

	<b>Emergency Care</b>	
	<b>Policy Number: POL-PP-197</b>	<b>Original Creation Date: 11/1/2020</b>
	<b>Version Number: 10</b>	<b>Version Effective Date: 11/1/2020</b>
	<b>Policy Status: Active</b>	<b>Next Review Date: 11/1/2026</b>

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PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/> <b>PROFESSIONAL</b>	<input checked="" type="checkbox"/> <b>FACILITY</b>	<input type="checkbox"/> <b>DME</b>	<input type="checkbox"/> <b>AMBULATORY SURGERY</b>	<input type="checkbox"/> <b>LAB</b>	<input type="checkbox"/> <b>OTHER</b>

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/> <b>COMMERCIAL</b>	<input checked="" type="checkbox"/> <b>BLUE MEDICARE ADVANTAGE</b>	<input checked="" type="checkbox"/> <b>ACA QHP<sup>1</sup></b>	<input checked="" type="checkbox"/> <b>SMALL GROUP ACA</b>	<input checked="" type="checkbox"/> <b>JAA<sup>2</sup></b>	<input checked="" type="checkbox"/> <b>FEP<sup>3</sup></b>	<input type="checkbox"/> <b>DENTAL</b>

<sup>1</sup> ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family    <sup>2</sup> JAA: Joint Administrative Account    <sup>3</sup> FEP: Federal Employee Program

Disclaimer
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Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

Description/Application
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Emergency Care is the immediate specialized treatment of a medical emergency. A medical emergency is the sudden and unexpected onset of a medical condition requiring immediate medical attention, where failure to provide that medical

attention would result in serious impairment to bodily functions or serious dysfunction of a body organ or part or would place the person's health in serious jeopardy

## Policy

### Professional Level of Service Guidelines

The physician or other qualified healthcare professional's level of service is based on a medically appropriate history and/or exam and level of medical decision making (MDM).

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 multiple patients over an extended period of time.

### High Medical Decision Making (MDM)

When assigning a level 5 E/M (99285) in the emergency department, the presenting problem should be of high severity that poses an immediate threat to life or physiological function.

The table of risk published by the AMA gives the following examples,

- Deciding on major surgery with identified patient or procedure risks
- Managing drug therapies that require intensive monitoring for toxicity
- Deciding to hospitalize or escalate the hospital level of care
- Making a "Do Not Resuscitate" (DNR) order
- Managing a complex chronic illness with significant exacerbations
- Evaluating a patient with a new, concerning symptom with a wide differential diagnosis requiring extensive testing to reach a diagnosis

If diagnosis does not support this high severity code, the service may be denied. Documentation to support this high level of emergency care may need reviewed to support the level of service.

If a patient is seen in the emergency department for the convenience of a physician or other qualified health care professional, use office or other outpatient service codes (99202-99215)

### [AMA Medical Decision-Making Table](#)

### Facility Level of Care for Symptoms and services

The chart below contains guidelines for appropriate ED facility billing for each defined Level of Care. The CPT code/level of care corresponds to the "Possible Services Rendered" listed in column two and /or the HCPCS listed in column three. The last column is symptoms that support the possible services provided and is not an all-inclusive list of items.

The appropriate level of care may be determined by the services that were administered to the members. These services will be reviewed using standard medical guidelines as outlined in the examples provided along with the members' benefits.

A facility code level of care can encompass multiple "Possible Services Provided" and is not limited to one service that may be captured on the chart below. At least one service under the facility code level for a "Possible Service Provided" must be documented in the medical record to request reimbursement for that facility level of care.

