

**OBJECTIVE CRITERIA FOR EMERGENCY
MEDICINE E/M CODE CHOICE – PART TWO
OF THREE**

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TOPICS

- ❑ Chief Complaint:
 - Trauma
 - Chest Pain
 - Abdominal or Flank Pain
 - Shortness of Breath
 - Changing Mental Status
 - Fever
 - Psych-related Complaints

**CHIEF COMPLAINT:
TRAUMA OR INJURY
(E.G., MVC OR FALL)**

TRAUMA OR INJURY – 99282

(MINIMAL)

- ❑ Self-limited or minor trauma w/ no x-rays, med(s) in ED or on D/C.

TRAUMA OR INJURY – 99283 (LOW)

- ❑ Recheck evaluation of wound only.
- ❑ Suture removal, dressing changes, or packing removal.
- ❑ Minor traumatic injuries that are evaluated w/out x-rays.
- ❑ Minor traumatic injuries that are managed w/ over-the-counter medication such as Tylenol®, ASA and Ibuprofen at low (non-Rx) dose of 200 or 400 mg.
- ❑ Acute uncomplicated injuries that require an evaluation of the wound only and not neurovascular check distal to the wound

TRAUMA OR INJURY – 99284 (MODERATE) (1)

- ❑ Recheck evaluation of wound plus distal and proximal to the wound or laceration.
- ❑ Rx type oral, topical, rectal, eye, ear, or nasal medication in the ED.
- ❑ Rx or dispense med(s) on discharge.
- ❑ Trauma w/ one to three sets of x-rays adjacent or non-adjacent.
- ❑ One set of x-rays w/ either/or oral meds in ED and/or Rx on discharge.

TRAUMA OR INJURY – 99284 (MODERATE) (2)

- ❑ One special study ordered (CT, US, or MRI).
- ❑ Four or > ancillary studies (four labs w/out an x-ray or three labs w/ an x-ray).
- ❑ One series of spinal films (cervical, thoracic, or lumbar).
- ❑ Trauma patients who arrive via EMS/rescue.
- ❑ Any IV, IM, or SQ non-controlled or controlled medication(s).

TRAUMA OR INJURY – 99284 (MODERATE) (3)

- ❑ Any prescription med(s) given at triage, in ED, or on discharge (by any route (e.g., oral, topical, nebulizer, IV, IM, SQ, etc.).
- ❑ IM/SQ or nasal moderate sedation.
- ❑ One to two IM non-controlled meds (e.g., Tetanus, Toradol[®], Ancef[®] and/or Rocephin[®]).
- ❑ IM/SQ meds w/ one controlled substance (Dilaudid[®], Morphine, Fentanyl[®], Versed[®], Ativan[®], Valium[®]).
- ❑ IM/SQ meds w/ any ancillary studies (lab or x-ray).

TRAUMA OR INJURY – 99284 (MODERATE) (4)

- ❑ IM/SQ meds w/ oral, rectal, eye, ear, nasal or topical meds given in ED.
- ❑ IM or nasal moderate sedation.
- ❑ Consultation in the ED.
- ❑ Conversation w/ another provider.
- ❑ Old record review or external notes from each unique source.
- ❑ PICC line flush.

TRAUMA OR INJURY – 99284 (MODERATE) (5*)

- ❑ Splinting/strapping (use only when fx/splint/strapping not coded/billed and applied or evaluated by provider). Includes slings, knee immobilizers, and other Velcro type splints. (Note: the following are *not* considered as splinting/strapping: ace wraps, soft C-collars, and/or post-op shoe).
- ❑ Conversation w/ someone other than the patient (i.e., family, parent, caretaker, independent historian).
- ❑ Any tube or catheter evaluation/flush/change.
- ❑ Suctioning of oral pharynx or tracheotomy.

TRAUMA OR INJURY – 99285 (HIGH)

(1)

- ❑ Four or more series of x-rays.
- ❑ Three series of x-rays and a special study.
- ❑ Two or more special studies (e.g., CT of head and cervical spine, CT of head and facial bones, or FAST exam and another special study, etc.).
- ❑ Ordering blood or blood products not given in the ED.
- ❑ IV moderate sedation.

