Emergency Department Services: Changes for 2023

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As part of the effort to standardize reporting guidelines and structure for all of the codes throughout the Evaluation and Management (E/M) Services section of the Current Procedural Terminology (CPT®) 2023 code set, emergency department (ED) services codes 99281-99285 have been revised to more closely align with the 2021 changes for Office and Other Outpatient Services. These revisions ensure that physicians, staff, and other stakeholders will have a consistent set of general guidelines for all codes in the E/M section, although specific subsections may contain additional guidance related to reporting the codes in that specific subsection. It is believed that these changes will eliminate the complexity of having different reporting guidelines for the different E/M services subsections.

This article reviews and highlights the changes made to the ED services codes, including updates for reporting by physicians and other qualified health care professionals (QHPs); however, it is essential to review the official E/M guidelines in full to ensure complete understanding of all of the changes. In addition, this article analyzes the effects of these revisions on other codes, both within the Emergency Department Services subsection and across other E/M code families. Of note, code-level selection in the ED may not be chosen on the basis of time.

The objectives of this article are as follows:

- Provide an in-depth description of the revised ED services codes and reporting considerations.
- Describe the changes to the service levels of codes 99281-99285.
- Discuss the guideline changes for reporting critical care services codes on the same date of service as ED services when the patient’s condition

changes.

Similar to the other E/M sections that have been revised for the CPT 2023 code set, the coding structure of the ED codes and the criteria for code selection have been changed to create a single, consistent set of E/M guidelines. Prior to 2023, the descriptors for the levels of service of ED codes outlined three key components (history, examination, and medical decision making [MDM]). The existing descriptors noted that counseling and coordination of care were provided consistent with the nature of the problem(s) and the needs of the patient and/or family. However, for 2023, this has been changed so that:

- a medically appropriate history and/or examination should be performed as pertinent, but is not used for level selection;
- the appropriate MDM level (ie, straightforward, low, moderate, high) as defined for each service is used to select the service level; and
- supervision of the clinical staff is included for code 99281.

Code 99281 has been revised to now state that this code "may not require the presence of a physician or other qualified health care professional" to align with the service level of code 99211 (office or other outpatient visit). As previously mentioned, the service levels for all ED services codes have been revised. Prior to 2023, a moderate level of MDM was used to select the level of service for both codes 99283 and 99284, which created an inability to differentiate between the two codes when MDM was the only basis for code selection. For 2023, however, code 99283 has been defined as having a low level of MDM, and code 99284 has been designated as the only code in this family having a moderate level of MDM. (For an overview of the revisions for codes 99281-99285, see Table 1.) While the changes to the code descriptors are significant and warrant close attention to the new descriptors when selecting codes for the services performed, it was felt that renumbering these services would not be desirable because of the wide familiarity with these codes and their use in policies and payment systems.

Summary of Changes

An ED is defined as an organized hospital-based facility that is available 24 hours a day for the provision of unscheduled episodic services to patients who present for immediate medical attention. The subsection under the Emergency Department Services subsection continues to read as "New or Established Patient," because there is no distinction between new and established patients who present for treatment in the ED.

Time may not be used to select levels of E/M services for the ED because ED services typically involve multiple encounters with several patients at various levels of intensity over an extended period of time. As a result, only MDM is used to select the level of ED services. This is unchanged from past guidelines and distinguishes ED services from the other E/M codes.

For procedures or services identified by a CPT code that may be separately reported on the same calendar date as an ED services code, report the appropriate CPT code for the procedure or service.

In addition, when performing procedures in the ED, append other modifiers as appropriate to report the extent of services provided in a surgical package, such as modifier 54, Surgical Care Only. This instruction has been added to the guidelines as many ED procedures are not followed up in the ED; instead, patients are referred to another practice (eg, a surgical specialist or the primary care physician) for follow-up.

Critical Care and ED Services

Per guidelines in the CPT 2022 code set, both critical care and ED services may be reported on the same day, provided the condition of the patient changes after the encounter for ED services and critical care services are required and provided. When critical care services are provided in the ED, report critical care services codes 99291, Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes, and 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), if the services provided meet the critical care services guideline requirements.

