Billing and Reimbursement Guideline: Emergency Department Services, Evaluation and Management Codes

Guideline Publication Date: September 1, 2010

Key coding, documentation and reimbursement points include:

- Only one emergency department Evaluation and Management Code (E & M code) can be billed per emergency room visit.
- The code range applies to new and established patients.
- If an emergency department E & M code is billed with a critical care service, multiple diagnoses must be identified, billed and documented for in the chart note to be considered for separate payment. Additional modifiers may also be required.
- If an emergency department E & M code is billed with a consult code by the same physician, for the same visit, the emergency department E & M code is not separately reimbursed.
- If a hospital admission (observation or inpatient) E & M code is billed by the same physician, for the same visit, all other E & M codes billed are not separately reimbursed.
- Modifier 25 may be billed on the emergency Evaluation and Management code to indicate separate reimbursement in addition to a procedure(s) performed on the same day.
- This guideline applies to CMS-1500 claim submissions.
- This guideline applies to place of service 23.

Please refer to Neighborhood's provider website at http://www.nhpri.org for specific provisions by product line.

This guideline is not a guarantee of reimbursement. Plan coverage, eligibility and claim payment edit rules may apply.

Version History	
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9/1/2013	Format change, minor edits