



Emergency Department Leveling Guideline

Coverage for services, procedures, medical devices, and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Pricing Guideline must be read in its entirety to determine coverage eligibility, if any.

The section identified as "Description" and "Definitions" defines or describes a service, procedure, medical device, or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria", "Pricing Criteria" and "Coding Guidelines" defines criteria to determine appropriate reimbursement or coding according to BCBSAZ guidelines.

Pricing Guidelines are subject to change as new information becomes available.

Description:

Emergency Department (ED) coding for professional and facility reporting.

Definitions:

Emergency Department (ED)

The American Medical Association (AMA) defines an Emergency Department as an organized hospital-based facility for the provision of unscheduled episodic services to patients who present for immediate medical attention. The facility must be available 24 hours a day.

Evaluation and Management (E/M)

A service provided by a physician, facility, or other qualified healthcare provider to evaluate, diagnosis and/or treat illness or injury in a patient.

Criteria:

This policy applies to physicians, qualified health care professionals and facilities.

Pricing Criteria:

Services determined by BCBSAZ to not be billed according to these coding guidelines are **not eligible** for reimbursement.

Coding Guidelines:

Emergency Department visit reporting consists of 5 levels of service represented by CPT codes 99281-99285 and HCPCS G0380 – G0384.

According to the American Medical Association (AMA), time is **not** a descriptive component for the emergency department levels of E/M services because emergency department services are typically provided on a variable intensity basis, often involving multiple encounters with several patients over an extended period of time. In addition, there is no distinction made between new and established patients in the ED.



Emergency Department Evaluation and Management Leveling Guideline (cont.)

Professional ED Coding

Professional Coding level of service is based on medical decision-making, complexity, severity of the presenting problem(s), and work performed including the provider’s cognitive effort. The level of Medical Decision Making (MDM) must be met and documented for the level of service selected.

When the physician or other qualified health care professional is reporting a separate CPT code that includes interpretation and/or report, the interpretation and/or report is not counted toward the MDM when selecting a level of E/M services. When the physician or other qualified health care professional is reporting a separate service for discussion of management with a physician or another qualified health care professional, the discussion is not counted toward the MDM when selecting a level of E/M services.

Report services provided in the ED with Place of Service code 23.

Professional ED E/M Coding Table

Code Level	MDM Complexity	Clinical Examples
99281	Minimal complexity	No care rendered by provider (complaint resolves prior to eval) Wound dressing change (uncomplicated) Suture removal (uncomplicated)
99282	Straightforward complexity	Localized skin rash, lesion, sunburn Urinary frequency without fever Ear pain Repair of wound with skin adhesive Minor viral infection (OTC meds) Headache
99283	Low complexity	Epitaxis with packing Corneal exam with dye Emesis/Incontinence care Medical condition requiring prescription drug management Head injury (without neurologic symptoms) Mild dyspnea (oxygen not required)
99284	Moderate complexity	Headache with nausea/vomiting Dyspnea requiring oxygen Chest pain (with limited diagnostic testing) Abdominal pain (with limited diagnostic testing) Blunt/penetrating trauma (with limited diagnostic testing) Psychotic episode (not suicidal)
99285	High complexity	Severe infection requiring IV/IM antibiotics Uncontrolled Diabetes Mellitus Severe burns Psychotic episode (suicidal/homicidal) New-onset Altered Mental status Severe headache (requiring multiple diagnostics) Toxic ingestions



Emergency Department Evaluation and Management Leveling Guideline (cont.)

Facility ED Coding

Facility Coding is based on the intervention(s) that are performed for the presenting symptoms and result in diagnosis of the patient. Level of service for the facility reflects volume and intensity of resources used to provide the care.

The "Possible Interventions" refer to interventions on the part of the nursing and ancillary staff in the Emergency Department and not to interventions by the emergency physicians. Whether only a single, multiple or all of the "Possible Interventions" listed at a given facility code level is present, the facility code level is still the same.

Report the appropriate level of service procedure code with revenue code 0450.

Facility ED E/M Coding Table

Code Level	Possible Interventions
99281 G0380	Dressing changes (uncomplicated) Suture removal (uncomplicated) Discussion of Discharge Instructions (Straightforward)
99282 G0381	Tests by ED Staff (Urine dip, stool hemoccult, Accucheck or Dextrostix) Obtain clean catch urine Apply ace wrap or sling Preparation or assist w/ procedures such as: minor laceration repair, I&D of simple abscess, etc. Discussion of Discharge Instructions (Simple)
99283 G0382	1 Nebulizer treatment Preparation for lab tests described in CPT (80048-87999 codes) Preparation for plain X-rays of only 1 area (hand, shoulder, pelvis, etc.) Foley catheters; In & Out caths Preparation or assist w/procedures such as: joint aspiration/injection, simple fracture care etc. Mental Health-anxious, simple treatment Limited social worker intervention Postmortem care Discussion of Discharge Instructions (Moderate Complexity)
99284 G0383	Preparation for 2 diagnostic tests (Labs, EKG, X-ray) Preparation for plain X-ray (multiple body areas) Preparation for special imaging study (CT, MRI, Ultrasound, VQ scans) Cardiac Monitoring 2 Nebulizer treatments Port-a-cath venous access Administration and Monitoring of infusions or parenteral medications (IV, IM, IO, SC) NG/PEG Tube Placement/Replacement Multiple reassessments Preparation or assist w/procedures such as: eye irrigation with Morgan lens, bladder irrigation with 3-way foley, pelvic exam, etc. Sexual Assault Exam w/ out specimen collection Psychotic patient; not suicidal Discussion of Discharge Instructions (Complex)

Emergency Department Evaluation and Management Leveling Guideline (cont.)

Facility ED E/M Coding Table (cont.)

Code Level	Possible Interventions
99285 G0384	Requires frequent monitoring of multiple vital signs (i.e. O ₂ sat, BP, cardiac rhythm, respiratory rate) Preparation for ≥ 3 diagnostic tests ² : (Labs, EKG, X-ray) Preparation for special imaging study (CT, MRI, Ultrasound, VQ scan) combined with multiple tests or parenteral medication or oral or IV contrast. Administration of Blood Transfusion/Blood Products Oxygen via face mask or NRB 3 or more Nebulizer Treatments (if nebulizer is continuous, each 20 minute period is considered treatment) Moderate Sedation Preparation or assist with procedures such as: central line insertion, gastric lavage, LP, paracentesis, etc. Extended Social Worker intervention Sexual Assault Exam w/ specimen collection by ED staff Coordination of hospital admission/ transfer or change in living situation or site Physical/Chemical Restraints; Suicide Watch Critical Care less than 30 minutes

Coding Referenced: 99281-99285, G0380-G0384

Resources:

1. American Medical Association. Current Procedural Terminology (CPT®)
2. Health Care Procedure Coding System (HCPCS®)
3. Centers for Medicare & Medicaid Services (CMS®)

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