Services Performed by Other Physicians and Other QHPs in the ED

The ED is considered an outpatient area in the facility. If services other than ED services are performed in the ED, a code from the Office or Other Outpatient Services subsection (99202-99215) may be appropriate to report. For example, if a patient is seen in the ED for the convenience of a physician

or other QHP, report the appropriate office or other outpatient services code(s) 99202-99215. ED services codes are not reportable in this scenario because the patient being seen in the ED setting was for the convenience of the physician or other QHP and not necessitated by an emergent medical need. However, CPT guidelines permit physicians and other QHPs who are not ED staff to report codes 99281-99285 when called to the ED to see the patient in the ED because that was the setting for the level of care required and provided.

Pediatric ED and Critical Care Services

Pediatric ED and critical care services combine reporting pediatric-specific intensive care codes with other ED and critical care codes, depending on the specific scenario. According to guidelines stated in CPT® 2023 Professional (p 44):

Time-based critical care services (99291, 99292) are not reportable by the same individual or different individual of the same specialty and same group, when neonatal or pediatric critical care services (99468-99476) may be reported for the same patient on the same day. Time-based critical care services (99291, 99292) may be reported by an individual of a different specialty from either the same or different group on the same day that neonatal or pediatric critical care services are reported. Critical care interfacility transport face-to-face (99466, 99467) or supervisory (99485, 99486) services may be reported by the same or different individual of the same specialty and same group, when neonatal or pediatric critical care services (99468-99476) are reported for the same patient on the same day.

In most cases, the ED physician or other QHP would represent a different specialty than the neonatal or pediatric intensivist, but because the intensivists may perform services in the ED, this is relevant. It is unlikely that the intensivist clinicians would report ED codes 99281-99285 because they would only be present in the ED to see critically ill patients. However, the ED physician or other QHP would report critical care for the neonatal or pediatric patient using the critical care codes (99291, 99292). If the infant or child is not initially critically ill but then the patient's condition deteriorates, the ED services and critical care hourly codes may be reported in the same way as would be reported for adults. When a pediatric patient is transferred to another facility for higher level care, ED services (99281-99285), initial hospital inpatient or observation care (99221-99223), critical care (99291, 99292), initial date neonatal intensive (99477), or critical care (99468) codes may be reported only by the receiving facility after the patient has been admitted to the ED, the hospital inpatient or observation floor, or the critical care unit of the receiving facility. If inpatient critical care services are reported in the referring facility for an admitted patient prior to transfer to the receiving hospital, the critical care codes (99291, 99292) should be reported.

Table 1 summarizes the revisions for the ED services codes in the CPT 2023 code set. Significant changes are underlined.

Table 1. Emergency Department Services' MDM Levels Summary

Code	CPT 2023 Code Descriptor	MDM Level in 2023	CPT 2022 Code Descriptor	MDM Level in 2022
99281	**Emergency department visit** for the evaluation and management of a patient that may not require the presence of a physician or other qualified health care professional	**N/A**	**Emergency department visit** for the evaluation and management of a patient, which requires these 3 key components**: A problem focused history; a problem focused examination; and Straightforward medical decision making.** Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor.	**Straight-forward**

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	**Straight-forward**	**Emergency department visit** for the evaluation and management of a patient, which requires these 3 key components: **An expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity.** Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity	**Low**
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	**Low**	**Emergency department visit** for the evaluation and management of a patient, which requires these 3 key components: **An expanded problem focused history; an expanded problem focused examination; and medical decision making of moderate complexity.** Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.	**Moderate**

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	**Moderate**	**Emergency department visit** for the evaluation and management of a patient, which requires these 3 key components: **A detailed history; a detailed examination; and medical decision making of moderate complexity.** Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function.	**Moderate**
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	**High**	**Emergency department visit** for the evaluation and management of a patient, which requires these 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.** Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function	**High**