<b>CPT CODE</b>	<b>POSSIBLE SERVICES RENDERED</b>	<b>POSSIBLE SYMPTOMS</b>
<b>99281</b>	<ul style="list-style-type: none"> <li>• Initial Assessment</li> <li>• No care rendered by a provider</li> <li>• Medication refill</li> <li>• Work or school excuse</li> <li>• Wound recheck – simple</li> <li>• Booster or follow up immunization only</li> <li>• Wound dressing changes (uncomplicated)</li> </ul>	<ul style="list-style-type: none"> <li>• An insect bite, uncomplicated, Read TB test</li> </ul>
<b>99282</b>	<p>Any items or services from 99281 and:</p> <ul style="list-style-type: none"> <li>• POC testing by ED Staff (Urine dipstick, stool occult blood, glucose)</li> <li>• Visual acuity exam</li> <li>• Collection of specimens by lab</li> <li>• Cast removal by ED staff</li> <li>• Repair of the wound with skin adhesive</li> <li>• Non-prescription medication administered</li> <li>• EKG</li> </ul>	<ul style="list-style-type: none"> <li>• A Localized skin rash or lesion</li> <li>• Sunburn</li> <li>• A minor viral infection</li> <li>• An eye discharge – painless</li> <li>• Ear pain</li> <li>• or urinary frequency without fever</li> </ul>
<b>99283</b>	<ul style="list-style-type: none"> <li>• Any items or services from 99281, 99282 and:</li> <li>• Receipt of EMS/Ambulance patient</li> <li>• Heparin/saline lock – no parenteral medications or fluids</li> <li>• One nebulizer treatment</li> <li>• Preparation for lab tests described in CPT (80048-87999 codes)</li> <li>• Preparation for plain X-rays of 1 body area or 2 body areas (not above/below joint of the same limb)</li> <li>• Prescription medications, non-parenteral</li> <li>• Foley catheters placement; in &amp; out catheterization</li> <li>• C-spine precautions – cervical stabilization device present</li> <li>• Corneal exam with dye</li> <li>• Epistaxis with packing</li> <li>• Oxygen therapy</li> <li>• Emesis/Incontinence care</li> <li>• Prep or assist with procedures such as joint aspiration/injection, simple fracture care</li> <li>• Mental health anxiety with simple treatment</li> <li>• Routine psych medical clearance</li> <li>• Post-mortem care</li> </ul>	<ul style="list-style-type: none"> <li>• Minor trauma with potential complicating factors</li> <li>• A medical condition(s) requiring prescription drug management</li> <li>• A fever which responds to antipyretics</li> <li>• A headache – simple, history of; no serial exam</li> <li>• Eye pain (corneal abrasion or simple infection)</li> <li>• Mild Dyspnea – not requiring oxygen</li> <li>• Cellulitis</li> <li>• Abdominal pain, simple</li> <li>• Non-confirmed overdose</li> <li>• Anxiety, simple treatment</li> <li>• GI bleed – fissure or hemorrhoid</li> </ul>

