

## Emergency Service E&M Codes and Place of Service 23

### Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plans supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

### Policy Overview

This policy outlines reimbursement guidelines for Emergency Service E&M Codes in place of service 23 (Emergency Room- Hospital).

### Reimbursement Guidelines

An edit will be applied to claim lines where the reported two-digit place of service code does not align with the Current Procedural Terminology (CPT®) or Healthcare Common Procedure Coding System (HCPCS) procedure code used.

Place of Service Codes are two-digit codes included on health care professional claims to specify the setting in which a service was provided. The Centers for Medicare and Medicaid Services (CMS) maintains a list of places of service (POS) codes from the National POS code set.

This policy pertains to the use of emergency department evaluation and management codes 99281-99285, based on the appropriate place of service per the CPT code description and the CMS place of service (POS) code set. According to CPT definitions, codes 99281-99285 are used for reporting evaluation and management services in the emergency department for new or established patients. An emergency department is generally described as an organized hospital-based facility available 24 hours a day, providing unscheduled episodic services to patients requiring urgent medical attention. Codes 99281-99285 will be denied when reported with any place of service (POS) other than 23.

**Medicare Claims Processing Manual Chapter 26** - Completing and Processing Form CMS-1500 Data Set Table of Contents (Rev. 11037, 05-27-22)

**Item 24B** - Enter the appropriate place of service code(s) from the list provided in section 10.5. Indicate the setting, using a place of service code, for each item used or service performed. This is a required field. NOTE: When a service is rendered to a patient who is a registered inpatient or an outpatient (off campus or on campus) of a hospital, use the inpatient hospital POS code 21, Off Campus-Outpatient Hospital POS code 19, or On Campus-Outpatient Hospital POS code 22, respectively, as discussed in section 10.5 of this chapter.



**10.5 - Place of Service Codes (POS) and Definitions (Rev. 11437, Issued: 05-27-22, Effective: 01-01-22, Implementation: 04-04-22)**

**Special Considerations for Outpatient Hospital Departments:**

If the physician/practitioner knows the specific setting where the beneficiary is a registered hospital

outpatient, the corresponding outpatient facility POS code may be reported according to the code list annotated in this section (instead of POS 19 or 22). For example, physicians/practitioners may use POS code 23 for services provided to a patient registered in the emergency room, POS 24 for patients registered in an ambulatory surgical center, and POS 56 for patients registered in a psychiatric residential treatment center.

**10.6 - A/B Medicare Administrative Contractor (MAC) (B) Instructions for Place of Service (POS) Codes (Rev. 3490, Issued: 04-01-16, Effective: 04-25-16, Implementation: 04-25-16)**

For payment under the Medicare Physician Fee Schedule (MPFS), the POS code is used to reflect the actual setting where the beneficiary receives the face-to-face service. For instance, if the physician's face-to-face encounter with a patient takes place in the office, the correct POS code on the claim, in general, reflects the 2-digit POS code 11 for office.

**Procedure Codes (CPT & HCPCS)**

| Code  | Code Description  |
|-------|---|
| 99281 | Emergency department visit for the evaluation and management of a patient that may not require a physician or other qualified health care 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.     |

**Supplemental Information**

**Definitions**

| Term                                 | Definition  |
|--------------------------------------|---|
| CMS                                  | The Centers for Medicare & Medicaid Services. It is a federal agency within the United States Department of Health and Human Services that administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children's Health Insurance Program (CHIP), and health insurance portability standards. |
| CPT - Current Procedural Terminology | A set of medical codes used by physicians, allied health professionals, nonphysician practitioners,   |

|   |  |
|---|--|
|   | hospitals, outpatient facilities, and laboratories to describe the procedures and services they perform.   |
| HCPCS - Healthcare Common Procedure Coding System | A standardized code system is needed for medical providers to submit healthcare claims to Medicare and other health insurance companies consistently and orderly. HCPCS includes two medical code sets, HCPCS Level I and HCPCS Level II.  |
| CMS   | Centers for Medicare and Medicaid  |
| POS - Place of Service POS - Code Set             | The place of service (POS) identifies the location where an item was used, or where the service was rendered. The Centers for Medicare & Medicaid Services (CMS) maintain a two-digit code set to reflect each POS. These codes should be used on claims to specify the location where the service was rendered. |
| Place of Service Code 23 Emergency Room- Hospital | A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.  |

## State Exceptions

| State | Exception |
|-------|-----------|
|       |           |

## Documentation History

| Type                  | Date       | Action                          |
|-----------------------|------------|---------------------------------|
| Initial Creation Date | 02/03/2023 | New Policy                      |
| Revised Date          | 08/17/2023 | Updated Links                   |
| Revised Date          | 12/12/2024 | Updated Template and References |
| Revised Date          | 08/04/2025 | Updated Template                |

## References

References This policy was developed using:

- CMS
- State Medicaid Regulatory Guidance
- State Contracts

| Reference | Link  |
|-----------|---|
| CMS       | <a href="https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c26pdf.pdf">https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c26pdf.pdf</a> |
| CMS       | <a href="https://www.cms.gov/regulations-and-guidance/guidance/transmittals/downloads/r2602cp.pdf">https://www.cms.gov/regulations-and-guidance/guidance/transmittals/downloads/r2602cp.pdf</a> |
| CMS       | <a href="https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place%20of%20Service%20Code%20Set">https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place of Service Code Set</a> |

|     |   |
|-----|---|
| CMS | <a href="https://www.cms.gov/medicare/coding/place-of-service-codes">https://www.cms.gov/<br/>medicare/coding/place<br/>-of-service-codes</a> |
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**\*CODING DISCLAIMER.** Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.