HACKETTSTOWN REGIONAL MEDICAL CENTER JOAN KNECHEL CANCER CENTER FACILITY CHARGE & LEVELS

Effective Date: January 2005 Cross Referenced: Reviewed Date: 12/11, 4/13, 6/14 Revised Date: 12/11, 6/14

Policy No: ROC FN 04 Origin: Radiation Oncology Authority: Executive Director Page: 10f 1

SCOPE

Assign accurate charges for every patient

PURPOSE

To provide the appropriate facility charge based on the attached level of Acutity Workshet and Level of Care Legand

DEFINITIONS

N/A

POLICY

Patient visits are to be classified for billing purposes as one of the following based upon their referral status and the level of care assigned and documented by the RN. New Patient and Established Patient level of care guidelines have been outlined in order to provide consistency within this process. (See attached level of care).

PROCEDURE

- 1. The nursing staff shall determine the accumulate points for each patient encounter as outlined in the attached Level of Care Legend.
- 2. The nurse <u>must</u> document within the nursing notes and also must bill accordingly.
- 3. The physician must sign off on the nursing notes.
- 4. If a Secondary Diagnosis is determined, the nurse and/or physician will enter into the patient diagnosis section in Aria for that patient.

ONCOLOGY CLINIC LEVEL OF CARE ACUITY WORKSHEET

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POINTS		DESCRIPTION	
MONITORING:			
15	1	Initial Assessment	
5		Initial IV Placement	
DUCATION/DIS	CHARGE:		
10		Education & Information	•
10		Discharge Instructions	
ORDER PROCESS	SING & SCHEL	DULING:	
5		X-ray/CT/MRI/Nuclear Med/PET-CT	
5 5		Blood Bank/EKG/Respiratory Therapy	
NTERVENTIONS	(*if not attach	ed to a billable service*):	
5		Specimen Collection	-
5		Hemoccult/Accucheck	
5		Dressing Application	
5		Accessing/Flushing of Heplock	
5		Medications: PO/Suppository/Topica	l/Injectable
10		Wound Care Management	·
10		Assist Physician	
SPECIAL NEEDS:	1		
10		Special Teaching Needs	
10		Special Emotional Needs	
10		Special Service Needs	
10		Coordination of Care	
10		Social Services	
ADMISSIONS:			
25		Hospital Admission (30-40 mins)	
	LEVI	EL OF CARE ASSIGNMENT	
SUMMARY	OF POINTS	NEW PT.	EST. PT.
		00201	00211
0 – 25	LEVEL 1	99201	99211 99212
26-55	LEVEL 2	99202	99212 99213
56-85	LEVEL 3	99203	
86-125	LEVEL 4	99204	99214
126 +	LEVEL 5	99205	99215
TOTAL # P	OINTS:		
LEVEL #: _			
_			

LEVEL OF CARE LEGEND

Episode:	Each contact with patient made by nursing personnel.		
Clinic Visit:	Each encounter with patient to clinic.		
New Patient:	Clinic patient has not been registered in any hospital department within the last		
	three years or has no medical record number in hospital system.		
Established Patient:	Clinic patient has previously been registered at the hospital within the last three		
	years.		

MONITORING/ASSISTING:

Initial Assessment (one per clinic visit):

Assign when patient receives routine intake assessment (vitals, pain assessment, changes in medication, recent hospitalization), without additional monitoring of vital signs.

IV Start/Placement (one per clinic visit): Assign for each episode that nursing staff starts and IV and ensures proper flow.

EDUCATION/DISCHARGE INSTRUCTIONS:

Education Information (one per clinic visit):

Assign when clinic staff educates on site specific instructions and side effects, as well as drug education and side effects.

Discharge Instructions (one per clinic visit):

Assign for coordinating and providing extensive discharge instruction, such as pre-op protocol for surgical procedures, or instructions for patients or caregivers requiring additional explanation.

ORDER PROCESSING & SCHEDULING:

X-ray, CT, MRI, Nuclear Medicine, PET, Vascular Studies or Special Procedures, Blood Bank, EKG, Respiratory Therapy Services:

Assign for processing and coordination for each requisition for diagnostic tests, special procedure and therapy services.

INTERVENTIONS:

Specimen Collection (one per specimen type or site):

Nurse collection(s), other than venipuncture and separately billable services. Nurse collection of body fluid or throat and wound culture specimen(s), as well as nurse instruction of patient collection for mid-stream urine, sputum, etc.

Hemoccult/Accucheck: Assign when nursing staff performs test.

Dressing Application: Assign when nursing staff applies or assists with the application of a dressing. Do not assign if billing separately for dressing.

Wound Care Management (one per clinic visit):

Assigned when clinic staff cleans, assesses and or dresses a wound (when not billed separately and not repaired); up to 25 sq. cm.

Assist Physician (one per clinic visit):

Assign when clinic staff assists physician assists physician during treatment or examination.

Medications (per episode):

Assign for each episode/administration of oral, topical, injectable or suppository.

Accessing/Flushing of Heplock (one per clinic visit):

Assign when the clinic staff accesses and flushes the patient's port for maintenance purposes only. (Do not use for routine flushing of Heplock following the administration of injections/infusions.)

SPECIAL NEEDS:

Special Teaching Needs (one per clinic visit):

Assign when additional, extensive teaching (e.g. diabetic, nutrition counseling) is performed by clinic staff. There must be documentation to support the need for the service and details of the teaching performed. Also, assign when special teaching needs are addressed, such as patient language barriers, or the presence of a sensory, auditory or comprehension deficit.

Special Emotional Needs (one per clinic visit):

Assign when special emotional needs of the patient must be addressed by clinic staff, such as discussions regarding loss of life or other sensitive issues. There must be documentation supporting needs and details for the services performed.

Special Service Needs (one per clinic visit):

Assignment when special attention/needs are provided or addressed by clinic staff, such as assisting geriatric patients or non-ambulatory patients with mobility or transferring, or extensive counseling of patients or family members regarding treatment options. There must be documentation supporting need and details of the services performed.

Coordination of Care (one per clinic visit):

Assign when clinic staff perform duties to ensure patient receives appropriate follow up care. This may include telephone calls to the home health agency or nursing home to relay or clarify new physician orders, or arranging for a specialty consult or referral for patient. There must be documentation supporting needs, and details of the services performed.

Social Services (one per clinic visit):

Assign when the clinic staff provides assistance with arranging other treatment, disciplines, such as eligibility for insurance or social assistance, meals on Wheels or transportation.

ADMISSIONS:

Hospital Admission (one per clinic):

Assign when patient is admitted to the hospital; includes processing and coordinating patient admission.