



FACILITY EMERGENCY DEPARTMENT E&M SERVICES

File Name: facility_emergency_department_e&m_services

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Description

Interventions are the preparation, assistance, and/or facilitation of services performed by nursing and ancillary facility staff during an Emergency Department (ED) encounter.

Resources are the room(s), supplies, equipment, staff and facility resources utilized to provide care during an ED encounter.

Intensity and/or complexity is the degree of specialization, involvement, quantity, time frame, or type of facility resources and/or interventions utilized during an ED encounter.

Policy

Blue Cross Blue Shield North Carolina (Blue Cross NC) reimburses facility ED evaluation and management (E&M) services based on the appropriate alignment with the intensity and complexity of facility resources expended, in accordance with the criteria outlined in this policy.

Reimbursement Guidelines

Blue Cross NC assesses the intensity and/or complexity of facility interventions and resources expended based on the services rendered during the facility ED E&M visit. The following categories will be assessed in determining the intensity and/or complexity of facility interventions and resources provided for the ED E&M services:

- Radiology and other diagnostic tests (simple radiology, specialized radiology, device interrogation, EKG/ECG/EEG, etc.)
- Simple Procedures (PICC line, endoscopy, lumbar puncture, intravenous care and/or insertions, etc.)
- Assessment/Exams (pelvic, neurological, visual, etc.)
- Nursing Care (routine care, continuous monitoring, respiratory interventions, continuous bedside presence/care)
- Specialized Interventions (case management, complex transfer coordination, Ambulance, etc.)
- Straightforward or Moderate Trauma (wound care, fractures, dislocations, burns, etc.)
- Complexity of presenting problems and/or co-morbidities

Providers must submit on their claim all services rendered and resources expended during the encounter via comprehensive Health Insurance Portability and Accountability Act ("HIPAA") compliant coding. The E&M code submitted must align with the intensity and complexity of interventions and resources expended for that encounter level. The table below details criteria that Blue Cross NC uses to determine the appropriate code application for ED E&M services.



ED Encounter	Interventions	Resources
Level 1 (Straightforward) 99281	Minor Minimal involvement of facility staff	Minimal Smallest quantity needed of facility resources
Level 2 (Low) 99282	Low Complexity Non-specialized, scoped facility staff involvement	Limited Scoped use of facility resources
Level 3 (Moderate) 99283	Moderate Complexity Non-specialized, yet evolving and/or time-consuming facility staff involvement	Moderate Multiple use of simple, non-specialized resources
Level 4 (Moderate-High) 99284	High Complexity Specialized facility staff involvement	Limited Intensive Use of specialized resources
Level 5 (High) 99285	Extreme Complexity Specialized, high level of facility staff involvement	Intensive Multiple use of specialized resources

If facility resources expended during the ED encounter do not align with the E&M service billed, the claim may be denied. Blue Cross NC reserves the right to request medical records and/or itemized bills in determination of reimbursement and/or recovery or recoupment of previously paid claims in excess of the E&M code level supported.

Exclusions

This policy does not apply to professional ED E&M services. Additionally, facility ED E&M services that involve the following scenarios are excluded from this policy:

- Primary diagnosis of a psychiatric disease
- Members under the age of 2
- Members that expire in the ED
- Admission to inpatient or observation status
- Maternity care

Billing and Coding

Applicable codes are for reference only and may not be all inclusive. For further information on reimbursement guidelines, please see the Blue Cross NC web site at www.bcbsnc.com.

CPT® / HCPCS Code / Modifier	Explanation
99281 G0380	Resources and interventions used by the facility to provide care for presenting problem(s) that are self-limited or minor conditions
99282 G0381	Resources and interventions used by the facility to provide care for presenting problem(s) that are of low to moderate severity



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99283 G0382	Resources and interventions used by the facility to provide care for presenting problem(s) that are of moderate severity
99284 G0383	Resources and interventions used by the facility to provide care for presenting problem(s) that are of moderate to high severity and require urgent evaluation
99285 G0384	Resources and interventions used by the facility to provide care for presenting problem(s) that are of high severity and pose an immediate significant threat to life or physiologic function

Related Policy

[Diagnosis Validity and Code Guidelines](#)

[Facility Billing Guidelines](#)

[Pricing and Adjudication Principles](#)

References

American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

Health Insurance Portability and Accountability Act of 1996

American College of Emergency Physicians (ACEP)

History

3/01/2024	New Policy. RPOC Approved. Notification on 3/01/2024 for effective date 5/01/2024. (ss)
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Application

These reimbursement requirements apply to all commercial, Administrative Services Only (ASO), and Blue Card Inter-Plan Program Host Members (other Blue Cross and/or Blue Shield Plan Members who seek care from the NC service area). This policy does not apply to Blue Cross NC Members who seek care in other states.

This policy relates only to the services and/or supplies described herein. Please refer to the applicable Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore, Member benefit language should be reviewed before applying the terms of this policy.

Legal

Reimbursement policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the Member's group contract and subscriber certificate that is in effect at the time services and/or supplies are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and Blue Cross NC reserves the right to review and revise its medical and reimbursement policies periodically.

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