TRAUMA OR INJURY – 99285 (HIGH)

(2*)

- ❑ Critical Care-type patients who do not have CC time documented by the provider on the chart.
- ❑ Admitted, transferred to another facility or place in observation.

TRAUMA OR INJURY – 99291 (CC) (1)

- ❑ Unstable vital signs.
- ❑ Need for patient to go immediately to surgical suite for immediate stabilization or exploration (e.g., ruptured liver or spleen, perforated viscous, free air or excessive blood in abdomen, torn thoracic or abdominal aorta, torn pulmonary vasculature or bronchus, ruptured esophagus).
- ❑ Tension pneumothorax, large pneumothorax > 25% or a hemothorax.
- ❑ Post-traumatic agitation or obtundation.

TRAUMA OR INJURY – 99291 (CC) (2)

- ❑ **GSW or stab wound in anterior chest and/or abdomen, neck. Sent to OR.**
- ❑ **Cervical fracture/subluxation w/ or w/out neurological deficit.**
- ❑ **Spinal injury w/ paraplegia, quadriplegia or other neurological sequela.**
- ❑ **Angulated fx/dislocation w/ skin tenting (most common ankle or foot).**
- ❑ **Fracture requiring fasciotomy or burn w/ escharotomy.**

TRAUMA OR INJURY – 99291 (CC)

(3*)

- ❑ Universal blood (O- or O+) required.
- ❑ ECMO for trauma to provide extracorporeal circulation.
- ❑ Blood or blood products given in ED.
- ❑ Traumatic subdural or epidural hematoma and/or depressed skull fracture.
- ❑ Arrival via rescue or helicopter may occur but not a stand-alone criterion for CC.
- ❑ Snake or scorpion bite w/ systemic symptoms.

**CHIEF COMPLAINT:
CHEST PAIN**

CHEST PAIN – 99282 (MINIMAL)

- ❑ Chest pain is evaluated w/out x-rays, labs, or meds.

CHEST PAIN – 99283 (LOW) (1)

- ❑ Localized chest pain that does not include additional signs or symptoms.
- ❑ OTC medication including ASA and Tylenol[®] or low dose Motrin[®] for mild pain.
- ❑ Minor illnesses w/ no associated systemic symptoms that are evaluated w/out testing sent to lab, imaging (e.g., isolated pain) treated w/ over-the-counter medications.
- ❑ Only POCT studies like UA, UCG, and BS.
- ❑ Statement of old record review w/o documenting findings on the chart.

CHEST PAIN – 99283 (LOW) (2*)

- ❑ **Excluded from this level in an ED setting:**
 - Prescription meds in ED or at triage.
 - Ancillary lab testing sent to lab (OK w/ POCT UA, UCG and BS).
 - Imaging (any x-ray series or special studies).
 - Independent interpretation of and discussion of management or test interpretation (e.g., US, EKG).
 - Rx on discharge.
 - Consultations or calls to discuss case w/ another provider.

CHEST PAIN – 99284 (MODERATE) (1)

- ❑ EKG alone.
- ❑ CXR alone.
- ❑ EKG, CXR w/ or w/out any lab studies w/out cardiac enzymes.
- ❑ Any number of lab ancillary studies.
- ❑ One special study (i.e., CT, MRI, or US).
- ❑ Statement of old record review w/ documentation of the findings on the chart.

CHEST PAIN – 99284 (MODERATE) (2)

- ❑ IV fluids.
- ❑ Any IV, IM, or SQ non-controlled or controlled medication(s).
- ❑ Any prescription med(s) given at triage, in ED, or on discharge (by any route (e.g., oral, topical, nebulizer, IV, IM, SQ, etc.)).
- ❑ IM/SQ or nasal moderate sedation.
- ❑ Any prescription medication given in ED or on discharge.

CHEST PAIN – 99284 (MODERATE) (3)

- ❑ Any IV or IM meds, either controlled or non-controlled. (Dilaudid, Morphine, Fentanyl[®], Ativan[®], Valium[®]).
- ❑ IM/SQ meds w/ any ancillary studies (lab or x-ray series).
- ❑ IM/SQ meds w/ oral, rectal, eye, ear, nasal, or topical meds given in ED.
- ❑ IM/SQ meds w/ one nebulizer medication.
- ❑ IM/SQ moderate sedation or intranasal sedation.

