# Facility Emergency Department Evaluation and Management Leveling

## Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In the event of a conflict, federal and state guidelines, as applicable, as well as the member's benefit plan document supersede the information in this policy. Additionally, to the extent there are any conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. Molina Healthcare adheres to the requirements of the Emergency Medical Treatment and Labor Act (EMTALA). If there is a state exception, please refer to the state exception table listed below.

## Overview

Evaluation and Management Services (E/M) is defined as physician-patient encounters that are translated into five-digit CPT (Current Procedural Terminology) Codes for billing purposes. Different E/M codes exist for different patient encounters such as office visits, hospital visits, emergency room visits, and home visits. Clear and concise medical record documentation is critical to providing patients with quality care and is required for providers to receive accurate and timely payment for furnished E/M services. E/M medical records chronologically report the care a patient received and record pertinent facts, findings, and observations about the patient's health history. E/M codes (99201- 99499 or G0380 – G0384) describe a provider's service to a patient including evaluating the patient's condition(s) and determining the management of care required to treat the patient.

## Policy

This policy is intended to provide guidance for Emergency Department (ED) Facilities who bill for services rendered using the CMS 1500 and/or UB04 forms. Appropriate coding should be submitted that correctly describes the health care services rendered. The information in this policy pertains to ED Services described and is not intended to be all inclusive. In addition, this policy applies to in-network and out of network facilities submitting ED claims. Claim submissions coded with the correct combination of procedure code(s) are critical to minimizing potential delays in claim(s) processing. Claim submissions must contain revenue codes that reflect the services rendered. A revenue code and corresponding HCPCS (Healthcare Common Procedure Coding System) or CPT code must be compatible.

Molina Healthcare may evaluate emergency department facility claims to determine if the visit was billed at the appropriate level of care.

The member's medical record documentation for diagnosis and treatment in the ED must indicate the presenting symptoms, examination, testing, diagnoses, and treatment. All care provided should be clearly documented and supported in the medical records. The patient's primary discharge diagnosis should be the primary diagnosis on the claim form. Medical records and itemized bills may be requested from the facility/provider for review to validate the site of service, level of care for emergent use of ED and that services billed were accurately reported.

Molina Healthcare will reimburse ED E/M services based on the level of acuity, complexity, and severity of the member's condition, which includes, but is not limited to, factors such as member's age and medical history.

Exclusions:

- Admitted to Inpatient
- Expired in ED
- Members sent to outpatient surgery
- Behavioral Health as a primary diagnosis

## Procedure Codes (CPT & HCPCS)

| E/M Level 1 | | | | |
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| **Type A Emergency Department** | **Type B Emergency Department** | **Code Description** | **Minimum Criteria for Acceptance that appropriately reflects the intensity of hospital resources** | **Clinical Examples*** |
| 99281 | G0380 | Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor | • Initial assessment<br>• No medication or treatments<br>• Prescription refill only<br>• Note for work or school<br>• Wound recheck<br>• Booster or follow-up immunization<br>• Dressing changes<br>• Suture removal | • Insect Bite (Uncomplicated)<br>• Read TB Test |
| **E/M level 2** | | | | |
| **Type A Emergency Department** | **Type B Emergency Department** | **Code Description** | **Minimum Criteria for Acceptance** | **Clinical Examples** |
| 99282 | G0381 | Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem | • Simple tests and cultures performed by emergency department staff such as:<br>○ Clean catch urine sample<br>○ Accu-check(s)<br>○ Stool smear | • Localized Skin Rash, Skin lesion, Sunburn<br>• Minor viral infection<br>• Eye discharge-painless |

