

Updates to Emergency Department Facility Evaluation and Management Coding Policy

As part of continuous efforts to ensure accurate facility coding, McLaren Health Plan is updating its current Emergency Department (ED) facility Evaluation and Management (E/M) coding reimbursement policy. These changes will be effective as of July 1, 2024.

Impacted lines of business:

- McLaren Medicaid
- McLaren Medicare Advantage
- McLaren Dual Eligible Special Needs Plan (D-SNP)

These policies focus on outpatient facility ED claims submitted with the following E/M codes:

- (99284, G0383) Level 4
- (99285, G0384) Level 5

Policy updates were developed to reduce inconsistencies in coding accuracy and are based on E/M coding principles created by the Centers for Medicare and Medicaid Services (CMS). CMS guidelines require outpatient facility ED E/M coding follow the intent of CPT® code descriptions and reasonably relate to hospital resource use.

These policies will apply to all outpatient facilities (including freestanding), submitting ED claims with level 4 or 5 E/M codes for members, regardless of participation status in our network.

Optum Emergency Department Claim (EDC) Analyzer Tool

As part of the implementation of these policies and procedures, McLaren Health Plan will begin using the Optum Emergency Department Claim (EDC) Analyzer™ tool. The tool determines appropriate E/M coding levels based on data from the member's claim including:

- Member's presenting problem
- Diagnostic services performed during the stay
- Any patient complicating conditions

To learn more about the EDC Analyzer tool, visit [EDCAnalyzer.com](https://www.edcanalyzer.com).

Providers submitting claims for ED or E/M codes may experience adjustments to level 4 or 5 E/M codes to reflect an appropriate level or may receive a denial, based on the reimbursement structure of their agreement with MHP. Providers will have the opportunity to submit an appeal if they believe a higher-level E/M code is justified, in accordance with contract terms.

Criteria that may exclude outpatient facility claims from these policies include:

- Claims for members who were admitted from the ED or transferred to another health care setting (Skilled Nursing Facility, Long Term Acute Care Hospital, etc.)
- Claims for members who received critical care services (99291, 99292)



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- Claims for members under two years of age
- Claims with certain diagnosis codes that when treated in the ED, most often necessitate greater than average resource usage, such as significant nursing time
- Claims for members who expired in the ED

Ultimately, facility coding ensures ED resource utilization is accurately captured and is aligned with the E/M CPT code description for a member visit per CMS guidance.

If you have any questions, concerns or would like training on how to use the McLaren CONNECT provider portal, contact your [Provider Relations Representative](#) at 888-327-0761 (TTY: 711) for assistance or visit mclarenhealthplan.org.

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