	<ul style="list-style-type: none"> <li>• Direct admit via ED</li> </ul>	
<p><b>99284</b></p>	<ul style="list-style-type: none"> <li>• Any items or services from 99281, 99282, 99283 and:</li> <li>• Preparation for two or more diagnostic tests (Labs, EKG, X-ray)</li> <li>• Prep for one special imaging study (CT, MRI, Ultrasound, VQ scans)</li> <li>• Two nebulizer treatments</li> <li>• Port-a-Cath venous access</li> <li>• Administration and monitoring of parenteral medications (IV, IM, IO, SC) NG/PEG</li> <li>• Tube placement/replacement</li> <li>• Multiple reassessments</li> <li>• Prep or assist with procedures such as eye irrigation with Morgan lens, bladder irrigation with 3-way Foley, pelvic exam (no forensic collection)</li> <li>• Sexual assault exam without specimen collection</li> <li>• Psychotic patient; not suicidal</li> </ul>	<ul style="list-style-type: none"> <li>• Blunt/penetrating trauma-with limited diagnostic testing</li> <li>• A headache –Complex (no lumbar puncture (LP)</li> <li>• Head injury with loss of consciousness (LOC)</li> <li>• Dehydration requiring treatment</li> <li>• Dyspnea requiring oxygen</li> <li>• Respiratory illness relieved with (2) nebulizer treatments</li> <li>• Chest Pain—Simple, with limited diagnostic testing</li> <li>• Abdominal Pain -Complex (multiple diagnostics and special imaging)</li> <li>• Non-menstrual vaginal bleeding</li> <li>• Neurologic symptoms– Simple with limited diagnostic testing</li> </ul>
<p><b>99285</b></p>	<ul style="list-style-type: none"> <li>• Any items or services from 99281, 99282, 99283, 99284 and:</li> <li>• Cardiac monitoring for potential life-threatening conditions</li> <li>• More than one special imaging study (CT, MRI, VQ scan) combined with multiple tests or parenteral medication</li> <li>• Administration of blood transfusion/blood products</li> <li>• Oxygen via face mask or NRB</li> <li>• Multiple nebulizer treatments: three or more (if the nebulizer is continuous, each 20-minute period is considered treatment)</li> <li>• Procedural sedation</li> <li>• Prep or assist with procedures such as central line insertion, gastric lavage, LP, paracentesis</li> <li>• Temperature instability requiring intervention</li> <li>• Use of specialized resources – social services, police, crisis management</li> <li>• Sexual Assault exam with forensic specimen collection by Emergency Department staff</li> </ul>	<ul style="list-style-type: none"> <li>• Blunt/penetrating trauma requiring multiple diagnostic tests of multiple organ systems or major musculoskeletal injury</li> <li>• Systemic multi system medical emergency requiring multiple diagnostic tests</li> <li>• Severe infections requiring IV/IM antibiotics</li> <li>• Uncontrolled diabetes mellitus (DM) – symptoms of diabetic ketoacidosis (DKA) or hyperglycemic hyperosmolar nonketotic (HHNK)</li> <li>• Severe burns</li> <li>• Hypothermia</li> <li>• New onset altered mental status</li> <li>• A headache (severe); CT and/or Lumbar puncture (LP)</li> <li>• Chest Pain—Complex with multiple diagnostic tests/treatments Respiratory illness -relieved by 3 or more nebulizer treatments</li> <li>• Abdominal pain - Complex with multiple diagnostic tests/treatments</li> <li>• Active gastrointestinal bleeding</li> <li>• Epistaxis – Complex</li> <li>• Acute peripheral vascular compromise of extremities</li> <li>• Neurological symptoms – multiple diagnostic tests/treatment</li> <li>• Toxic ingestions</li> </ul>

<ul style="list-style-type: none"> <li>• Coordination of hospital admission/transfer for a higher level of care</li> <li>• Physical/chemical restraints</li> <li>• Need for 1:1 sitter</li> <li>• ICU admission not otherwise meeting critical care criteria</li> </ul>	<ul style="list-style-type: none"> <li>• Mental health problem suicidal/homicidal</li> </ul>
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**Critical care**

In order to reliably and consistently determine that delivery of critical care services rather than other evaluation and management (E/M) services is medically necessary, both of the following medical review criteria must be met in addition to the Current Procedural Terminology (CPT) Manual definitions.

- Clinical condition criterion – There is a tremendous likelihood of sudden, clinically significant, or life-threatening deterioration in the patient's condition that requires the highest level of physician preparedness to intervene urgently
- Treatment criterion– Critical care services require direct personal management by the physician. They are life and organ supporting interventions that require frequent personal assessment and manipulation by the physician. Examples of life and organ supporting interventions are mechanical ventilation, vasopressors, dialysis,

Withdrawal of, or failure to initiate these interventions on an urgent basis would most likely result in sudden, clinically significant, or life-threatening deterioration in the patient's condition.

Critical Care code 99291 requires a minimum of 30 minutes of critical care which may include:

- Direct critical care at the bedside (excluding procedures that are NOT bundled into the critical care billing code; see below)
- Discussing the patient with members of the care team, including consultants, APPs, and nurses
- Reviewing data related to the patient
- Writing notes in the chart when on the unit and immediately available to the patient
- Discussions with family members, but only if the patient is unable to participate in their care or if it involves obtaining a clinically relevant history (and ideally, who you spoke with should be documented!)

Critical care and emergency department services may both be reported on the same day when after completion of the emergency department service, the condition of the patient changes and critical care services are provided.