CHEST PAIN – 99284 (MODERATE)

(4*)

- ❑ One or greater nebulizer medications.
- ❑ Consultation in the ED.
- ❑ Conversation w/ another provider.
- ❑ Old record review.
- ❑ Cultures: blood.
- ❑ ABGs.

CHEST PAIN – 99285 (HIGH) (1)

- ❑ Cardiac workup that includes EKG and cardiac enzymes (e.g., Troponin and possible CK MB).
- ❑ Chemical cardioversion if use one dose of Adenocard[®] or Diltiazem and other w/ vital signs stable, no chest pain, SOB, or palpitations.
- ❑ Two or greater special studies ordered (i.e., CT, MRI, US or CTA of chest and V/Q nuclear scan to rule out PE).
- ❑ Three series of x-rays and a special study.
- ❑ Continuous nebulizer medications.

CHEST PAIN – 99285 (HIGH) (2*)

- ❑ CPR performed throughout entire ED visit.
- ❑ Four or > ancillary studies plus one of the following:
 - ABGs.
 - Blood culture.
 - IV fluid and IV or IM/SQ meds.
 - Two or more nebulizer medications.
- ❑ Ordering blood or blood products not given in ED.

CHEST PAIN – 99291 (CC) (1)

- ❑ Unstable vital signs or cardiac meds listed in “Types of Medications” section.
- ❑ Acute MI taken to catheterization lab.
- ❑ Acute MI w/ thrombolytic meds given in ED.
- ❑ Elevated Troponin (non-STEMI or NSTEMI MI).
- ❑ Chemical or electrical cardioversion if unstable.

CHEST PAIN – 99291 (CC) (2*)

- ❑ Need for more than one dose of Adenocard[®] or Diltiazem and/or drip started.
- ❑ IV Nitroglycerine, Heparin, or other vasoactive drugs or blood thinners.
- ❑ Torsades de Pointes.

**CHIEF COMPLAINT:
ABDOMINAL OR FLANK PAIN**

ABDOMINAL OR FLANK PAIN – 99282 (MINIMAL)

- Abdominal/flank pain is evaluated w/out x-rays

ABDOMINAL OR FLANK PAIN –

99283 (LOW) (1)

- OTC meds such as Tylenol[®] and ASA for minor discomfort or low-grade fever of < 100.5 °F or 38 °C.
- Minor illnesses w/ no associated systemic symptoms that are evaluated w/out testing or imaging (e.g., isolated epigastric pain) treated w/ OTC medications.
- POCT labs in ED such as UA, UCG, and BS.
- Statement of old record review w/o documentation of findings on record.

ABDOMINAL OR FLANK PAIN – 99283 (LOW) (2*)

- ❑ **Excluded from this level in an ED setting:**
 - Prescription meds in ED or at triage.
 - Ancillary lab testing except POCT UA, UCG, and BS.
 - Imaging (any x-ray series or special studies).
 - Independent interpretation of and discussion of management or test interpretation (e.g., CT, US, EKG).
 - Rx on discharge.
 - Consultations or calls to discuss case w/ another provider.

ABDOMINAL OR FLANK PAIN – 99284 (MODERATE) (1)

- ❑ X-rays of the abdomen including the flank area (e.g., upright and flat KUB and one view CXR).
- ❑ One set of x-rays w/ either/or oral meds in ED and/or Rx on discharge.
- ❑ Flank pain, kidney stone, or pyelonephritis evaluation w/ lab workup (one to three labs) w/out CT abdomen/pelvis.
- ❑ Pelvic or rectal exam.
- ❑ Vaginal discharge or bleeding w/ or w/out abdominal pain.

ABDOMINAL OR FLANK PAIN – 99284 (MODERATE) (2)

- ❑ Any number of ancillary studies including vaginal or cervical cultures.
- ❑ Abdominal pain w/ one special study (CT, MRI, and/or US).
- ❑ Statement of old record review w/ documentation of findings on record.
- ❑ Any prescription med(s) given at triage, in ED, or on discharge (by any route (e.g., oral, topical, nebulizer, IV, IM, SQ, etc.)).

