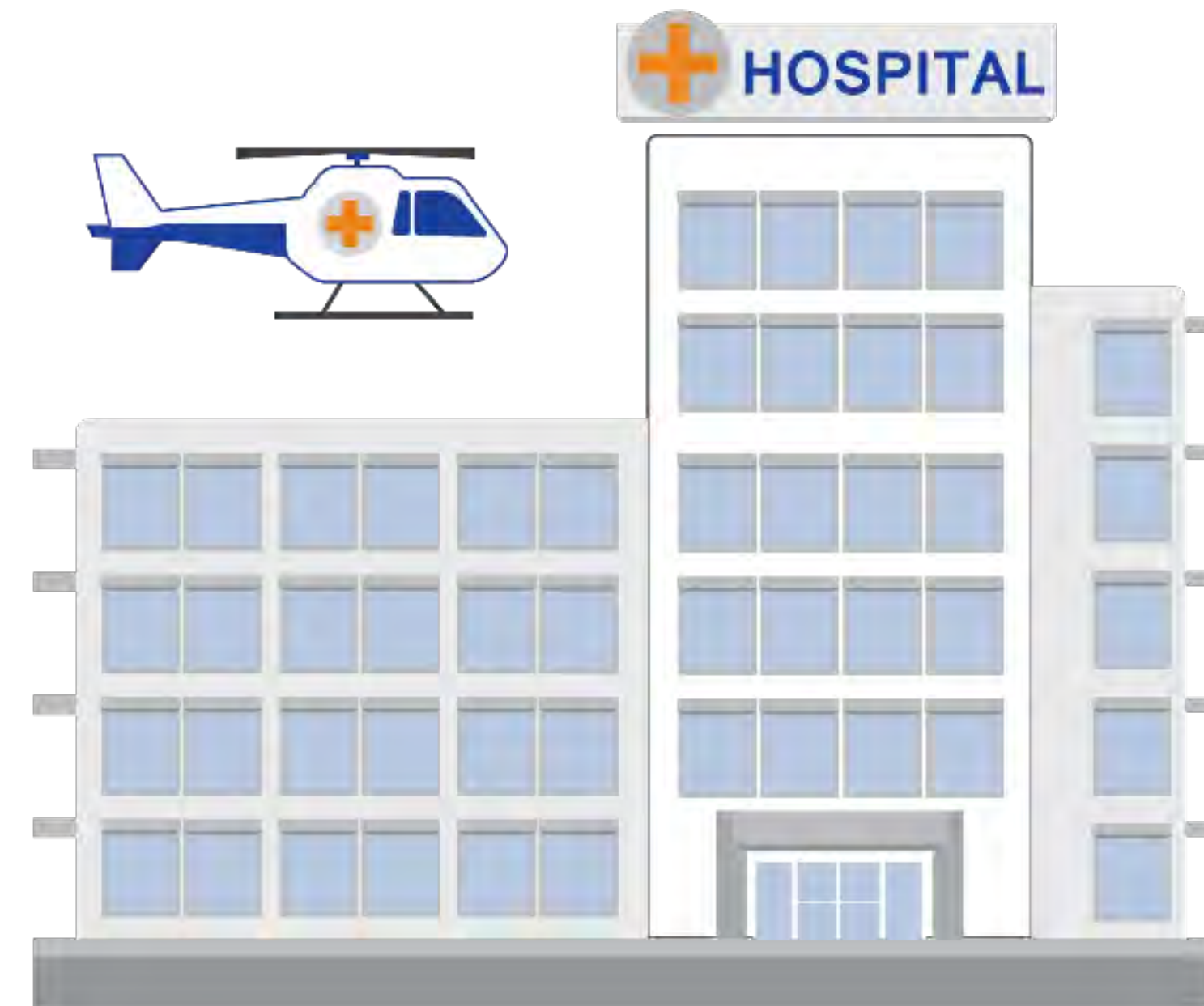
No Significant Changes:

*“We also proposed to **continue our payment policy for critical care** services for CY 2023. For a description of the current payment policy for critical care services, we refer readers to the CY 2016 OPPS/ASC final rule with comment period (80 FR 70449), and for the history of the payment policy for critical care services, we refer readers to the CY 2014 OPPS/ASC final rule with comment period (78 FR 75043).” 2023 OPPS final rule, page 715/1764*

- Reported with 99291
- APC 5041 was new for 2016 and remains unchanged in 2023
- 2023 payment \$767.72

2023 Trauma Activation

- Requires pre-hospital notification
- State or ACS trauma designation
- Medicare requires critical care
- No significant 2023 changes
- Specific code
 - HCPCS G0390
 - APC 5045 \$1151.54



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