

DRAFT Visit Guidelines for Hospital Outpatient Care

Date last revised: June 1, 2006

EMERGENCY DEPARTMENT VISIT GUIDELINES

Definition of Emergency Department Visit: A patient who presents to the emergency department for services, is registered, has an initial clinical assessment (which includes vital sign(s), chief complaint, and clinical assessment of symptom(s)) and receives one or more of the clinical interventions listed below. All elements of the initial clinical assessment must be present.

Level 1 ED Interventions

At least one item below qualifies for low level. Additional explanations, examples and clarifications appear in the right-hand column. Items below refer to interventions performed by hospital ED staff. Three or more of the interventions identified by an asterisk under Level 1 qualify for a Level 2 visit. Each asterisked intervention may only be counted once towards this increase.

Administration of oral, topical, rectal, enteral, nasogastric, or sublingual medication(s)	
* Administration of single-use disposable enema or a soap suds enema	
* Tracheal suctioning via tracheostomy	
* Assisting physician with examination(s)	Includes pelvic exam. Nursing documentation must support assistance.
* Bedside diagnostic testing, unless tests are separately paid	Examples: Dip stick urine testing, capillary blood sugar, occult blood tests. Strep test is not included because it is separately payable.
* First aid procedures	Examples: control minor bleeding, ice, monitor vital signs, external body cooling or warming, remove insect stinger, cleanse and remove secretions.
* Prophylactic flushing of heplock	Do not use for the routine flushing of heplocks following the administration of injections/infusions, as routine flushing is bundled into the injection/infusion charge.
Follow-up visit	Includes patient who returns for wound check or suture removal or rabies injection series.
Measurement/Assessment of fetal	

heart tones	
Nursing visual acuity assessment (includes wall chart)	
Specimen collection(s), other than venipuncture and separately payable services	Examples: Nursing instruction of patient on proper specimen collection (e.g., mid-stream urine, sputum, throat culture collection). Includes collection of specimen (not the performance of the lab test).
* Oxygen administration—initiation and/or adjustment from baseline oxygen regimen	Includes conversion to hospital-supplied oxygen with rate adjustments, as well as initiation of oxygen administration.
Level 2 ED Interventions	
<p>An ED visit can qualify as a Level 2 visit if one of the following conditions are met:</p> <ol style="list-style-type: none"> 1) Three or more Level 1 ED interventions identified with an asterisk are provided. Each asterisked intervention may only be counted once toward this increase. 2) One or more contributory factors to the ED Guidelines are provided, in addition to one or more Level 1 ED interventions. 	
Level 3 ED Interventions	
<p>At least one item below qualifies for mid-level. Additional explanations, examples and clarifications appear in the right-hand column. Items below refer to interventions performed by hospital ED staff. Three or more of the interventions identified by an asterisk under Level 3 qualify for a Level 4 visit. Each asterisked intervention may only be counted once towards this increase.</p>	
* Assistance with or performance of fecal disimpaction (manual disimpaction or multiple enemas)	
* Cardiac monitoring	Definition: Includes one or more of the following: (1) nursing interpretation or review of strips along with physical assessment by the nurse after initiation of cardiac monitoring; and/or (2) check of integrity of blood flow to extremity.
* Care related to device(s) or catheter(s) (both indwelling and in & out) (vascular and nonvascular) and/or ostomy device(s)—other than insertion or reinsertion	<p>Examples: Irrigation, assessment, adjustment, cleaning, dressing change, or changing of bags.</p> <p>Examples of catheters/devices: Foley, ileal conduit, gastrostomy, ileostomy, colostomy, nephrostomy, tracheostomy, PEG tube, central lines, arterial lines, PICC lines.</p>

