

Weekly tips from ERG documentation committee to improve our documentation under the new 2023 CMS Guidelines – Week 1

Our charts are now coded based on three categories

1. Problem
2. **Data**
3. Risk

This week's focus **Data**

- **Level 4 charts = meets 1 of the 3 categories below**

- **Level 5 = meets 2 of the 3 categories below**

Category 1: (any 3 of the following)

Three Tests

• Level 4 or 5 chart coded based on whether you **ordered (or considered ordering) 3 tests.**

▪ **Examples**

- Pt. s/p head injury
 - You ordered CT scan of the head.
 - “considered CBC, PT, PTT however not clinically indicated” (still get credit for those tests).
- Pt. w/ cellulitis
 - No tests ordered and you are going to discharge the patient on abx.
 - “considered a CBC, CMP, and u/s to evaluate for abscess” - would get you the 3 tests credit even though no tests were ordered.

Review of Results

• LABS are assumed to be interpreted once ordered – **just interpret per usual for medical decision making. No extra step needed for coding.**

- If imaging ordered, you only have to interpret 1 of your imaging test but must show it is your interpretation “my interpretation is”

Review of Records/External notes

• **CANNOT BE ERG** record. (so prior ED notes from within system doesn't count)

• **What counts**

- Prior imaging studies, ekg, echos
- Prior H&P/Discharge summary, subspecialist notes, nursing home notes, EMS note, PT/OT notes, etc.
- **For credit, you need to comment on what you found in each record reviewed**

▪ **Examples**

- Echo on May 2022 showed an EF of 45%
- Nursing home records reviewed and MAR reviewed shows that the patient is not on anticoagulation

Independent Historians

- Any person you talk to that is not the patient
- For credit you need to put what that individual added to the history obtained.
- **Examples**
- Mother states patient has been vomiting bile for 2 days, vaccinations UTD
 - Case discussed with EMS, car had significant intrusion into vehicle and patient had prolonged extrication
 - Case discussed with the Police, who interviewed the father before filling out the BA. They confirmed that the patient has been making suicidal statements over the last week.

Category 2:

Independent interpretation tests

- ONLY need to interpret **1 study** - “My interpretation of (monitor/EKG/xray/CT/us) is...” or “interpreted by myself”

Examples

- Head CT shows no traumatic bleeding *interpreted by myself*
- *My interpretation* of CXR shows no acute disease
- EKG – NSR at 70, nl axis, no acute ischemic changes *interpreted by myself*
- Rhythm Strip – NSR, rate 70, interpreted *at 9AM* by myself (**rate, rhythm, and the time**) - **** bonus points as this can also be billed separately**

Category 3:

Discussion with external professional

- admitting physician, consultants,
- physical therapist
- nursing home staff
- Social worker/DCF
- Mental health evaluator
- **Examples**
 - Case discussed with hospitalist – Dr Patel who will admit to hospital.
 - Case discussed with the Orthopedic Surgeon – Dr Smith who will operate on patient this afternoon.
 - Case discussed with PCP who will see pt in the office this week for recheck.

Please feel free to reach out to any of the documentation committee with any questions/comments.

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