

## **GUIDELINES FOR DOCUMENTATION OF THERAPEUTIC APHERESIS PROCEDURES IN THE MEDICAL RECORD BY APHERESIS PHYSICIANS**

In recognition of the increasing importance of the documentation of physician services in the medical record, the Clinical Applications and Standards Committee of the American Society for Apheresis (ASFA) has considered the documentation of physician services during therapeutic apheresis (TA) procedures. The Committee has developed Guidelines for acceptable documentation of the apheresis physician's services during a therapeutic procedure. These Guidelines were published on September 14, 2005 and will be reviewed by the Board of Directors of ASFA annually thereafter.

The following Guidelines are intended to assist medical establishments that maintain a TA service with consultations that are provided with either direct or indirect medical intervention. They are designed as a means to improve the quality of care and standardize the documentation of TA procedures. An additional end result, we hope, is to assist physicians with the documentation that is required for the various CPT codes used to bill for physician services.

TA procedures as referenced by CPT codes (see Table 1 below) should be provided by physicians whose credentials satisfy the responsible institution's requirements for ordering and supervising such procedures (see *ASFA Guidelines for Therapeutic Apheresis Clinical Privileges*). These services are best provided as a consultative service to an individual patient. The supervising physician is responsible for documenting his/her supervision of the apheresis procedure in the medical record according to the standards of the institution. The physician's procedure note should include documentation of at least the following points:

1. The physician reviewed and evaluated the pertinent clinical and laboratory data relevant to the treatment of the patient that day.
2. The physician has made the decision to perform the therapeutic procedure on the day in question.
3. The physician saw and evaluated the patient for the procedure.
4. The physician remained available to respond in person to emergencies or other situations requiring his/her presence throughout the duration of the procedure.

The four points covered establish that the procedure was carried out under the physician's supervision and under the physician's orders and serve as guidelines for a procedure note. As described, the note does reference the fundamental clinical and laboratory data that the TA physician must take into account while managing a patient prior to and during a procedure. These Guidelines do not specify how the four main points are to be documented, they only suggest the points that need to be properly referenced.

Please note that the four points do not address all of the elements required in an evaluation and management note for coding and billing purposes as defined in the fourth edition of the Current Procedural Terminology (CPT) by the American Medical Association. Apheresis physicians may also use E&M coding guidelines to document care delivered in the peri-treatment period (see the coding book for details).

Table 1. CPT codes for therapeutic apheresis and HPC, apheresis procedures<sup>1,2</sup>

CPT Codes	Description
36511	Therapeutic apheresis for white blood cells
36512	Therapeutic apheresis for red blood cells
36513	Therapeutic apheresis for platelets
36514	Therapeutic apheresis for plasmapheresis
36515	Therapeutic apheresis with extracorporeal immunoadsorption and plasma reinfusion
36516	Therapeutic apheresis with extracorporeal selective adsorption or selected filtration and plasma reinfusion
36522	Photopheresis, Extracorporeal
38205	Blood derived Hematopoietic progenitor cell harvesting for transplantation per collection; allogeneic
38206	Blood derived Hematopoietic progenitor cell harvesting for transplantation per collection; autologous

1) For more information on billing practices see 'A Guide to Billing and Securing Appropriate Reimbursement, 2006 Edition';

2) For up to date information refer to the Code of Federal Regulation (CFR)

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