Frequent monitoring/assessment as evidenced by three sets of vital sign measurements or assessments (in addition to initial set), integral to current interventions and/or patient's condition.	Examples: Additional vital signs, assessment of cardiovascular, pulmonary or neurological status, or peak flow measurement, excluding orthostatics. Note: One set refers to one or more vital sign measurements taken once. Two sets refer to one or more vital sign measurements taken twice with reasonable time interval between sets. Three sets refer to the same vital sign(s) repeated 3 times, rather than 3 different vital signs taken once.
* Insertion of nasogastric (NG) tube or oral gastric (OT) tube	
* Nasotracheal (NT) or orotracheal (OT) suctioning via endotracheal tube	Does not include nasotracheal or orotracheal aspiration for specimen collection.
* Traction set-up	Application of traction device (includes hair traction, Sager traction) prior to definitive treatment.
Level 4 ED Interventions	
An ED visit can qualify as a Level 4 visit if one of the following conditions are met: 1) Three or more Level 3 ED interventions identified with an asterisk are provided. Each asterisked intervention may only be counted once toward this increase. 2) One or more contributory factors to the ED Guidelines are provided, in addition to one or more Level 3 ED interventions.	
Level 5 ED Interventions	
At least one item below qualifies for high level. Additional explanations, examples and clarifications appear in the right-hand column. Items below refer to interventions performed by hospital ED staff.	
Assessment, crisis intervention and supervision of imminent behavioral crisis threatening bodily harm to self or others	
Assistance with or performance of sexual assault exam by hospital nursing staff	
Core temperature interventions	Examples: 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	

<p>Frequent monitoring/assessment as evidenced by four or more sets of vital sign measurements or assessments (in addition to initial set), integral to current interventions and/or patient's condition.</p>	<p>Examples: Additional vital signs, assessment of cardiovascular, pulmonary or neurological status, or peak flow measurement, excluding orthostatics.</p> <p>Note: One set refers to one or more vital sign measurements taken once. Two sets refer to one or more vital sign measurements taken twice with reasonable time interval between sets. Three sets refer to the same vital sign(s) repeated 3 times, rather than 3 different vital signs taken once.</p>
<p>Continuous irritation of eye using therapeutic lens (e.g. Morgan lens)</p>	
<p>Contributory Factors to ED Visit Level Determination</p>	
<p>Contributory factors are services, or other factors that when present may increase the visit assignment by one level. Only one factor is required. These factors apply only to Levels 1 and 3. If a contributory factor is documented, in the absence of an intervention listed under Levels 1, 3, or 5, this service should be assigned to a Level 1. Items below refer to interventions performed by hospital ED staff. Additional explanations, examples, and clarifications appear in the right-hand column.</p>	
<p>Airway insertion (nasal, oral)</p>	<p>Not applicable for increasing a Level 3 visit to a higher level visit.</p>
<p>Reporting to law enforcement or protective services (e.g., potential criminal behavior)</p>	
<p>Control of active, heavy bleeding</p>	<p>Example: Control of active, heavy bleeding or the need to apply pressure to wound for > 10 minutes.</p>
<p>Arrival/transfer via paramedic or advanced life support ambulance (ALS unit)</p>	
<p>Isolation</p>	<p>Example: For immunocompromised or potentially infectious patients</p>
<p>Monitoring of moderate or greater sedation</p>	<p>To be used when sedation is not provided to perform a separately payable procedure.</p>
<p>Severity of patient condition requires ongoing simultaneous clinical involvement of two or more staff, excluding physician or non-physician practitioner</p>	<p>Does not include simple patient transfers, e.g., from chair to stretcher. Includes hospital security staff.</p>
<p>Patient discharge status other than</p>	

home or discharge to facility other than originating facility	
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CLINIC VISIT GUIDELINES

Definition of Clinic Visit: A patient who presents to the hospital clinic for services, is registered, and receives one or more of the clinical interventions listed below.

Level 1 Clinic Interventions

At least one item below qualifies for low level. Additional explanations, examples and clarifications appear in the right-hand column. Items below refer to interventions performed by hospital clinic staff. Three or more of the interventions identified by an asterisk under Level 1 qualify for a Level 2 visit. Each asterisked intervention may only be counted once towards this increase.