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| | | focused history; An expanded problem focused examination; and medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity | ○ Cultures of throat, skin, urine, or wounds<br>• Visual acuity examination<br>• Ace wrap or sling application<br>• Preparation or assistance with procedures such as:<br>○ Minor laceration repair<br>○ Incision and drainage of simple abscess<br>• Cast removal<br>• Foreign body removal without incision or anesthetic<br>• First or second degree burn treatment with discharge from emergency department<br>• Venipuncture for a laboratory test | • Urinary Frequency without fever<br>• Ear pain (otitis media, sinusitis, vertigo, swimmer's ear, TMJ)<br>• Dental Pain<br>• Epistaxis-No packing |
| **E/M Level 3** | | | | |
| **Type A Emergency Department** | **Type B Emergency Department** | **Code Description** | **Minimum Criteria for Acceptance** | **Clinical Examples** |
| **99283** | **G0382** | Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. | • Heparin or saline lock placement<br>• One nebulizer treatment<br>• X-ray of one or more body areas<br>• Prescription medication administration by mouth (PO)<br>• Insertion or removal of Foley catheter or insertion or removal of catheter to obtain sterile urine specimen<br>• Cervical spine precautions<br>• Fluorescein stain eye test<br>• Emesis or incontinence care<br>• Joint aspiration<br>• Joint injection<br>• Simple fracture care<br>• Simple mental health treatment<br>• Routine psychiatric medical clearance<br>• Limited social worker intervention such as:<br>○ Case management<br>• Postmortem care<br>• Direct admission via emergency department<br>• Epistaxis treatment with packing<br>• Routine tracheotomy care<br>• Simple eye or ear irrigation | • Headache (Simple)<br>• Head injury-without neurologic symptoms.<br>• Cellulitis<br>• Abdominal Pain (Simple)<br>• Minor Trauma (With potential complicated Factors)<br>• Medical conditions requiring prescription drug management<br>• Fever which responds to antipyretics<br>• Eye pain (Corneal abrasion or infection, blepharitis, iritis)<br>• Non-Confirmed overdose<br>• Mental Health (Anxious, simple treatment) |

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| | | | • Simple treatment of dislocation of patella, finger, or toe without fracture<br>• Port-a-Cath venous access<br>• Pelvic examination<br>• Genitourinary examination<br>• Rectal examination<br>• IV push medication administration<br>• IV fluid administration without medication<br>• Intramuscular (IM) or subcutaneous (Sub-Q) medication administration<br>• EKG or ECG test | • Mild dyspnea (Not requiring oxygen)<br>• Fissure or hemorrhoid<br>• Epistaxis with packing<br>• Physical Assault<br>• Routine Psych Medical Clearance<br>• Emesis/Incontinence care<br>• Postmortem care<br>• Simple dislocation of patella, finger, or toes w/o Fracture<br>• Sprain - unable to bear weight<br>• Routine trach care |
| **E/M Level 4** | | | | |
| **Type A Emergency Department** | **Type B Emergency Department** | **Code Description** | **Minimum Criteria for Acceptance** | **Clinical Examples** |
| 99284 | G0383 | Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the | • Special imaging study<br>○ CT, ECHO, MRI, ultrasound, or ventilation perfusion (VQ) scan<br>• Two non-continuous nebulizer treatments or at least one hour of continuous nebulizer treatment<br>• Administration and monitoring of infusions or parenteral medication IV, IM, intraosseous (IO) or vascular catheterization (VC)<br>• Nasogastric (NG) or percutaneous endoscopic gastrostomy (PEG) tube placement or replacement<br>• Preparation or assistance with procedures such as:<br>○ Morgan Lens<br>○ Bladder irrigation with three-way Foley catheter<br>• Sexual assault examination without specimen collection | • Headache - (Complex) or with nausea and vomiting<br>• Head injury with LOC<br>• Respiratory Distress<br>• Blunt/penetrating trauma<br>• Dyspnea with oxygen treatment<br>• Neurological symptoms: slurred speech, Staggered walking, paralysis or numbness of face, arm or leg, or blurred vision in one or both eyes<br>• Psychotic patient - not suicidal |

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| | | physician, or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function. | • Treatment of Non-suicidal psychotic patient<br>• Insertion of nasal or oral airway<br>• PICC or central line insertion<br>• Tracheal tube replacement<br>• Complete series of rabies vaccines<br>• Four or more distinct types of diagnostic tests such as:<br>• Laboratory test not requiring an arterial blood draw<br>• Laboratory test requiring an arterial blood draw<br>• EKG or ECG test<br>• X-ray<br>• Holter monitor (recording, scanning analysis with report, review, or interpretation)<br>• Bladder scan<br>• Device interrogation | • Care of a confused, combative patient |
| **E/M Level 5** | | | | |
| **Type A Emergency Department** | **Type B Emergency Department** | **Code Description** | **Minimum Criteria for Acceptance** | **Clinical Examples** |
| 99285 | G0384 | Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A<br><br>comprehensive history; A comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or | • Blood transfusion administration<br>• Three or more non-continuous nebulizer treatments or at least two hours of continuous nebulizer treatment<br>• Moderate sedation<br>• Preparation or assistance with procedures such as:<br>○ Gastric lavage<br>○ Lumbar puncture<br>○ Paracentesis or<br><br>thoracentesis<br><br>• Application of cooling or heating blanket<br><br>• Extended social worker intervention<br><br>• Sexual assault examination with specimen collection | • Active GI bleed - excluding fissure and hemorrhoid<br>• Severe respiratory distress<br>• Epistaxis (Complex)<br>• Blunt/penetrating trauma with<br><br>multiple diagnostic testing required<br>• Systemic multi-system medical emergency requiring multiple diagnostics |

