

REPORT NAME:	EMERGENCY VISIT
REPORT DESCRIPTION:	DETAILS EMERGENCY DEPARTMENT VISIT CLAIMS BY PARTS A AND B. THIS REPORT CAN BE USED TO DEVELOP TRENDS AROUND VOLUME BY FACILITY, FOR WHAT PROCEDURES, AND DIAGNOSES AS RELATED TO EMERGENCY DEPARTMENT ENCOUNTERS
PURPOSE OF THE REPORT	THIS REPORT SHOULD DETAIL VISITS TO THE EMERGENCY ROOM BY LOOKING AT BOTH THE PAT A AND PART B CLAIMS. THE REPORT WILL LOOK AT THE PROCEDURES THAT WERE PERFORMED IN THE EMERGENCY DEPARTMENT AS WELL AS THE DIAGNOSES THAT ARE FOUND IN THE EMERGENCY DEPARTMENT CLAIM LISTED ON EACH LINE.
REPORT POPULATION	MEDICARE AND COMMERCIAL
REPORT LEVEL OF SPECIFICITY	PATIENT

MEDICARE REPORT PARAMETERS			SELECTION
TIME	Time Period of Report	DATE RANGE or YEAR OF SERVICE (To/From date or year selection)	DATE RANGE
PART A	Part A – Medicare	YES or NO	YES
PART B PHY	Part B Physician – Medicare	YES or NO	YES
PART B DME	Part B – Durable Medical Equipment – Medicare	YES or NO	NO
PART D	Part D – Medicare	YES or NO	NO

ADDITIONAL REPORT FILTERS Report interface to include standard filters: MEDICARE: Effective Period, Patient Attribution, Time (Selected Above), Deceased Status, Division, TIN Name, SubGroup Name, and NPI Number COMMERCIAL: Time (Selected Above), Deceased Status, Population, Division, TIN Name, SubGroup Name, NPI Number	
Include any additional filters needed for the report such as DRG or Place of Service	
Filter Header	Description

PATIENT LEVEL GENERAL REPORT OUTPUT COLUMNS

(Mandatory Columns-on every patient report by default)

MEDICARE ONLY

COMMERCIAL ONLY

Division	Facility Number	Primary Practice	TIN Subgroup	Population	Population Grouping	Assigned NPI	NPI	Attributed	Deceased
HICNO	MBI	MRN	Last Name	First Name	Gender	DOB			

PROVIDER GENERAL REPORT OUTPUT COLUMNS

(Mandatory Columns-on every provider report by default)

Division	Facility Number	Primary Practice	TIN Subgroup	Assigned NPI	NPI				

ADDITIONAL REPORT OUTPUT COLUMNS

(Include any data points that the report output should show and a description of the column)

Column Header	Description
Claim From Date	The start date of the emergency department claim
Claim Through Date	The end date of the emergency department claim
ED Visit Resulted in Admission	Yes/No to indicate if the patient was admitted as a result of the Emergency Department Visit
Outpatient Service Type Code	The type of service provided during the Emergency Department Visit (note: this field will only populate if the claim is an outpatient claim).
Total Amount	The sum of part A and B claims as related to the emergency department visit
Part A Amount	The part A charges related to the emergency department visit
Part B Amount	The part B charges (if any) as related to the emergency department visit
Provider NPI	The NPI associated to the facility for the emergency department visit
Provider	The provider name associated to the emergency department claim
Provider City	The city the provider works in
Provider State	The state the provider works in
Attending Provider NPI	The NPI associated with the attending provider on the claim
Attending Provider	The attending provider on the claim
Operating Provider NPI	The NPI associated with the operating provider on the claim
Operating Provider	The operating provider on the claim
Procedure	Semicolon separated list of CPT/HCPCS codes from the claim
Principal Diagnosis	Principal diagnosis code on the claim
Secondary Diagnosis	Semicolon separated list of diagnosis codes from the claim
Potentially Avoidable	YES/NO to indicate whether the ED Visit was potentially avoidable

INCLUDED CPT/HCPCS CODES
(Include any specific CPT/HCPCS codes that should be used to define the report)

Column Header	Description
Include all CPT/HCPCS codes	Include all CPT/HCPCS codes

EXCLUDED CPT/HCPCS CODES
(Include any specific CPT/HCPCS codes that should be excluded from the report)

Column Header	Description

INCLUDED ICD-10 CODES	
(Include any specific ICD-10 codes that should be used to define the report)	
Codes	Description
Include all ICD-10 Codes	Include all ICD-10 Codes
EXCLUDED ICD-10 CODES	
(Include any specific ICD-10 codes that should be excluded from the report)	
Codes	Description

OTHER COMMENTS, CONSIDERATIONS, AND DOCUMENTATION	
Reference Documentation	<p>clm_admsn_type_cd = 1 or a.CLM_OP_SRVC_TYPE_CD = 1 or the procedure group Emergency Visit</p> <p>Part A Claim Facility Type Code: CLM_FAC_TYPE_CD = 1 or 4 AND clm_admsn_type_cd = 1 or a.CLM_OP_SRVC_TYPE_CD = 1 OR Procedure Group Emergency Visit: CLM_LINE_HCPCS_CD = 99281, 99282, 99283, 99284, 99285, G0380, G0381, G0382, G0383. G0384</p> <p>Part B Procedure Group Emergency Visit: CLM_LINE_HCPCS_CD = 99281, 99282, 99283, 99284, 99285, G0380, G0381, G0382, G0383. G0384 *Emergency Visit is counted in the total count if there is a Part A claim. If there is a Part B claim that does not have an associated Part A claim, the Part B claim will not be included in the total count.</p> <p>Commercial CPT/HCPCS codes: 99281, 99282, 99283, 99284, 99285, G0380, G0381, G0382, G0383. G0384</p>
Comments and Notes	(Explain your request in as much additional detail as possible.)