Bulletin



February 23, 2010

Emergency department visit place of service restriction

Effective for claims received on and after May 1, 2010, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will restrict the emergency department visit evaluation and management codes to the emergency place of service (23), in accordance with CPT coding rules.

Per CPT definition, the codes 99281-99285 are for reporting evaluation and management services in the emergency department. An emergency department is defined as an organized hospital-based facility for the provision of unscheduled episodic services to patients who present for immediate medical attention. The facility must be available 24 hours a day. Based on this definition, codes 99281-99285 will be denied provider liable as incompatible if submitted with any place of service (POS) other than 23.

Definitions

CPT	Emergency department visit for the evaluation and management of a patient, which requires these
99281	3 key components: A problem focused history; A problem focused examination; and
	Straightforward medical decision making.
CPT	Emergency department visit for the evaluation and management of a patient, which requires these
99282	3 key components: An expanded problem focused history; An expanded problem focused
	examination; and Medical decision making of low complexity.
CPT	Emergency department visit for the evaluation and management of a patient, which requires these
99283	3 key components: An expanded problem focused history; An expanded problem focused
	examination; and Medical decision making of moderate complexity.
CPT	Emergency department visit for the evaluation and management of a patient, which requires these
99284	3 key components: A detailed history; A detailed examination; and Medical decision making of
	moderate complexity.
CPT	Emergency department visit for the evaluation and management of a patient, which requires these
99285	3 key components within the constraints imposed by the urgency of the patient's clinical condition
	and/or mental status: A comprehensive history; A comprehensive examination; and Medical
	decision making of high complexity.
POS	Emergency Room – Hospital

Coding requirements reminder

All coding and reimbursement is subject to changes, updates or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (for example, HCPCS, CPT, ICD-9-CM), only valid codes for the date of service may be submitted or accepted.

Questions?

If you have questions, please contact provider services at (651) 662-5200 or toll free at 1-800-262-0820.

HCPCS stands for Health Care Procedure Coding System CPT® (Current Procedural Terminology) is a registered trademark of the American Medical Association ICD-9-CM stands for International Classification of Diseases, 9th Revision, Clinical Modification

Distribution: All participating hospitals, urgent care facilities, ambulatory surgical centers, rural health clinics, tribal 638 free-standing facilities and Indian health service free-standing facilities

Bulletin P10-10