Administration of oral, topical, rectal, nasogastric or sublingual medication(s)	
* Bedside diagnostic testing, unless tests are separately paid	Examples: Dip stick urine testing, capillary blood sugar, occult blood tests. Strep test is not included because it is separately payable.
Blood pressure check	
Clinical staff assessment (excluding physician) or single specialized clinical measurement or assessment	Examples of clinical staff assessment: Vital signs or clinical assessment of symptoms. Examples of single specialized measurement or assessment: fetal heart tones, positional blood pressure readings, visual acuity assessment, and cardiac monitor rhythm strip performed by nurse.
* Prophylactic flushing of heplock	Do not use for the routine flushing of heplocks following the administration of injections/infusions, as routine flushing is bundled into the injection/infusion charge.
Specimen collection(s), other than venipuncture and separately payable services	Examples: Nursing instruction of patient on proper specimen collection (e.g., mid-stream urine, sputum, throat culture collection). Includes collection of specimen (not the performance of the lab test).
* Suture or staple removal with or without dressing application	
Analysis and review of lab results with patient face-to-face	Includes the following face-to-face communications: (a) between physician and patient; and (b) between nurse and patient.
Physician counseling of patient requiring use of exam room/facility (> 60 minutes in duration)	Does not require the presence of ancillary staff.

Level 2 Clinic Interventions

A clinic visit can qualify as a Level 2 visit if one of the following conditions are met:

- 1) Three or more Level 1 clinic interventions identified with an asterisk are provided. Each asterisked intervention may only be counted once toward this increase.
- 2) One or more contributory factors to the ED Guidelines are provided, in addition to one or more Level 1 interventions.

Level 3 Clinic Interventions

At least one item below qualifies for mid-level. Additional explanations, examples and clarifications appear in the right-hand column. Items below refer to interventions performed by hospital clinic staff. Three or more of the interventions identified by an asterisk under Level 3 qualify for a Level 4 visit. Each asterisked intervention may only be counted once towards this increase.

* Administration of single-use disposable enema or a soap suds enema	
* Assisting physician with examination(s)	Includes pelvic exam. Nursing documentation must support assistance.
* Care related to device(s) or catheter(s) (both indwelling and in & out) (vascular and nonvascular) and/or ostomy device(s)—other than insertion or reinsertion, and excluding irrigation of an implanted venous access device	Examples: Irrigation, assessment, adjustment, cleaning, dressing change, or changing of bags. Examples of catheters/devices: Foley, ileal conduit, gastrostomy, ileostomy, colostomy, nephrostomy, tracheostomy, PEG tube, central lines, arterial lines, PICC lines.
* First aid procedures	Examples: Control of minor bleeding, ice, monitor vital signs, external body cooling or warming, remove insect stinger, cleanse and remove secretions
Frequent monitoring/assessment as evidenced by two sets of vital sign measurements or assessments (in addition to initial set), integral to current interventions and/or patient's condition	Examples: Additional vital signs, assessment of cardiovascular, pulmonary or neurological status, or peak flow measurement, excluding orthostatics. Note: One set refers to one or more vital sign measurements taken once. Two sets refer to one or more vital sign measurements taken twice with reasonable time interval between sets. Three sets refer to the same vital sign(s)

	repeated 3 times, rather than 3 different vital signs taken once.
* Tracheal suctioning via tracheostomy	
* Oxygen administration—initiation and/or adjustment from baseline oxygen regimen	Includes conversion to hospital-supplied oxygen with rate adjustments, as well as initiation of oxygen administration
Level 4 Clinic Interventions	
<p>A clinic visit can qualify as a Level 4 visit if one of the following conditions are met:</p> <ul style="list-style-type: none"> 2) Three or more Level 3 clinic interventions identified with an asterisk are provided. Each asterisked intervention may only be counted once toward this increase. 2) One or more contributory factors to the ED Guidelines are provided, in addition to one or more Level 3 interventions. 	
Level 5 Clinic Interventions	
<p>At least one item below qualifies for high level. Additional explanations, examples and clarifications appear in the right-hand column. Items below refer to interventions performed by hospital clinic staff.</p>	
Assessment, crisis intervention and supervision of imminent behavioral crisis threatening bodily harm to self or others	
Assistance with or performance of fecal disimpaction (manual disimpaction or multiple enemas)	
Cardiac monitoring	Definition: Includes one or more of the following: (1) nursing interpretation or review of strips along with physical assessment by the nurse after initiation of cardiac monitoring; and/or (2) check of integrity of blood flow to extremity.
Frequent monitoring/multiple assessments as evidenced by three or more sets of vital sign measurements or assessments (in addition to initial set), integral to current interventions and/or patient's condition	<p>Examples: Additional vital signs, assessment of cardiovascular, pulmonary or neurological status, or peak flow measurement, excluding orthostatics.</p> <p>Note: One set refers to one or more vital sign measurements taken once. Two sets refer to one or more vital sign measurements taken twice with reasonable time interval between sets. Three sets refer to the same vital sign(s) repeated 3 times, rather than 3 different vital signs taken once.</p>

