



Reimbursement policies are intended to supplement certain standard benefit plans. Please note, the terms of an individual's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description or similar plan document] may differ significantly from the standard benefit plans upon which a reimbursement policy is based. For example, an individual's benefit plan document may contain specific language which contradicts the guidance outlined in a reimbursement policy. In the event of a conflict, an individual's benefit plan document always supersedes the information in a reimbursement policy. Reimbursement terms in agreements with participating health care providers may also supersede the information in a reimbursement policy.

Emergency Room Services

Policy Number: MAR36

Version 1.0

Annual Review Date: Aug. 26, 2025

Plan Effective Date: Jan. 1, 2026

Description

Emergency room evaluation and management procedure codes are used to report services provided in an emergency department setting.

This reimbursement policy applies to all claims submitted on a UB-04 form and electronic equivalent claim form.

Reimbursement Information

HealthSpring allows reimbursement for ER evaluation & management services provided in the ER based on the following criteria:

- Services provided in the ER billed with E/M CPT® codes 99281 – 99285
- HealthSpring will review Facility ER claims submitted on a UB-04 claim form when emergency room E/M CPT codes 99284 and 99285 are billed. If the emergency room E/M CPT code submitted does not meet the components within the code description, HealthSpring may adjust the CPT code to a more appropriate code level. Providers should assign the appropriate code for the services rendered during the Emergency Room visit

Facility claims may be excluded from an adjustment based on the following:

- Provision of critical care services during an ER visit (CPT codes 99291 & 99292)
- Patient Expiration occurs during the ER visit
- Inpatient admission occurs during the ER visit
- Admission to observation status occurs during the ER visit
- Patient age is less than 2-year-old
- Major surgical procedure billed on the same date of service or the day after the ER claim either paid or denied
- Revenue Code 0960-0989 (Professional Services) reported on the ER Claim

General Background

Per the Centers for Medicare & Medicaid Services, an emergency department is defined as an organized hospital-based facility where health care services are furnished to evaluate and treat medical conditions that a prudent layperson with an average knowledge of health of medicine, believes that immediate unscheduled medical care is required.

Original Medicare Part B and Medicare Advantage Plans cover emergency room services anywhere in the United States.

The American College of Emergency Physicians states: “Facility coding reflects the volume and intensity of resources utilized by the facility to provide patient care, whereas professional codes are determined based on the complexity and intensity of provider performed work and include the cognitive effort expended by the provider.”

The level of intensity/complexity of the patient and resources utilized are identified with the submission of CPT codes.

When services are provided within the ER department, revenue code 0450 (Emergency Room - General) should be used to indicate the site of service in addition to the CPT codes to identify the service that are rendered.

ER E/M CPT codes (99281 – 99285) submitted by the facility should be based on the degree or number of resources, interventions and staffing utilized as well as the intensity and complexity of the services supplied to the member during the ER visit.

HealthSpring will review ER facility claims submitted on a UB-04 claim form or its electronic equivalent with ER E/M CPT codes 99284 and 99285. If the ER E/M CPT codes do not meet the code criteria submitted on the claim form, HealthSpring may adjust the CPT code to a more appropriate level.

Coding/Billing Information

CPT Code	Description
99281	ER visit, doctor services: Emergency department visit for the evaluation and management of patient not requiring the presence of a physician/QHP.
99282	ER visit, doctor services: Emergency department visit for the evaluation and management of patient, resulting in straightforward MDM.
99283	ER visit, doctor services: Emergency department visit for the evaluation and management of patient, resulting in low level MDM.
99284	Doctor visit, ER: Emergency department visit for the evaluation and management of patient, resulting in moderate MDM.
99285	Doctor visit, ER: Emergency department visit for the evaluation and management of patient, resulting in a high-level MDM.

References

[American College of Emergency Physicians](#). Accessed 04/13/2023

[Medicare Claims Processing Manual](#), Chapter 12, Section 30.6.11 Accessed 05/01/2023

[Medicare interactive](#). Accessed 05/01/2023

Policy Update History

Approval Date	Description
01/01/2026	New policy