



## Reimbursement Policy

**Subject: Emergency Department: Leveling of Evaluation and Management Services**

Effective Date:  
**01/15/21**

Committee Approval Obtained:  
**04/24/20**

Section: **Facilities**

\*\*\*\*\*The most current version of the reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to <https://providers.amerigroup.com>.\*\*\*\*\*

These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement if the service is covered by a member's Amerigroup Medicare Advantage benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with CPT® codes, HCPCS codes and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to participating providers and facilities; a noncontracting provider who accepts Medicare assignment will be reimbursed for services according to the original Medicare reimbursement rates.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Amerigroup Medicare Advantage may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

Amerigroup Medicare Advantage reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Amerigroup Medicare Advantage strives to minimize these variations.

Amerigroup Medicare Advantage reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to this site.

**Policy**

Amerigroup Medicare Advantage allows reimbursement for facility emergency department (ED) evaluation and management (E&M) services unless provider, federal or CMS contracts and/or requirements indicate otherwise. Reimbursement for emergent

	<p>facility ED services is based on our classification of E&amp;M code levels as outlined below.</p> <p>Amerigroup Medicare Advantage determines the level of ED E&amp;M code by classifying the of intensity and/or complexity of resources or interventions a facility utilizes to furnish all services indicated on the claim. Providers must utilize appropriate HIPAA-compliant and revenue codes for all services rendered during the ED encounter.</p> <p>Based on this classification, if the E&amp;M code level submitted is higher than the E&amp;M code level supported on the claim, we reserve the right to perform one of the following:</p> <ul style="list-style-type: none"> <li>• Deny the claim and request resubmission at the appropriate level or request the provider submit documentation supporting the level billed</li> <li>• Adjust reimbursement to reflect the lower ED E&amp;M classification</li> <li>• Recover and/or recoup monies previously paid on the claim in excess of the E&amp;M code level supported</li> </ul> <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Critical care or outpatient surgery performed during ED visit</li> <li>• Member expired in the ED</li> <li>• Member admitted inpatient or transferred to another facility</li> <li>• Member placed in observation status</li> </ul> <p><b>Note:</b> Amerigroup Medicare Advantage adheres to the requirements of the Emergency Medical Treatment and Labor Act (EMTALA) and federal managed care regulations.</p>
<b>History</b>	<ul style="list-style-type: none"> <li>• Biennial review approved 04/24/20 and effective 01/15/21</li> <li>• Initial review approved 05/07/19 and effective 09/01/19</li> </ul>
<b>References and Research Materials</b>	<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> <li>• CMS</li> <li>• State contracts</li> <li>• 42 CFR § 422.113 — special rules for ambulance services, emergency and urgently needed services, and maintenance and post-stabilization care services</li> <li>• Agency for Healthcare Research and Quality</li> <li>• American Health Information Management Association</li> <li>• American College of Emergency Physician ED Facility Level Coding Guidelines</li> <li>• EMTALA</li> <li>• Optum360, 2020</li> </ul>

<p><b>Definitions</b></p>	<ul style="list-style-type: none"> <li>• <b>Interventions:</b> The staff the facility utilizes, and their work performed</li> <li>• <b>Resources:</b> facility building, equipment and/or supplies utilized  <b>Note:</b> Professional provider services are not considered facility interventions or resources.</li> <li>• <b>Intensity and/or Complexity:</b> quantity, type or specialization of interventions and/or resources used and the nature of the presenting problem, member age, acuity and diagnostic services performed, as indicated on the claim</li> <li>• <b>Emergency Services:</b> a medical condition manifesting itself by acute symptoms of recent onset and sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical care could result in (a) placing the health of an individual in serious jeopardy, (b) serious impairment to bodily function, (c) serious dysfunction of any bodily organ or part, (d) serious disfigurement or (e) in the case of a pregnant woman, serious jeopardy to the health of the woman or her unborn child</li> <li>• <b>General Reimbursement Policy Definitions</b></li> </ul>
<p><b>Related Policies</b></p>	<ul style="list-style-type: none"> <li>• Claims Submissions — Required Information for Facilities</li> <li>• Documentation Standards for Episodes of Care</li> <li>• Preadmission Services</li> <li>• Sanctioned and Opt-Out Providers</li> </ul>
<p><b>Related Materials</b></p>	<ul style="list-style-type: none"> <li>• Emergency Department Leveling Companion Guide</li> </ul>