Nasotracheal (NT) or orotracheal (OT) suctioning via endotracheal tube	Does not include nasotracheal or orotracheal aspiration for specimen collection.
Assistance with or performance of sexual assault exam by clinic nursing staff	
Continuous irritation of eye using therapeutic lens (e.g. Morgan lens)	
Contributory Factors to Clinic Guidelines	
Contributory factors are services, or other factors that when present may increase the visit level assignment by one level. Only one factor is required. These factors apply only to Levels 1 and 3. If a contributory factor is documented, in the absence of an intervention listed under Levels 1, 3, or 5, this service should be assigned to a Level 1. Items below refer to interventions performed by hospital clinic staff. Additional explanations, examples, and clarifications appear in the right-hand column.	
Airway insertion (nasal, oral)	Not applicable for increasing a Level 3 visit to a higher level visit.
Arrangements and/or social service intervention (includes required reporting) and reporting to law enforcement or protective services (e.g., potential criminal behavior)	Examples: Arrangements and/or social intervention for child abuse, battery, elder abuse, etc.
Arrival/transfer via paramedic or advanced life support ambulance (ALS unit)	
Isolation	Example: For immunocompromised or potentially infectious patients.
Severity of patient condition requires ongoing simultaneous clinical involvement of two or more staff, excluding physician or non-physician practitioner	Does not include simple patient transfers, e.g., from chair to stretcher.
Control of active, heavy bleeding	Example: Control of active, heavy bleeding or the need to apply pressure to wound for > 10 minutes.
Patient discharge status other than home or discharge to facility other than originating facility	

CRITICAL CARE GUIDELINES

Interventions/care for critically ill or critically injured patients may include, but are not limited to the following interventions: treatment for cardiopulmonary arrest or near arrest related to primary cardiac or respiratory causes, drug overdose, hyper/hypothermia, trauma (including severe burns), and other shock events such as anaphylaxis, diabetic shock, internal bleeding, sepsis, that may result in central nervous system failure, circulatory failure, shock, renal, hepatic, metabolic, and/or respiratory failure, etc.

At least one item below also qualifies for critical care. Additional explanations, examples and clarifications appear in the right-hand column. Items below refer to interventions performed by hospital clinic or ED staff.

Critical care of less than 30 minutes total duration on a given date should be reported with the appropriate visit code.

Critical Care Interventions

At least one item below also qualifies for critical care. Additional explanations, examples and clarifications appear in the right-hand column. Items below refer to interventions performed by hospital clinic or ED staff.

Critical care of less than 30 minutes total duration on a given date should be reported with the appropriate visit code.

Assist in induction/monitoring of pharmaceutical-induced coma	Examples: Barbiturate coma for status epileptics
Assist with rapid sequence intubation (with provision/administration of sedative and/or paralytic agents), and/or airway management	Examples: Bagging, frequent endotracheal suctioning, assist physician in performance of emergent cricothyrotomy, tracheostomy, endotracheal intubation, or any other emergency airway.
Code team/crash team/trauma team intervention	Multidisciplinary team approach to life or limb threatening situation.
Control of major hemorrhage	Examples: Control of hemorrhage from major trauma, including monitoring, IV fluids, and emergent administration of multiple concurrent blood products, such as for threatened exsanguination leading to hemodynamic instability etc.
Continuous and on-going reassessment until stabilized, requiring immediate aggressive interventions in an unstable patient with potential for rapid deterioration and demonstrated instability.	Examples: Cooling (ice bags, fans), gastric lavage, rapid warming.