

OBSERVATION AS PART OF EXTENDED ASSESSMENT AND MANAGEMENT COMPOSITE APC				DIRECT ADMIT TO OBSERVATION				OBSERVATION PACKAGED INTO OTHER SERVICES	
APC No.	HCPCS Codes	Criteria for Composite Payment		APC No.	HCPCS Codes	Criteria for Payment		HCPCS Code	Payment
		1	2			1	2		
8002 - Level I Extended Assessment and Management Composite	G0378 + G0379	8 or more units of code G0378 billed on the <u>same day</u> as G0379	No service with SI=T or V or Critical Care is provided on the same day of service as code G0379.	604 - Level I Hospital Clinic Visit	G0378 + G0379	<8 units of code G0378 billed on the <u>same day</u> as G0379	No service with SI=T or V or Critical Care is provided on the same day of service as code G0379.	G0378	Beginning 1/1/08, code G0378 for hourly observation services is assigned SI=N, signifying that its payment is packaged.
	G0378 + 99205	8 or more units of code G0378 are billed on the same day or the day after 99205	No service with SI=T on the same day or day before observation care (G0378) is provided.			8002 - Level I Extended Assessment and Management Composite	G0378 + G0379		
	G0378 + 99215	8 or more units of code G0378 are billed on the same day or the day after 99215	No procedure with SI=T on the same day or day before observation care (G0378) is provided.						
8003 - Level II Extended Assessment and Management Composite	G0378 + 99284	8 or more units of code G0378 billed on the same day or the day after 99284	No procedure with SI=T on the same day or day before observation care (G0378) is provided.	<p><b>Diagnosis:</b> There is no limitation on diagnosis for payment of Composite APCs 8002 and 8003.</p> <p><b>Documentation Requirements:</b></p> <p><b>Time</b></p> <ul style="list-style-type: none"> <li>Observation time must be documented in the medical record.</li> <li>Observation time begins with documented clock time that observation care is initiated per physician's order.</li> <li>Observation time ends when all clinical or medical interventions have been completed, including follow-up care furnished by hospital staff and physicians that may take place after a physician has ordered the patient be released or admitted as inpatient.</li> <li>Reported observation time would not include the time patient remains in the hospital after treatment is finished for reasons such as waiting for transportation home.</li> </ul> <p><b>Note:</b> Count the observation time to the nearest hour.</p> <p>If a period of observation spans more than one (1) calendar day, all of the hours for the entire period of observation must be reported in a single line and the date of service for that line is the date that observation care begins.</p> <p><b>Physician Evaluation</b></p> <ul style="list-style-type: none"> <li>The patient must be in the care of a physician during the period of observation, as documented in the medical record by outpatient registration, discharge, and other appropriate progress notes that are timed, written, and signed by the physician.</li> <li>The medical record must include documentation that the physician explicitly assessed patient risk to determine that the patient would benefit from observation care.</li> </ul> <p><b>Revenue Code:</b> 0762-Observation Room</p> <p><b>Bill Type:</b> TOB 13X</p>					
	G0378 + 99285	8 or more units of code G0378 billed on the same day or the day after 99285	No procedure with SI=T on the same day or day before observation care (G0378) is provided.						
	G0378 + 99291	8 or more units of code G0378 billed on the same day or the day after 99291	No procedure with SI=T on the same day or day before observation care (G0378) is provided.						
	G0378 + G0384	8 or more units of code G0378 billed on the same day or the day after G0384	No procedure with SI=T on the same day or day before observation care (G0378) is provided.						
HCPCS CODES	DESCRIPTION			APC Status Indicator (SI)	OPPS PAYMENT STATUS			<p>NOTE: Refer to "Outpatient Observation Services for Medicare Patient Reporting Guidelines 2010" for compilation of CMS instructions pertaining to the subject.</p> <p>References: Medicare Claims Processing, Chapter 4, Section 10.2.1, 290; Medicare Benefit Policy Manual, Chapter 6, Section 20.6; CMS Transmittal 1882,CR6751; Transmittal 1139, CR5438; MLN Matters MM675, MM5438; AMA CPT Manual 2010; CPT Changes 2010; Ingenix HCPCS Level II 2010; <a href="http://www.cms.hhs.gov/home/medicare.asp">www.cms.hhs.gov/home/medicare.asp</a></p> <p>DISCLAIMER: Please be advised that while every effort has been made to ensure accuracy of the information provided according to the most recent CMS Transmittals pertaining to the subject, periodic changes to rules and coverage may occur. Please refer to the ff. CMS website for updates. <a href="http://www.cms.hhs.gov/home/medicare.asp">www.cms.hhs.gov/home/medicare.asp</a></p>	
G0378	Hospital observation service, per hour								
G0379	Direct referral for hospital observation care			N	Paid under OPPS: payment is packaged into payment for other services. Therefore, there is no separate APC payment.				
G0384	Level 5 Hospital ER visit provided in a Type B ED								
99205	Office or other outpatient visit for E/M, new patient (Level 5)			T	Significant procedure. Paid under OPPS; separate APC payment.				
99215	Office or other outpatient visit for E/M, established patient (Level 5)								
99284	Emergency dept. visit for E/M of a patient (Level 4)			Q3	Paid under OPPS. Composite APC payment based on OPPS composite-specific payment criteria. Payment is packaged into a single payment for specific combinations of service.				
99285	Emergency dept. visit for E/M of a patient (Level 5)			V	Clinic or emergency department visit. Paid under OPPS, separate APC payment.				
99291	Critical care, E/M of the critically ill or critically injured patient; first 30-74 minutes								