



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 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.

Overview

An edit will fire on claim lines where the reported two-digit place of service code is not typical with the Current Procedural Terminology (CPT®) or Healthcare Common Procedure Coding System (HCPCS) procedure code which has been used.

Place of Service Codes are two-digit codes placed on health care professional claims to indicate 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.

Policy

This policy is specific 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. Per CPT definition, the codes 99281-99285 are used for reporting evaluation and management services in the emergency department for new or established patients. An emergency department is typically described as an organized hospital-based facility available 24 hours a day, providing unscheduled episodic services to patients in need of 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**. Identify 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 is aware of the exact setting where the beneficiary is a registered hospital outpatient, the appropriate outpatient facility POS code may be reported consistent with the code list annotated in this section (instead of POS 19 or 22). For example, physicians/practitioners may use POS code 23 for services furnished 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 example, if the physician's face-to-face encounter with a patient occurs 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.

Documentation History

Type	Date	Action
Effective Date	2/3/2023	New Policy
Revised Date	8/17/2023	Updated links

References

Government Agencies

<https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c26pdf.pdf>

<https://www.cms.gov/regulations-and-guidance/guidance/transmittals/downloads/r2602cp.pdf>

https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set

<https://www.cms.gov/medicare/coding/place-of-service-codes>

Supplemental Information

Definitions

Term	Definition
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.