May 4, 2017

VIA EMAIL

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AAPC's Certification Solutions Director & Coding Liaison to AMA CPT® Editorial Panel
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Re: Documentation for ED visit with "Additional Work-Up Planned"

Dear Ms. Griffis and Ms. Jimenez:

We are the co-chairs of the Quality Coding and Documentation Committee for the Emergency Department Practice Management Association (EDPMA). EDPMA is one of the nation's largest professional physician trade associations focused on the delivery of high-quality, cost-effective care in the emergency department. EDPMA's membership includes emergency medicine physician groups, as well as billing, coding, and other professional support organizations that assist healthcare providers in our nation's emergency departments. **Together, EDPMA's members deliver (or directly support) health care for about half of the 136 million patients that visit U.S. emergency departments each year.**

We recently became aware of AAPC's plan to present a session on coding the Number of Diagnoses and/or Management Options (DMO) with consideration of "Additional Work-Up Planned" (AWP). Originally, Susanne Myler, UHC PI Business Transformation UnitedHealth Group, was listed as the AAPC speaker for this session. It is not clear to us if she is presenting and whether her opinions will be reflected in the final presentation.

We recognize that AWP is a coding construct created by the Marshfield Clinic in 1995 and it has been defined and redefined by payers and providers in different ways over the past years. We also recognize that AWP does not appear in either the 1995 HCFA/CMS Documentation Guidelines or the AMA Current Procedural Terminology.

We are writing today to ask AAPC to continue its past position of integrity and compliance in coding, allowing all qualified parties to weigh in on subjective coding issues. It appears that

AAPC originally agreed to allow a single payer, UHC, to present the payer's coding position on AWP. AAPC has a reputation of presenting the industry standard on coding guidelines, not presenting a single payer's position that may or may not be recognized by the industry as a standard. Many emergency AAPC certified coders will be present at the upcoming presentation and we were concerned that UHC would present their Optum proprietary position on scoring AWP in the emergency department that is far from an industry-accepted standard. See attached.

United Healthcare issued a controversial Evaluation and Management policy in 2016 and updated the policy on 4/21/2017, expressing that Additional Work-Up Planned essentially does not apply in the emergency department. UHC goes on to say they use an Optum proprietary scoring tool and they infer that Optum considers AWP part of DMO. UHC goes on to indicate AWP can rarely be used in the ED. AWP, according to UHC, only could be used if the emergency department provider calls the patient's doctor and schedules follow-up. We agree that referring or scheduling the patient for follow-up does constitute AWP, but AWP is not necessary at all to score the Number of Diagnoses and/or Management Options required to be "extensive".

We feel that when any payer takes unilateral action to redefine industry coding guidelines - mandating such guidelines be followed by both contracted and non-contracted providers- that organizations such as AAPC should step up to protect industry standards. In the United policy they target emergency department providers, in particular, with no support for their position other than that it is in the UHC Optum proprietary scoring method. AWP does not appear in coding the Number of Diagnoses and/or Management Options (DMO) in either CPT or the 1995 Medicare Documentation Guidelines. We were pleased to learn very recently that the UHC speaker appears to be replaced with Ms. Jimenez.

We have always recognized the value, importance, and independence of AAPC within our industry. Most, if not all, of our EDPMA members representing millions of coded ED visits annually employ AAPC professional coders. We feel confident that AAPC wants this issue to be presented in an independent and unbiased manner to their thousands of professional coders. As stated by Ms. Jimenez, "[r]ules vary between code book guidelines, payer preferences, and Medicare limitations. Ensure proper reimbursement by following the right rules for the right situations." We agree with a caveat. Payer preference coding rules must be compliant with laws and applicable regulations. Even then, payer preference rules of coding can and should only be applied to providers contracted with the payer**.** Unless a provider agrees to payer preference coding rules under a contract with the payer, the non-contracted provider should only be bound by code book guidelines and Medicare guidelines.

We realize this is short notice, but we request an advance copy of Ms. Jimenez's presentation. We are confident that AAPC also wants the perspective of our compliance experts, providers and coders on this important issue. We also respectfully request that you allow a representative (or panel) from EDPMA and ACEP to be present at Healthcon to provide balance regarding United's - or any payer's – perspective on documenting and coding "Additional Work-Up Planned" in the emergency department. Possibly AAPC could moderate the discussion between United as payer and the EDPMA recognized CPT and 1995 DG experts now or in the near future. This would provide your attendees and members with the different parties'

interpretations of the current applicable industry guidelines on counting the Number of Diagnoses and/or Management Options when determining the complexity of DMO as part of medical decision making.

Please note that "Additional Work-Up Planned" is not indicated in either the HCFA (CMS) 1995 Documentation Guidelines nor in the AMA/CPT Guidelines. It is mentioned by Marshfield Clinic in a coding assist tool that Marshfield Clinic developed and copyrighted for their office-based providers. Note that Marshfield Clinic indicated at the time (circa 1995) that their guidelines were not authorized nor approved by HCFA or any government agency. Also, please note that Marshfield Clinic noted that their guidelines were developed for providers and workers in a clinical office environment, not a hospital. Marshfield Clinic did not purchase their first hospital until 2008, long after their Evaluation and Management coding guidelines were established.

We look forward to an opportunity to discuss this matter in more detail. Thank you for your prompt attention to these concerns. If you have questions or concerns, please feel free to contact Mark Owen at (904) 806-4539.

