UNIVERSITY HEALTHCARE ALLIANCE

CODING CORNER

Emergency Department Services

An emergency department is typically described as an organized hospital-based facility available 24 hours a day, providing unscheduled episodic services to patients in need of urgent medical attention.

The following codes are used to report emergency department services. There is no distinction made between new and established patients. All three key components (history, exam, and medical decision making) must be met or exceeded for the level of service selected. Time is not a factor when selecting these E/M services.

99281	A problem focused history; A problem focused examination; and Straightforward medical decision making. Usually, the presenting problem(s) are self-limited or minor.
99282	An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Usually, the presenting problem(s) are of low to moderate severity.
99283	An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Usually, the presenting problem(s) are of moderate severity.
99284	A detailed history; A detailed examination; and Medical decision making of moderate complexity. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician, or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function.
99285	A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function

EMERGENCY DEPARTMENT SERVICES

All 3 sections under the code (history, exam, medical decision making) must be met & documented.

	99281	99282	99283	99284	99285
HX	**Problem Focused** HPI: 1-3	**Expanded Problem Focused** HPI: 1-3 ROS: 1 system *Both Req'd*	**Expanded Problem Focused** HPI: 1-3 ROS: 1 system *Both Req'd*	**Detailed** HPI*: 4+ ROS: 2-9 systems PFSH: 1 *All 3 Req'd*	**Comprehensive** HPI*: 4+ ROS: 10+ systems PFSH: 3 *All 3 Req'd*
EXAM	**Problem Focused** 1 Organ system/ Body area ('95)	**Expanded Problem Focused** 2-7 Organ systems/ Body areas (limited)	**Expanded Problem Focused** 2-7 Organ systems/ Body areas (limited)	**Detailed** 2-7 Organ systems/ Body areas (extended)	**Comprehensive** 8+ Organ systems
MDM	**Straightforward** Dx: 1 Data: 1 Risk: Minimal *2/3 Req'd*	**Low Complexity** Dx: 2 Data: 2 Risk: Low *2/3 Req'd*	**Moderate Complexity** Dx: 3 Data: 3 Risk: Moderate *2/3 Req'd*	**Moderate Complexity** Dx: 3 Data: 3 Risk: Moderate *2/3 Req'd*	**High Complexity** Dx: 4 Data: 4 Risk: High *2/3 Req'd*

For critical care services performed in the ED please see critical care codes (99291-99292) to verify correct coding.

Critical care depends on the status of the patient, regardless of the patient location within the facility.

Emergency Services According to CMS

Use of Emergency Department Codes by Physicians Not Assigned to Emergency Department
Any physician seeing a patient registered in the emergency department may use emergency department visit codes (for services matching the code description). It is not required that the physician be assigned to the emergency department.

Use of Emergency Department Codes in Office
Emergency department coding is not appropriate if the site of service is an office or outpatient setting or any sight of service other than an emergency department. The emergency department codes should only be used if the patient is seen in the emergency department and the services described by the HCPCS/CPT code definition are provided. The emergency department is defined as an organized hospital-based facility for the provision of unscheduled or episodic services to patients who present for immediate medical attention.

Use of Emergency Department Codes to Bill Nonemergency Services
Services in the emergency department may not be emergencies. However, the codes (99281 - 99288) are payable if the described services are provided.
However, if the physician asks the patient to meet him or her in the emergency department as an alternative to the physician's office and the patient is not registered as a patient in the emergency department, the physician should bill the appropriate office/outpatient visit codes. Normally a lower level emergency department code would be reported for a nonemergency condition.

Emergency Department or Office/Outpatient Visits on Same Day as Nursing Facility Admission
Emergency department visit provided on the same day as a comprehensive nursing facility assessment are not paid. Payment for evaluation and management services on the same date provided in sites other than the nursing facility are included in the payment for initial nursing facility care when performed on the same date as the nursing facility admission.

Physician Billing for Emergency Department Services Provided to Patient by Both Patient's Personal Physician and Emergency Department Physician
If a physician advises his/her own patient to go to an emergency department (ED) of a hospital for care and the physician subsequently is asked by the ED physician to come to the hospital to evaluate the patient and to advise the ED physician as to whether the patient should be admitted to the hospital or be sent home, the physicians should bill as follows:

- If the patient is admitted to the hospital by the patient's personal physician, then the patient's regular physician should bill only the appropriate level of the initial hospital care (codes 99221 - 99223) because all evaluation and management services provided by that physician in conjunction with that admission are considered part of the initial hospital care when performed on the same date as the admission. The ED physician who saw the patient in the emergency department should bill the appropriate level of the ED codes.

- If the ED physician, based on the advice of the patient's personal physician who came to the emergency department to see the patient, sends the patient home, then the ED physician should bill the appropriate level of emergency department service. The patient's personal physician should also bill the level of emergency department code that describes the service he or she provided in the emergency department. If the patient's personal physician does not come to the hospital to see the patient, but only advises the emergency department physician by telephone, then the patient's personal physician may not bill.

Frequently Asked Questions:

Q: If the patient is seen in office and then sent to ER for tests. Primary MD sees patient at the ER and sends home. ER doctor was not involved. How would the primary MD code?
A: The primary MD would bill for only the ER services. The services for the office and the ER would be combined for billing purposes. Components will be included for both office and ER documentation.

Q: Patient is seen by ER doctor and requested for specialty consultation. Patient is seen by the specialist in the ER and performs the surgery. How would the specialist code?
A: Specialty provider should code for the consultation codes (99241-99245) with modifier 57 (Decision for surgery) and procedure performed. Documentation should include the requesting provider with reason for request, rendering of the services, and the report back to the requesting provider

Resources:
https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf