

Emergency Department Model

Emergency Department E/M Model 6/16/03 Draft

Definition of Emergency Department Visit

A patient who presents to the emergency department for services, is registered and receives one or more of the clinical interventions listed below.

Level 1 (Low Level) Interventions

At least one item below qualifies for low level. Additional explanations, examples and clarifications appear in italics. Items below as performed by hospital staff, rather than physician. Three or more of the interventions identified by an asterisk qualify for mid-level (level 2). Each line item may only be used once towards this increase.

* Administration of oral, topical, rectal, PR, NG or SL medication(s)	
* Administration of single disposable enema	
* Application of preformed splint(s)/elastic bandage(s)/sling(s), or immobilizer(s) for non-fracture or nondislocation injuries	<i>Preformed are off-the shelf. If creating a splint from plaster or fiberglass or other material, would have separate code. Splints are not billed separately. Splints, casting, etc. for fractures are separately billable and paid under the fracture management.</i>
* Assisting physician with examination(s)	<i>Pelvic exam included here. Includes eye exam/slit lamp exam of eye. Nursing documentation must support assistance, unless there is a hospital protocol regarding assistance with exam.</i>
* Bedside diagnostic testing, unless tests are separately billed.	<i>Examples: Dip stick urine testing, capillary blood sugar (Accucheck, Dextrostick), hemocult, occult blood tests. Strep test is not included because it is separately billable.</i>
* Cleaning and dressing of a wound, single body area, not repaired (but includes butterflies)	<i>Examples: steri-strips and other adhesives, eye patch</i>
* First aid procedures	<i>Examples: control bleeding, ice, monitor vital signs, cool body, remove stinger from insect bite, cleanse and remove secretions</i>
* Flushing of Heplock	
Follow-up visit	<i>Definition: Patient instructed to return for wound check or suture removal or rabies injection series.</i>
* Foreign body(ies) removal of skin, subcutaneous or soft tissue without anesthesia or incision	
Initial clinical assessment	<i>Example: Vitals, chief complaint, and clinical assessment of symptom. All elements must be present.</i>
Measurement/Assessment of fetal heart tones	
Nursing visual acuity assessment (e.g. Snellan exam)	
* Specimen(s) collection other than venipuncture, e.g. mid-stream urine samples, cultures	<i>Example: nursing instruction of patient on proper specimen collection (e.g. mid-stream urine, sputum). Includes collection of specimen (not the performance of the lab test), e.g. throat culture collection.</i>

Level 2 (Mid-Level) Interventions

At least one item below qualifies for mid-level. Additional explanations, examples and clarifications appear in italics. Items below as performed by hospital staff, rather than physician. Three or more of the interventions below identified by an asterisk qualify for high-level (level 3).). Each line item may only be used once towards this increase.

* Assistance with or performance of fecal disimpaction (manual disimpaction or multiple enemas)	
* Cardiac monitoring	<i>Includes one or more of the following: physical assessment by the nurse after initiation of cardiac monitoring, and/or pulses, and/or heart sounds, and/or nursing interpretation of strips.</i>
* Care of device(s) or catheter(s) (both indwelling and in & out) (vascular and nonvascular) and/or ostomy device(s)--other than insertion or reinsertion-	<i>Examples: irrigation, inspection, assessment, flushing, adjustment, positioning, changing of bags, checking. Examples of catheters/devices: foley, ileal conduit, gastrostomy, ileostomy, colostomy, nephrostomy, tracheostomy, PEG tube, central lines, arterial lines, PICC lines.</i>
Frequent monitoring/assessment as evidenced by three sets of vital signs or assessments (including initial set), integral to current interventions and/or patient's condition.	<i>Example: Additional vital signs, assessment of cardiovascular, pulmonary or neurological status, assessment of pain scale, pulse oxymetry or peak flow measurement.</i>
* Insertion of nasogastric (NG) tube or oral gastric (OT) tube	
* Nasotracheal (NT) or orotracheal (OT) suctioning	
* Oxygen administration--initiation and/or adjustment from baseline oxygen regimen	<i>Includes conversion to hospital-supplied oxygen with rate adjustments, as well as initiation of oxygen administration.</i>
* Traction set up	<i>Application of traction device for comfort (includes hair traction, Sager traction) prior to definitive treatment.</i>

Contributory Factors for ED E/M Model From Low Level to Mid-Level OR From Mid-Level to High Level

Contributory factors are services, or other factors that when present may increase the E/M assignment by one level. Only one factor is required. These factors apply only to the low level and the middle level. A high level E/M may not be increased to critical care by a contributory factor. Additional explanations, examples and clarifications appear in italics.

Airway insertion (nasal, oral)	
Altered mental status	
Arrangements and/or social service intervention (includes required reporting)	<i>Examples: Arrangements and/or social intervention for child abuse, battery, elder abuse, etc.</i>
Scheduling/coordination of ancillary services	
Arrival/transfer via paramedic/ambulance	
Assessments or care related to multiple catheters or devices	<i>Examples of catheters/devices: foley, gastrostomy, ileostomy, colostomy, tracheostomy, PEG tube, central lines, arterial lines, PICC lines.</i>
Isolation	
Multiple nursing interventions--three or more different types of interventions. Only interventions identified by an asterisk apply.	<i>Example: Three bedside diagnostic tests would only be counted as one item because they are both included in one category. This example would NOT qualify as a contributory factor.</i>
Patient acuity warrants simultaneous care by hospital staff (more than one-on-one)	
Patient discharge status other than home or discharge to facility other than originating facility (includes also admission to hospital inpatient or observation)	
Reporting to law enforcement or protective services (e.g., gunshots)	
Special needs requiring additional specialized facility resources (e.g. language/cognitive, communication impairment) - age appropriate	<i>Example: Patient doesn't understand English and requires use of an interpreter. However, if patient doesn't understand English, but nurse speaks the same language and is able to translate, then no additional specialized resources were required and would not</i>

qualify as a contributory factor.

Level 3 (High Level) Interventions

At least one item below qualifies for high level. Additional explanations, examples and clarifications appear in italics. Items below as performed by hospital staff, rather than physician

Administration of multiple concurrent intravenous (IV) infusions (2 or more) through different lines or through one or more multiple lumen lines	<i>(Separately billable only for one line per encounter)</i>
Assessment, crisis intervention and supervision of imminent behavioral crisis threatening self or others	
Assistance with or performance sexual assault exam by hospital nursing staff	
Continuous irrigation of eye using therapeutic lens (e.g. Morgan lens)	
Core temperature interventions (e.g. heated or cooled IV fluids, heated or cooled gastric lavage, heated or cooled peritoneal lavage)	
Decontamination of hazardous material threatening life, limb or function by irrigation of organs of special sense, or administration of antidotes or showering.	
Monitoring and related attendance of moderate sedation	<i>Example: Monitoring and related attendance of "conscious sedation"</i>
Precipitous delivery of baby	
Continuous ongoing nursing assessments as evidenced by more than three sets (including initial set) of vital signs or assessments integral to current interventions and/or patient's condition.	<i>Example: Additional vital signs, assessment of cardiovascular, pulmonary or neurological status, assessment of pain scale, pulse oxymetry or peak flow measurement.</i>