

organizations to develop code descriptions and guidelines for hospital emergency department and clinic visits and make recommendations to us.

The panel recommended the following to us.

1. We should make payment for emergency and clinic visits based on four levels of care.

2. We should create HCPCS codes to describe these levels of care as follows:

GXXX1—Level 1 Emergency Visit.
GXXX2—Level 2 Emergency Visit.
GXXX3—Level 3 Emergency Visit.
GXXX4—Critical Care provided in the emergency department.

GXXX5—Level 1 Clinic Visit.

GXXX6—Level 2 Clinic Visit.

GXXX7—Level 3 Clinic Visit.

GXXX8—Critical Care provided in the clinic.

3. We should replace all the HCPCS currently in APCs 600, 601, 602, 610,

611, 612, and 620 with GXXX1 through GXXX8.

4. Based on the above recommendations, we would crosswalk payments as follows: GXXX1 to APC 610, GXXX2 to APC 611, GXXX3 to APC 612, GXXX4 to APC 620, GXXX5 to APC 600, GXXX6 to APC 601, GXXX7 to APC 602, and GXXX8 to APC 620. These crosswalks and code descriptions are listed in Table 22 below.

TABLE 22.—CROSSWALKS OF 2003 HCPCS CODES TO THE PROPOSED G CODES

2003 HCPCS description	2004 G code description	2003 HCPCS	2004 Proposed G codes	APC	Payment amount
Emergency department visit	Level 1 Emergency Visit	99281	GXXX1	0610	\$76.80
		99282			
Emergency department visit	Level 2 Emergency Visit	99283	GXXX2	0611	\$135.08
Emergency department visit	Level 3 Emergency Visit	99284	GXXX3	0612	\$234.72
		99285			
Critical care	Level 4 Critical Care provided in the emergency department.	99291	GXXX4	0620	\$503.03
		99292			
Office/outpatient visit, new	Level 1 Clinic Visit	99201	GXXX5	0600	\$50.90
		99202			
Office/outpatient visit, new	Level 2 Clinic Visit	99203	GXXX6	0601	\$54.46
Office/outpatient visit, new	Level 3 Clinic Visit	99204	GXXX7	0602	\$84.71
		99205			
Office/outpatient visit, established	Level 1 Clinic Visit	99211	GXXX5	0600	\$50.90
		99212			
Office/outpatient visit, established	Level 2 Clinic Visit	99213	GXXX6	0601	\$54.46
Office/outpatient visit, established	Level 3 Clinic Visit	99214	GXXX7	0602	\$84.71
		99215			
Office consultation	Level 1 Clinic Visit	99241	GXXX5	0600	\$50.90
		99242			
Office consultation	Level 2 Clinic Visit	99243	GXXX6	0601	\$54.46
Office consultation	Level 3 Clinic Visit	99244	GXXX7	0602	\$84.71
		99245			
Critical care	Level 4 Critical Care provided in the clinic.	99291	GXXX8	0620	\$503.03
		99292			

The independent panel convened by the AHA and AHIMA recommended these levels in anticipation of the development of national coding guidelines for emergency and clinic visits that meet the following criteria we announced in the August 9, 2002 proposed rule (67 FR 52131):

1. Coding guidelines for emergency and clinic visits should be based on emergency department or clinic facility resource use, rather than physician resource use.

2. Coding guidelines should be clear, facilitate accurate payment, be usable for compliance purposes and audits, and comply with HIPAA.

3. Coding guidelines should only require documentation that is clinically necessary for patient care. Preferably, coding guidelines should be based on current hospital documentation requirements.

4. Coding guidelines should not create incentives for inappropriate coding (for example, up-coding).

We have received recommendations for a set of coding guidelines from the

independent E/M panel comprised of members of the AHA and AHIMA. We propose to implement new evaluation and management codes only when we are also ready to implement guidelines for their use, after allowing ample opportunity for public comment, systems change, and provider education. We also propose to use cost data from the current HCPCS codes in these APCs to determine the relative weights of these APCs until cost data from GXXX1 through GXXX8 are available to set relative weights. We note that this proposal requires discontinuing the use of all HCPCS codes in these APCs and would not allow us to collect cost data for the five levels of emergency and clinic visits that are currently described by CPT codes. We further note that we would no longer be able to distinguish among the costs for visits by new patients, established patients, consultation patients, or patients being seen for more specialized care (for example, pelvic

screening exams and glaucoma screening exams).

We would be using claims data from current HCPCS codes and crosswalking those data to the new codes in the same APCs; therefore, there would be no change in payment for any of these services as a result of these coding changes. Once cost data become available from the new HCPCS codes, we would use those data to set the relative weights, and, therefore, there should be no budgetary impact.

We are currently considering the set of proposed national coding guidelines for emergency and clinic visits recommended by the independent panel. We plan to make any proposed guidelines available to the public for comment on the OPPTS Web site as soon as they are complete. We will notify the public through our listserve when these proposed guidelines become available. To subscribe to this listserve, please go to the following Web site: <http://www.cms.hhs.gov/medlearn/listserv.asp> and follow the directions to the OPPTS