ABDOMINAL OR FLANK PAIN – 99284 (MODERATE) (3)

- ❑ IM/SQ or nasal moderate sedation.
- ❑ Any IV or IM meds, either controlled or non-controlled. These include such non-controlled meds as Zofran[®], Toradol[®], Bentyl[®], or Rocephin[®] and controlled such as Dilaudid[®], Morphine, Fentanyl[®], Versed[®], Ativan[®], or Valium[®].
- ❑ Rx or dispense med(s) on discharge.
- ❑ Abdominal pain w/ EKG ordered alone w/ or w/out an interpretation.
- ❑ Consultation in the ED.

ABDOMINAL OR FLANK PAIN – 99284 (MODERATE) (4*)

- ❑ Conversation w/ another provider.
- ❑ Documentation of old record(s) review w/o documentation of findings on record.

ABDOMINAL OR FLANK PAIN – 99285 (HIGH) (1)

- ❑ **Three of the following:**
 - Ancillary studies (three or >).
 - IV fluids.
 - Any IV or IM/SQ meds.
 - Special study.
- ❑ **Multiple special studies such as an Ultrasound followed by a CT.**

ABDOMINAL OR FLANK PAIN – 99285 (HIGH) (2*)

- ❑ **Four or > ancillary studies plus one of the following:**
 - **ABGs.**
 - **Blood cultures.**
 - **IV fluids and IV or or IM/SQ meds.**
 - **Two or more nebulizer meds.**
 - **Two or > IV or IM controlled substances (narcotics and/or benzodiazepines).**
- ❑ **May be admitted, transferred, or placed in observation.**

ABDOMINAL OR FLANK PAIN – 99291 (CC)

- ❑ Patient w/ unstable vital signs or in need of immediate surgery for conditions such as AAA, ectopic pregnancy, ruptured viscous like ulcer perforation, or ruptured organ such as spleen or liver.
- ❑ Vomiting or diarrhea leading to dehydration and need for large stat bolus of IV fluids.
- ❑ Mesenteric thrombosis.

**CHIEF COMPLAINT:
SHORTNESS OF BREATH**

SHORTNESS OF BREATH – 99282 (MINIMAL)

- ❑ Shortness of breath that is evaluated w/out an x-ray series or lab study including point of care testing.
- ❑ No prescription or over-the-counter meds in ED or triage.
- ❑ No Rx on discharge.

SHORTNESS OF BREATH – 99283

(LOW) (1)

- ❑ Over-the-counter meds such as Tylenol[®] and ASA (or other over-the-counter medications such as low mg ibuprofen - 200 or 400 mg - e.g., Motrin[®]) for minor discomfort or low-grade fever < 100.5 °F or 38 °C.
- ❑ Minor illnesses w/ no associated systemic symptoms that are evaluated w/out testing, imaging (e.g., URI w/ cough) treated w/ over-the-counter medications.
- ❑ Documentation of old record(s) review w/o documentation of findings on record.

SHORTNESS OF BREATH – 99283

(LOW) (2*)

- ❑ Excluded from this level in an ED setting:
 - Prescription meds in ED or at triage.
 - Ancillary lab testing except POCT UA, UCG or BS.
 - Imaging (any x-ray series or special studies).
 - Independent interpretation of and discussion of management or test interpretation (e.g., CT, US, EKG).
 - Rx on discharge.
 - Consultations or calls to discuss case w/ another provider.

SHORTNESS OF BREATH – 99284 (MODERATE) (1)

- ❑ One to three sets of x-rays (e.g., CXR).
- ❑ One set of x-rays w/ either oral meds in ED and/or Rx on discharge (OTC or non-OTC).
- ❑ CT of chest w/ or w/out contrast w/ or w/out visualization or interpretation.
- ❑ Any number of lab ancillary studies.
- ❑ One nebulizer medication which is usually Albuterol[®] alone or multiple nebulizers (e.g., a combo of Albuterol and Atrovent[®] or a DuoNeb[®]).

SHORTNESS OF BREATH – 99284 (MODERATE) (2)

- ❑ Oral med alone or isolated IM/SQ meds such as Solu-Medrol® or Terbutaline.
- ❑ Any IV med(s) including medications such as Decadron® or Solu-Medrol®, Magnesium Sulfate, and/or Rocephin®.
- ❑ Any IM/SQ controlled or non-controlled medication.
- ❑ IV fluids.
- ❑ Consultation in the ED.