CPT instructions and Medicare guidelines differ on time reporting for critical care. Blue KC will adhere to (time) reporting differences between CPT and Medicare.

<b>CPT</b>
30-74 min - 99291
75-104 min - 99291, 99292x1
105-134 min - 99291, 99292x2
135-164 min - 99291, 99292x3

CPT CODE	POSSIBLE SERVICES RENDERED	POSSIBLE SYMPTOMS
<b>99291 and 99292</b>	Any items from the above levels of care plus	<ul style="list-style-type: none"> <li>• Burns threatening to life or limb</li> </ul>

	<ul style="list-style-type: none"> <li>• Parenteral medications requiring continuous vital sign monitoring</li> <li>• Provision of any of the following:</li> <li>• Major trauma care/ multiple surgical consultants</li> <li>• Chest tube insertion</li> <li>• Major burn care</li> <li>• Treatment of active chest pain ACS</li> <li>• CPR</li> <li>• Defibrillation/cardioversion</li> <li>• Pericardiocentesis</li> <li>• Administration of ACLS drugs in cardiac arrest</li> <li>• Therapeutic hypothermia</li> <li>• Non-Invasive ventilation</li> <li>• Endotracheal intubation</li> <li>• Emergent airway intervention</li> <li>• Ventilator management</li> <li>• Line placement for monitoring</li> <li>• Major hemorrhage</li> <li>• Pacing (including external)</li> <li>• Delivery of baby</li> </ul>	<ul style="list-style-type: none"> <li>• Coma of all etiologies (except hypoglycemic)</li> <li>• Shock of all types</li> <li>• Any condition causing impairment of vital functions</li> <li>• Life-threatening hyper/hypothermia</li> <li>• Thyroid storm or Addisonian crisis</li> <li>• Cerebral hemorrhage of any type</li> <li>• New-onset paralysis</li> <li>• Status epilepticus</li> <li>• Acute myocardial infarction</li> <li>• Cardiac tamponade aneurysm; thoracic or abdominal – leaking or ruptured</li> <li>• Acute respiratory failure, pulmonary edema, status asthmaticus</li> <li>• Embolus of fat or amniotic fluid</li> <li>• Acute hepatic failure</li> <li>• Diabetic Ketoacidosis</li> <li>• Active bleeding from DIC or other bleeding diatheses</li> </ul>
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**Coding**

Revenue Code	Description
045X	Category title: Emergency Room
0981	Professional Fees (Extension of 096X and 097X, Emergency Room)

CPT	Description
99281	Emergency department visit for the evaluation and management of a patient that may not require the presence of a physician or other qualified health care professional
99282	Straightforward MDM Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward medical decision making
99283	Low MDM Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making
99284	Moderate MDM Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making
99285	High MDM Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making
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)

**References and Resources**

Blue KC Provider Reference guide  
 American Medical Association  
 Centers for Medicare and Medicaid Services

### Related Documents

POL-PP-236 CPT Evaluation and Management Guidelines  
 POL-PP-192 Critical Care Services

### Revision History

Version	Date	Summary of Revisions
001	11/1/2020	Initial version
002	1/07/2021	Facility level of care guidelines, and documentation requirements were added. Removed requirements for type B emergency dept.
003	11/1/2021	Annual review, no updates, or changes were made to the policy
004	11/1/2022	Annual review, no updates, or changes were made to the policy
005	1/1/2023	2023 E/M updates were added, with description change of 99281. Added CPT and CMS report differences in critical care time.
006	11/1/2023	Annual review: Added under Emergency Critical Care that the diagnosis submitted must support the services billed, or critical care may be denied.
007	5/17/2024	Added criteria for high medical decision making (high severity that poses an immediate threat to life or physiologic function) and example of diagnosis for level 5 ED professional services
008	11/1/2024	Annual review, Information was added on what is be included in critical care time.
009	11/1/2025	Annual review, Clinical condition, and Clinic treatment criterion for critical were added
010	2/11/2026	Update, added link to AMA Medical Decision Making table