


Name of Policy:	<u>Facility Clinic Visit</u>	
Policy Number:	3364-134-114	
Department:	Radiation Oncology	
Approving Officer:	Chief Executive Officer – UTMC Chair – Radiation Oncology - UTMC	
Responsible Agent:	Technical Manager, Radiation Oncology	
Scope:	Radiation Oncology	
		Effective Date: 7/1/2022
		Initial Effective Date: 6/1/2019
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy <input checked="" type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy		

(A) Policy Statement

The University of Toledo Facility Clinic Visit Policy will be followed by the Department of Radiation Oncology as it pertains to the technical services and resources rendered at the time of the initial or subsequent patient visits, expanded education and counseling sessions, and/or any instance where extensive intervention is necessary as part of the patient care. This facility clinic visit service does not replace or overlap the ongoing evaluation and management provided and submitted for separate payment by the physician.

(B) Purpose of Policy

As stated within the 2010 Hospital Outpatient Perspective Payment System (HOPPS) Final Rule,

“Since April 7, 2000, we have instructed hospitals to report facility resources for clinic and emergency department hospital outpatient visits using the CPT E/M codes and to develop internal hospital guidelines for reporting the appropriate visit level. Because a national set of hospital-specific codes and guidelines do not currently exist, we have advised hospitals that each hospital’s internal guidelines that determine the levels of clinic and emergency department visits to be reported should follow the intent of the CPT code descriptors, in that the guidelines should be designed to reasonably relate the intensity of hospital resources to the different levels of effort represented by the codes.

We stated our belief that many hospitals had worked diligently and carefully to develop and implement their own internal guidelines that reflected the scope and types of services they provided throughout the hospital outpatient system.

We continue to believe that, based on the use of their own internal guidelines, hospitals are generally billing in an appropriate and consistent manner that distinguishes among different levels of visits based on their

required hospital resources. As a result of our updated analyses, we are encouraging hospitals to continue to report visits during CY 2010 according to their own internal hospital guidelines. In the absence of national guidelines, we will continue to regularly reevaluate patterns of hospital outpatient visit reporting at varying levels of disaggregation below the national level to ensure that hospitals continue to bill appropriately and differentially for these services. As originally noted in detail in the CY 2008 OPSS/ASC final rule with comment period (72 FR 66648), we continue to expect that hospitals will not purposely change their visit guidelines or otherwise upcode clinic and emergency department visits for purposes of extended assessment and management composite APC payment.”

Policy:

Per stated guidelines, patients will be recognized as either a new or an established patient and the service/resources will be reported by the technical staff utilizing the appropriate CPT® code as outlined within the following policy.

New Patient Visit (99201-99205): A patient who has not been registered at University of Toledo within the last 3 years.

Established Patient Visit (99211-99215): A patient who has been registered at University of Toledo within the past 3 years.

Upon identification of the appropriate type of patient visit, the specific level of service will be established as outlined within the following table. Documentation of this visit will be provided by the technical staff member providing the service and will be housed within the patient's chart in the ARIA EMR system.

Level 1:

- Chart preparation and document retrieval · Exam room preparation and cleaning · Patient consent preparation for Radiation Oncology services · Education and Counseling provided by the clinical staff 1-10 minutes in duration · Coordination of care with outside provider/agencies 1-10 minutes in duration

Level 2:

- Patient Vital Signs (weight, temperature, blood pressure, respirations)
- Medication/Allergy review
- Education and Counseling provided by the clinical staff 11-20 minutes in duration
- Coordination of care with outside provider/agencies 11-20 minutes in duration

Level 3:

- Administration of medication by the clinical staff
- Specimen/lab preparation and collection
- Wound/skin check
- Simple wound care and dressing
- Monitoring or assistance in the patient physical exam or assessment
- Education and Counseling provided by the clinical staff 21-30 minutes in duration · Coordination of care with outside provider/agencies 21-30 minutes in duration

Level 4:

- Pap Smear preparation and specimen collection
- Expanded evaluation and monitoring of vital signs
- Complicated wound care and dressing
- Education and Counseling provided by the clinical staff 31-40 minutes in duration
- Coordination of care with outside provider/agencies 31-40 minutes in duration

