



# Facility Emergency Department Evaluation and Management Leveling

## 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 plan document 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

Evaluation and Management Services (E/M) is defined as physician-patient encounters that are translated into five-digit CPT (Current Procedural Terminology) Codes for billing purposes. Different E/M codes exist for different patient encounters such as office visits, hospital visits, emergency room visits, and home visits. Clear and concise medical record documentation is critical to providing patients with quality care and is required for providers to receive accurate and timely payment for furnished E/M services. E/M medical records chronologically report the care a patient received and record pertinent facts, findings, and observations about the patient's health history. E/M codes (99201- 99499 or G0380 – G0384) describe a provider's service to a patient including evaluating the patient's condition(s) and determining the management of care required to treat the patient.

## Reimbursement Guidelines

This policy is intended to provide guidance for Emergency Department (ED) Facilities who bill for services rendered using the CMS 1500 and/or UB04 forms. Appropriate coding should be submitted that correctly describes the health care services rendered. The information in this policy pertains to ED Services described and is not intended to be all inclusive. In addition, this policy applies to in-network and out of network facilities submitting ED claims. Claim submissions coded with the correct combination of procedure code(s) are critical to minimizing potential delays in claim(s) processing. Claim submissions must contain revenue codes that reflect the services rendered. A revenue code and corresponding HCPCS (Healthcare Common Procedure Coding System) or CPT code must be compatible.

Molina Healthcare may evaluate emergency department facility claims to determine if the visit was billed at the appropriate level of care.

The member's medical record documentation for diagnosis and treatment in the ED must indicate the presenting symptoms, examination, testing, diagnoses, and treatment. All care provided should be clearly documented and supported in the medical records. The patient's primary discharge diagnosis should be the primary diagnosis on the claim form. Medical records and itemized bills may be requested from the facility/provider for review to validate the site of service, level of care for emergent use of ED and that services billed were accurately reported.

## 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.
Emergency Services. 42 CFR 438.113	<p><i>Emergency services</i> means covered <a href="#">inpatient</a> and outpatient services that are as follows:</p> <p>(i) Furnished by a <a href="#">provider</a> that is qualified to furnish these services under this Title.</p> <p>Needed to evaluate or stabilize an <a href="#">emergency medical condition</a></p>

### State Exceptions

State	Exception
SC	South Carolina is excluded from this policy

### Documentation History

Type	Date	Action
Initial Creation Date	1/1/2023	New Policy
Revised Date	09/01/2023	Updated formatting
Revised Date	12/12/2024	Updated formatting
Revised Date	08/08/2025	Updated Template

### References

References This policy was developed using:

- CMS
- State Medicaid Regulatory Guidance
- State Contracts

Reference	Link
CMS	<a href="#">Medicare Claims Processing Manual (cms.gov)</a>

CMS	<a href="https://www.cgsmedicare.com/partb/mr/pdf/observation_serv_factsheet.pdf">https://www.cgsmedicare.com/partb/mr/pdf/observation_serv_factsheet.pdf</a>
FL	<a href="https://ahca.myflorida.com/medicaid/review/Reimbursement/RH_08_080701_CMS-1500_ver1_4.pdf">https://ahca.myflorida.com/medicaid/review/Reimbursement/RH_08_080701_CMS-1500_ver1_4.pdf</a>
KY	<a href="https://apps.legislature.ky.gov/law/kar/titles/907/010/014/Section_3_area">https://apps.legislature.ky.gov/law/kar/titles/907/010/014/Section_3_area</a>  <a href="https://chfs.ky.gov/agencies/dms/dpo/bpb/Pages/hospital.aspx">https://chfs.ky.gov/agencies/dms/dpo/bpb/Pages/hospital.aspx</a>
ACEP	<a href="https://www.acep.org/globalassets/uploads/uploaded-files/acep/advocacy/state-issues/wa-hca-er-update-report-for-legislature-3-20-14.pdf">https://www.acep.org/globalassets/uploads/uploaded-files/acep/advocacy/state-issues/wa-hca-er-update-report-for-legislature-3-20-14.pdf</a>

**\*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.