



## CODING Q & A

# Hospital Emergency Departments and Urgent Care Proximity, New vs. Established Patients using E/M Coding, Private Practice Urgent Care Coding

■ DAVID STERN, MD, CPC

**Q.** If a private practice buys or opens an urgent care facility that is not in a hospital nor affiliated with a hospital, should we be using routine E/M codes for our visits? Secondly, do we have to follow the Emergency Medical Treatment and Active Labor Act (EMTALA) Guidelines?

**A.** Yes. You should use the same E/M codes as used by the physician offices (99201-99215). EMTALA does not apply to urgent care centers that are not in a hospital nor affiliated with a hospital. ■

**Q.** Can an urgent care center and a hospital emergency department exist in close proximity to each other and/or be located in a combined facility?

**A.** Yes. Many hospitals set up a “fast track” program as part of the hospital emergency department (ED) to treat cases that are found to be relatively minor on triage. Because the fast tracks are actually a part of the ED, fast tracks generally code and bill as an ED.

As for an urgent care on campus, as long as the urgent care does not share a common entrance to the hospital ED, it seems reasonable to operate the urgent care and bill as an urgent care center (POS 22: outpatient hospital). Many hospitals err on the side of caution and stay under EMTALA guidelines. ■

**Q.** Our organization has two family practices and an urgent care that all operate under the same Tax Identification Number (TIN). If a patient of the family practice is seen in the urgent care, are they billed as an established

patient even if it is the initial visit to a different practice within the group?

**A.** Yes. The patient is coded as an established E/M code if the patient has received services within the past 3 years at any location of the group (either primary care or urgent care) by any physician of the same specialty. ■

**Q.** If a patient is seen at a different location by the same provider, can we bill it as an initial visit?

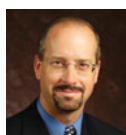
**A.** The general answer is that you must code with an **ESTABLISHED** patient E/M code.

You must code with an **ESTABLISHED** patient E/M code when any of the following apply:

- The patient has received services from this particular physician in any setting (ED, other practice, nursing home, etc.) within the past 3 years.
- The patient has received services in the practice (at any location) from a physician of the same specialty within the past 3 years.

However, you can bill a **NEW** patient E/M code, if any one of the following criteria apply:

- The patient has not received physician services from the practice within the past 3 years.
- The patient has not received physician services in this clinic within the past three years and the clinic operates a separate practice under a different TIN from any other clinic where the patient has not received physician services within the past 3 years.
- The patient has not seen a physician of the same specialty (as this visit) in the same practice within the last 3 years. ■



**David E. Stern** is a certified professional coder. He is a partner in Physicians Immediate Care, operating 18 clinics in Illinois, Oklahoma, and Nebraska. Dr. Stern was a Director on the founding Board of UCAOA and has received the Lifetime Membership Award of UCAOA. He serves as CEO of Practice Velocity ([www.practicevelocity.com](http://www.practicevelocity.com)), providing software solutions to over 750 urgent care centers in 48 states. He welcomes your questions about urgent care in general and about coding issues in particular.

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