### Exhibit A: Related Coding

Code	Description	Comments
99281/G0380	Emergency department visit for the evaluation and management, level 1	The facility provides minor interventions that may include no medications or home treatment.
99282/G0381	Emergency department visit for the evaluation and management, level 2	The facility provides low complexity interventions and limited resources that may include over the counter medications, basic laboratory services and/or simple treatments.
99283/G0382	Emergency department visit for the evaluation and management, level 3	The facility provides moderate complexity interventions and moderate resources that may include low complexity prescription medications, and/or bedside or minor invasive treatments.
99284/G0383	Emergency department visit for the evaluation and management, level 4	The facility provides highly complex interventions and minor intensive resources that may include specialized diagnostic services, moderate complexity prescription medications and/or moderate invasive treatments.
99285/G0384	Emergency department visit for the evaluation and management, level 5	The facility provides extremely complex interventions and intensive resources that may include highly complex prescription medication that requires physician or other qualified healthcare professional work and/or clinical staff monitoring well beyond that of therapeutic drug agents, specialized testing resulting in a therapeutic procedure, and/or advanced life-saving treatments.

## Emergency Department Leveling Companion Guide

Amerigroup Medicare Advantage utilizes post-pay review in certain circumstances to validate the appropriate level for facility emergency department (ED) claims. This process identifies the level of ED evaluation and management code by intensity and/or complexity of resources or interventions a facility utilizes to furnish all services indicated on the claim. Providers must utilize appropriate HIPAA-compliant codes for all services rendered during the ED encounter.

Levels	Applicable codes	
Level 1	99281/G0380  Emergency department visit for the evaluation and management, level 1	The facility provides services that do not require a physician or nonphysician practitioner interventions and/or a medication refill only. Some interventions that fall within this category include: <ul style="list-style-type: none"> <li>• Triage only</li> <li>• Dressing change (uncomplicated)</li> <li>• Suture removal (uncomplicated)</li> <li>• Wound check (simple)</li> <li>• Booster or follow-up immunization</li> </ul>
Level 2	99282/G0381  Emergency department visit for the evaluation and management, level 2	The facility provides low complexity interventions that would be routinely performed in a PCP office and/or prescribe over-the-counter medications. Some interventions that fall within this category include: <ul style="list-style-type: none"> <li>• Venipuncture of lab</li> <li>• Simple cultures</li> <li>• Minor laceration repair</li> <li>• Simple trauma treatments</li> <li>• Single EKG</li> </ul>
Level 3	99283/G0382  Emergency department visit for the evaluation and management, level 3	The facility provides moderate complexity interventions and moderate resources typically performed in a specialist office that requires periodic monitoring and/or IV medications, IM push medications, or sub Q medications that are not controlled substances or high-risk medications, PO administered medications, and IV fluid without medication. Some interventions that fall within this category include: <ul style="list-style-type: none"> <li>• Oxygen therapy</li> <li>• Foley catheter insertion</li> <li>• Nebulizer treatment (2 or less)</li> <li>• X-rays of 2 or more different body areas</li> <li>• Simple sprain treatment</li> </ul>

Level 4	99284/G0383  Emergency department visit for the evaluation and management, level 4	The facility provides highly complex interventions not appropriate for the office setting, requiring frequent but not continuous monitoring and minor intensive resources, specialized diagnostic services and/or higher risk medications that are parental, controlled substances, which are administered by IV, IM or IV push and require monitoring. Some interventions that fall within this category include: <ul style="list-style-type: none"> <li>• Blood transfusion</li> <li>• Insertion of an NG or PEG tube placement</li> <li>• Care of a combative patient</li> <li>• Limited cardiac monitoring</li> <li>• 2 or more EKGs</li> </ul>
Level 5	99285/G0384  Emergency department visit for the evaluation and management, level 5	The facility provides extremely complex interventions and intensive resources for conditions that pose an immediate threat to life or physiologic function and are not appropriate for the office setting, requiring continuous monitoring and/or multiple IVs or IV chemotherapy. Some interventions that fall within this category include: <ul style="list-style-type: none"> <li>• Fracture reduction or relocation</li> <li>• Endotracheal or trach tube insertion</li> <li>• PICC insertion</li> <li>• Thoracentesis or paracentesis</li> <li>• Prolonged cardiac monitoring</li> </ul>

Amerigroup Medicare Advantage defines:

- **Interventions:** the staff the facility utilizes and their work performed
- **Resources:** facility building, equipment and/or supplies utilized  
**Note:** Professional provider services are not considered facility interventions or resources.
- **Intensity and/or Complexity:** quantity, type or specialization of interventions and/or resources used and the nature of the presenting problem, member age, acuity and diagnostic services performed, as indicated on the claim
- **Emergency Services:** a medical condition manifesting itself by acute symptoms of recent onset and sufficient severity (including severe pain), such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical care could result in (a) placing the health of an individual in serious jeopardy, (b) serious impairment to bodily function, (c) serious dysfunction of any bodily organ or part, (d) serious disfigurement or (e) in the case of a pregnant woman, serious jeopardy to the health of the woman or her unborn child