Sincerely,

Mark Owen *Stacie Norris*

Mark E. Owen, Compliance Professional
Co-Chair EDPMA QCD Committee

Stacie Norris, MBA, CPC, CCS-P
Co-Chair EDPMA QCD Committee

ATTACHMENT

UHC REIMBURSEMENT POLICY
CMS-1500 Evaluation and Management (E/M) Policy

Policy Number	*2017R5007A*	*Annual Approval Date*	*4/21/2017*	*Approved By*	*Payment Policy Oversight Committee*

UnitedHealthcare uses an Optum proprietary scoring tool based on the instructions in the 1995 and 1997 CMD documentation guidelines. Medical records are requested when the data shows a physician or other health care professional has a billing pattern that deviates significantly from their peers.
The medical record review process takes into consideration CMS documentation guidelines. Based on the record review points are assigned in accordance with the documented medical record. For example, medical decision making is one component of the scoring tool as follows:

A. Number of Diagnoses and Management Options	*Points Assigned*
Self-Limiting or minor Problems (stable, improved or worsening)	*1*
Established Problem – stable improved	*1*
Established Problem – Worsening	*2*
New Problem – No Additional Work-up Planned.	*3*
New Problem – Additional Work-up Planned	*4*

Additional Work-up Planned is an element of review which includes a number of diagnoses and management options. The Additional Work-up Planned element contributes to indicating the complexity of a patient based on the clinician's utilization of diagnostic tests.
The Additional Work-Up Planned is a key element for a highly complex E/M service and constitutes any testing/consultation/referral that is being done beyond that Encounter to assist the provider in medical decision making. An example of Additional Work-Up Planned is when the provider of service contacts the patient's physician or other specialist with recommendations for additional follow-up care and the discussion is documented in the medical records. A simple instruction to the patient to contact their primary physician does not constitute Additional Work-up Planned.
The examples below are based on a record review assessment and further illustrate the medical decision making component scoring above.
Office E/M documentation:
(1) Established Problem- Worsening: An established patient sees his/her gastroenterologist due to worsening of his/her Crohn's disease. The physician provides an E/M service and adjusts the patient's medication. Two (2) points would be assigned for Established Problem- Worsening score.
(2) New Problem-Additional Work-up planned: The patient presented to his/her new family practitioner with symptoms requiring additional tests and/or a referral to a specialist. In addition the family practitioner contacts the specialist directly to discuss the patient's case. Four (4) points would be assigned for New Problem-Additional Work-up Planned score.
Emergency Room/Department E/M documentation:
(1) New Problem- No Additional Work-up Planned: A patient presents with a low grade fever and pharyngitis. An examination is provided and the patient is sent home with a prescription and instructed to follow-up with their primary care physician as needed. Three (3) points would be assigned for New Problem- No Additional Work-up Planned score.
(2) New Problem – Additional Work-up Planned: A patient presents with abdominal pain and hematuria. The ER/ED physician (or staff) schedules an outpatient MRI and/or communicates directly with the patient's primary physician or other specialist after discharge from the ER/ED and the discussion has been documented in the medical record. Four (4) points for Additional Work-up Planned would be scored. Credit is not given for Additional Work-up Planned if the clinical testing/consultation occurred during the ER/ED Encounter or in the instance when the patient is instructed to contact their primary physician. This application is consistent with a more complex E/M code level.
When it is determined the documentation does not support the E/M code reported, the E/M code will be denied and the provider may resubmit the claim with a revised E/M code.
Definitions:

Additional Work-up Planned
Any testing/consultation/referral that is being done beyond that Encounter to assist the provider in medical decision making.

Q: What if the Encounter doesn't require Additional Work-up Planned but does require high complexity medical decision making (MDM)?
A: The provider may submit medical records for review. Consideration will be given to the medical record provided. The Additional Work-up is a component of the number of diagnoses and management options. There are two other elements – amount/complexity of data and the table of risk which contribute to the medical decision making element. CPT also notes that when counseling and/or coordination of care dominates more than 50% of the encounter with the patient and/or family, then time shall be considered the key or controlling factor to qualify for a particular level of E/M services.

Susanne Myler, UHC Speaker for AAPC at HealthCon in Las Vegas on May 8th, 2017.
Associate Director, UHC PI Business Transformation
Nov 2016-Present
Associate Director over the Medical Records Management Enterprise wide program under the Business Transformation team.

Manager, UHC PI FWA
July 2014-Nov 2016
Manager of FWA audits for professional and facility claims regarding proper level of care, medical necessity, DRG coding in relation to medical documentation, billing increments as well as researching CMS (Centers for Medicare and Medicaid) in regard to Medicare primary beneficiaries; some with state Medicaid or commercial policies as secondary insurance. Collaboration with medical directors, clinical services, and legal on aspects of potential fraud, waste or abuse in addition to creating and presenting findings to senior leadership.

- *AAPC Session Description*
- ***Time:***
  05/08 11:15 - 12:30 PM
- ***CEUs:** 1.25*

2B: Documentation for ED Visits with "Additional Work-Up" Planned

Expand Session Information

One of the most debated areas of Evaluation/Management (EM) code documentation is the Emergency Department (ED) and what constitutes 'additional work-up planned' when using high level codes (99284-99285) in an ED place of service for a physician claim. CMS leaves the definition to payer discretion as well as providers can also have their own definition. This module will help to clarify some of the common areas of documentation that should be in place if a high level E/M code is used in an ED place of service.