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| | | agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function | • Coordinating transfer for hospital admission or change in living situation or site<br>• Administration of physical or chemical restraints<br>• Suicide watch<br>• Critical care for less than 30 minutes<br>• Fracture reduction or relocation<br>• Endotracheal or tracheal tube insertion<br>• Decontamination or isolation of hazardous material<br>• Precipitous delivery in emergency department<br>• Treatment for severe burns<br>• General anesthesia<br>• Four or more special imaging studies<br>• CT, ECHO, MRI, ultrasound, or ventilation perfusion (VQ) scan | • Severe infections requiring IV/IM antibiotics<br>• Uncontrolled diabetes - Blood sugar level at 300 or higher and exhibiting complications like DKA and or unstable vital signs or HHNK<br>• Severe burns - (Level 3 or 4)<br>• Hypothermia<br>• Headache (severe)<br>• Major musculoskeletal injury<br>• Acute peripheral vascular compromise of extremities<br>• Toxic ingestions<br>• Suicidal or homicidal patient<br>• Sexual assault exam with specimen collection<br>• Abdominal pain (complex) |

*This column is intended to be examples and is not a comprehensive list, and reviews will not be limited to lists of diagnosis or symptoms. The plan retains the right to review benefit limitations and exclusions, beneficiary eligibility on the date of the service, correct coding, and billing practices and whether the service was provided in the most appropriate and cost-effective setting of care. This policy is not a guarantee of payment.

| Code | Description |
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| 99291 | Critical care, evaluation, and management of the critically ill or critically injured patient; first 30-74 minutes |
| 99292 | Critical care, evaluation, and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service) |

## Documentation History

| Type | Date | Action |
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| Effective Date | 01/01/2023 | Documented Policy |
| Revised Date | 09/01/2023 | Updated formatting |
| Revised Date | 12/12/2024 | Updated formatting |

## State Exceptions

| State | Exception |
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| SC | South Carolina is excluded from this policy |

## References

**Government Agencies**

1. CMS: Section 290
    a. Medicare Claims Processing Manual (cms.gov)
2. CMS Observation service Fact sheet:
    a. https://www.cgsmedicare.com/partb/mr/pdf/observation_serv_factsheet.pdf
    b. https://ahca.myflorida.com/medicaid/review/Reimbursement/RH_08_080701_CMS-1500_ver1_4.pdf
3. KY Medicaid:
    a. https://apps.legislature.ky.gov/law/kar/titles/907/010/014/ Section 3 area
    b. https://chfs.ky.gov/agencies/dms/dpo/bpb/Pages/hospital.aspx

**Professional Society Guidelines and Other Publications**

1. ACEP Organization:
    a. https://www.acep.org/globalassets/uploads/uploaded-files/acep/advocacy/state-issues/wa-hca-er-update-report-for-legislature-3-20-14.pdf

## Supplemental Information

**Definitions**

| Term | Definition |
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| Emergency Services. 42 CFR 438.113 | *Emergency services* means covered inpatient and outpatient services that are as follows:<br>**(i)** Furnished by a provider that is qualified to furnish these services under this Title.<br>**(ii)** Needed to evaluate or stabilize an emergency medical condition. |

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| Emergency Department | • Type A emergency department: must meet regulatory requirements and be open 24 hours/day and 7 days/week and apply codes 99281-99285.<br>• Type B emergency department: must meet regulatory requirements but is not open 24 hours/day and 7 days/week and apply codes G0380-G0384. |

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| Emergency Medical Condition. 42 CFR 438.113 | *Emergency medical condition* means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in the following:<br>**(i)** Placing the health of the individual (or, for a pregnant woman, the health of the woman or her unborn child) in serious jeopardy.<br>**(ii)** Serious impairment to bodily functions.<br>**(iii)** Serious dysfunction of any bodily organ or part. |
| EMTALA | https://www.cms.gov/regulations-and-guidance/legislation/emtala |

## State Exceptions

| State | Exception |
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***CODING DISCLAIMER**. Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.*