

Facility Acuity Scoring Tool (FAST)™

Arrival		Additional Resource Utilization	
Ambulatory	0	Isolation	10
Wheel chair	5	Special needs patient	10
Stretcher	10	Language; translator	15
		Altered mentation	15
History and Physical Examination		Patient Process	
Patient history	10	Patient processing: simple	6
Review of systems	10	Patient processing: complex	12
Chronic and inactive conditions	7	Coordination of care	8
General physical examination	8	Develop/Assess Adherence to Care Plan	4
Risk Assessment	2	Patient Education	4
Problem Focused Activities			
<i>Wound, ulcer, burn</i>	Quantity	<i>Edema, lymphedema</i>	Quantity
Assessment (multiply)	4	Edema Assessment (multiply)	4
Cleansing (multiply)	3	Circumference measurement (multiply)	5
Area measurement (multiply)	4	Edema dressing (multiply)	10
Undermining measurement (multiply)	2		
Photography/tracing (multiply)	2	<i>Ostomy, continence</i>	Quantity
Application of simple dressing (multiply)	8	Assessment and management of incontinence related skin disorders	10
Application of moderate dressing (mult.)	13	Assessment and management of peristomal skin disorders; repouching	20
Application of complex dressing (mult.)	18	Stoma Marking	20
Hydrotherapy / Hydrodebridement	20		
Biotherapy	20		
Focused assessments/interventions			
Nutrition	8	Peripheral Neuropathy	10
Diabetes management	10	Dermatology (skin care)	8
Peripheral Arterial Disease	12	Mobility, Offloading, and Gait Assessment	15
General Procedures		Point of Care Testing	
Medication: Application of a topical	5	Bedside glucose testing	8
Medication: injection	10	Orthostatic vital signs	10
Medication: IV management	15	Hand-held Doppler	10
Cast removal	10	Wound culture; swab	10
Patient transfer; hoyer lift, bariatric lift	8	Blood draw	8
Suture/Staple removal	5	Specimen collection	8
Departure Instructions		Departure Disposition	
External environmental planning	15	Routine admission or transfer	10
Simple departure instructions	10	Emergency admission	20
Complex departure instructions	15	Routine transfer to another facility	10

Subtotal Column A

Total Score
(Column A + B)

Subtotal Column B

Level of Service

Total Score	Level of Service
0 – 35	Level 1
36 – 65	Level 2
66 – 125	Level 3
126 – 155	Level 4
156 – 200	Level 5

Overview

Development of the Intellicure Facility Acuity Scoring Tool™ (FAST) began after the Centers for Medicare and Medicaid Services (CMS formerly HCFA) released the Medicare Prospective Payment System for Hospital Outpatient Departments in the Federal Register on April 7, 2000. On pages 18450 – 18451, CMS instructed the use of 31 CPT codes to reflect the work performed by hospital outpatient departments. They elaborated with the following:

“We realize that while these HCPCS codes appropriately represent different levels of physician effort, they do not adequately describe non-physician resources. However, in the same way that each HCPCS code represents a different degree of physician effort, the same concept can be applied to each code in terms of the differences in resource utilization. Therefore, each facility should develop a system for mapping the provided services or combination of services furnished to the different levels of effort represented by the codes.”

What would the ideal system look like?

Methods which accurately assess work should result in a Normal distribution of charges with level three as the most frequent. In response to the HOPPS notification, Intellicure, Inc. began developing a patient acuity and work based scoring system in 2000 which would automatically calculate the facility's level of service according to these rules. The Intellicure EMR provided for automatic calculation of the work score.

Components of an Acuity Scoring System:

Resource Utilization, Assessments, and Interventions

Ground Rules for Using Intellicure FAST™:

1. The acuity scores generated will represent the normal population.
2. Work performed in the facility which has an assigned procedure code, shall be documented by that procedure code, and not the Intellicure FAST system.
3. Substitutions in general category sections may be permissible. Contact Intellicure with your specific request so that we may provide you with the appropriate point score for a particular change. This is necessary to maintain the validity of the scoring system.
4. The validated scoring system shall not be changed by the facility.
5. The facility must register their adoption and or usage of the tool with Intellicure so that the facility can be notified of changes as they are published.
6. The Intellicure copyright shall remain on the visibly printed document.