PAYMENT POLICY ID NUMBER 26-088

Original Effective Date: 06/01/2026

Revised: N/A

Emergency Department Evaluation & Management Services

THIS PAYMENT POLICY IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS PAYMENT POLICY APPLIES TO ALL LINES OF BUSINESS AND PROVIDERS OF088 SERVICE. IT DOES NOT ADDRESS ALL POTENTIAL ISUES RELATED TO PAYMENT FOR SERVICES PROVIDED TO FLORIDA BLUE MEMBERS AS LEGISLATIVE MANDATES, PROVIDER CONTRACT DOCUMENTS OF THE MEMBER'S BENEFIT COVERAGE MAY SUPERSEDE THIS POLICY.

DESCRIPTION:

CPT® codes 99281-99285 are used to report evaluation and management (E/M) services provided in emergency departments. When submitting professional claims, the level of Medical Decision Making (MDM) - Straightforward, Low, Moderate, or High - determines the appropriate emergency visit code, rather than the patient's status as new or established, or the time spent during the visit.

This reimbursement policy provides guidelines to ensure emergency department visits are reimbursed appropriately and that claims submitted with the highest level of coding are supported by the reported diagnosis, as claims submitted with low-acuity, non-emergent diagnosis and a higher E/M level may not meet the requirements for the highest level of reimbursement.

The policy applies to Florida Blue products and lines of business, including commercial and Medicare Advantage plans reported on a CMS-1500 or equivalent claim form.

REIMBURSEMENT INFORMATION:

Florida Blue's claims processing system uses a predefined list of low-acuity, non-emergent diagnosis codes reviewed by Florida Blue medical directors to identify claims eligible for adjustment.

Emergency room service reimbursements will be adjusted if the diagnosis indicates a less severe or less complex condition than the submitted code level. Specifically, if a physician submits a claim for Level 5 (99285) emergency room service, but the diagnosis suggests a lower level of MDM, Florida Blue will reduce the reimbursement accordingly. The adjustment to the code level will be made as follows:

- Claims initially coded as Level 5 (99285) will be reassigned to Level 4 (99284) if the diagnosis indicates a lower level of MDM.

This adjustment ensures that emergency department (ED) visits are reimbursed based on the appropriate level of service, allowing for accurate and consistent reimbursement of ED E/M services.
To ensure accurate claims processing, it is essential to report the patient's primary diagnosis in the first position on the ED visit claim form followed by any other appropriate diagnosis codes. However, if all listed codes represent low-acuity, non-emergent diagnosis, the claim will still be eligible for correct coding.

Providers may appeal an adjusted claim decision by submitting all documentation to support the original billed level of service. The appeal will be reviewed, and a determination will be made based on the additional information provided.

If additional appropriate diagnosis codes are identified, a corrected claim may be submitted with the additional diagnosis codes.

Low-acuity, Non-emergent Diagnosis Codes used to determine claims eligible for adjusted reimbursement are identified in the link below.

Low-acuity, Non-emergent Diagnosis Codes

The following claims are excluded from review under this policy. Other reviews may still be applicable.

- Emergency department services billed with other E/M services (99281-99284 and 99291-99292)
- Emergency Department E/M services billed by a hospital.
- Patients are less than 2 years old.
- Patients with traditional Medicare as primary coverage.

BILLING/CODING INFORMATION:

CPT® Codes

Code	Descriptor
99281	Emergency department visit for the evaluation and management of a patient that may not require the presence of a physician or other qualified healthcare professional.
99282	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	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	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	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)

RELATED MEDICAL COVERAGE GUIDELINES OR PAYMENT POLICIES:

N/A

REFERENCES:

1. American Medical Association, *Current Procedural Terminology (CPT®), Professional Edition*
2. American Medical Association, (2023). CPT® Evaluation and Management (E/M) Code and Guideline Changes. https://www.ama-assn.org/system/files/2023-e-m-descriptors-guidelines.pdf
3. CMS Evaluation & Management Visits, https://www.cms.gov/medicare/payment/fee-schedules/physician/evaluation-management-visits
4. Mercer Government. (2021). Addressing the Problem of Low Acuity in Non-Emergent ED Visits (LANE Sell Sheet). Retrieved from https://www.mercer-government.mercer.com/content/dam/mercer-subdomains/us-government/attachments/secured-fact-sheets/6009740b(21)-HB%20Addressing%20the%20Problem%20of%20Low%20Acuity%20in%20Non-Emergent%20ED%20Visits%20(LANE%20Sell%20Sheet)_V2c_AP_SEC.pdf

GUIDELINE UPDATE INFORMATION:

06/01/2026	New policy established