

Part B Insider (Multispecialty) Coding Alert

EMERGENCY MEDICINE: Prepare For Imminent Audits Of Your ED Visits

Double-check: Does your E/M documentation support levels?

Your Emergency Department (ED) visits could be under more scrutiny soon.

A recent survey by **American Hospital Directory** showed that evaluation & management levels in the ED increased in the past few years. For example, 24 percent of visits were level four in 2004, compared with only 20 percent in 2002. (See PBI, Vol. 7, No. 23.) Experts offer two key tips for dealing with ED E/M audits:

1. Make sure that any auditor understands ED coding. There are a few important differences between E/M services in the ED and elsewhere, says **David McKenzie**, CAE, director of reimbursement with the **American College of Emergency Physicians**. For one thing, there's no distinction between new and existing patients in the ED.

For another, you should choose the level of service in the ED based on the presenting problem, not the final diagnosis. For example, if a patient shows up with chest pain, shortness of breath and a family history of heart disease, the ED doctor has to assume it's a heart attack and act accordingly--even if it turns out the patient forgot to mention he ate "seven spicy burritos," says McKenzie. It may take a while for lab tests to come back, and meanwhile the ED physician goes by what the patient reported and the symptoms noted on arrival.

2. Look for "red flags" in your E/M documentation. These may include "cloned" documentation that has no individuality, notes **Sandra Soerries**, director of coding & compliance with **Department B** in Kansas City, MO. Check that your doctor isn't using the same diagnosis codes for every patient. If you have an E/M documentation template, make sure your physicians are using it properly, or at all.

There are a few reasons why E/M levels could be increasing somewhat in the ED, Soerries says. More emergency physicians may be coding correctly as they rely on templates and electronic health records. "We are coding more accurately than we did in 2002," she adds. Thanks to this improved documentation, you shouldn't fear an audit as much as in the past.