SHORTNESS OF BREATH – 99284 (MODERATE) (3*)

- ❑ Conversation w/ another provider.
- ❑ Documentation of old record(s) review w/ documentation of findings on record.
- ❑ Spirometry ordered.

SHORTNESS OF BREATH – 99285 (HIGH) (1)

- ❑ Four or > ancillary studies plus one of the following:
 - ABGs.
 - Blood cultures.
 - IV fluids and IV or IM/SQ med(s).
 - Two or more nebulizer meds.
- ❑ Shortness of breath w/ three of the following:
 - Ancillary studies (three or >).
 - Any IV or IM/SQ med.
 - IV fluids.
 - Special study.
 - Two or > Nebulizer medications (e.g., DuoNeb®).

SHORTNESS OF BREATH – 99285

(HIGH) (2*)

- ❑ Multiple special studies (CT, US, MRI).
- ❑ Continuous nebulizers.
- ❑ May be admitted, transferred, or placed in observation.

SHORTNESS OF BREATH – 99291

(CC) (1)

- ❑ Patient w/ unstable vital signs such as pulse oximetry lower than 90%.
- ❑ Patients who require BiPap, CPAP, or high flow oxygen via mask (100% non-rebreather or > 40% Venti-mask).
- ❑ Patient requiring endotracheal intubation and ventilator management.

SHORTNESS OF BREATH – 99291

(CC) (2*)

- ❑ Upper airway obstruction w/ stridor (severe croup or epiglottitis).
- ❑ Obtundation or other types of significant mental status change secondary to sepsis, pneumonia, pneumothorax, or CHF w/ possible need for airway control and/or large (i.e., 2L or >) IV fluid infusion.

**CHIEF COMPLAINT:
CHANGING MENTAL STATUS (CMS) OR
GLOBAL WEAKNESS**

CMS OR GLOBAL WEAKNESS - 99282 (MINIMAL)

- ❑ Changing mental status that is evaluated w/out an x-ray or lab study.

CMS OR GLOBAL WEAKNESS - 99283 (LOW) (1)

- ❑ Over-the-counter meds such as Tylenol[®] and ASA (or other over-the-counter medications such as low dose Ibuprofen - 200 or 400 mg - e.g., Motrin[®]) for temps under 100.5 °F or 38 °C.
- ❑ Documentation of old record(s) review w/o documentation of findings on record.

CMS OR GLOBAL WEAKNESS – 99283 (LOW) (2*)

- ❑ Excluded from this level in an ED setting:
 - Prescription meds in ED or at triage.
 - Ancillary lab testing except POCT UA, UCG or BS.
 - Imaging (any x-ray series or special studies).
 - Independent interpretation of and discussion of management or test interpretation (e.g., US, EKG).
 - Rx on discharge.
 - Consultations or calls to discuss case w/ another provider.

CMS OR GLOBAL WEAKNESS – 99284 (MODERATE) (1)

- ❑ One or > sets of x-rays (e.g., CXR).
- ❑ One set of x-rays w/ either oral meds in ED and/or Rx on discharge (OTC or non-OTC).
- ❑ IV fluids.
- ❑ IV med(s) such as a single dose of D50W.
- ❑ Any IV or IM meds, either controlled or non-controlled.
- ❑ Consultation in the ED.
- ❑ Conversation w/ another provider.

CMS OR GLOBAL WEAKNESS – 99284 (MODERATE) (2*)

- ❑ Documentation of old record(s) review w/ documentation of findings on record.
- ❑ One special study such as a CT of the head.

CMS OR GLOBAL WEAKNESS – 99285 (HIGH) (1)

- ❑ Ancillary studies (three of >), IV fluids, and IV or IM/SQ med(s), and special study.
- ❑ Four or > ancillary studies plus one of the following:
 - ABGs.
 - Blood cultures.
 - IV fluids and IV or IM/SQ med(s).
 - Two or more nebulizer meds.
- ❑ May be admitted, transferred, or placed in observation.

CMS OR GLOBAL WEAKNESS – 99285 (HIGH) (2*)

- ❑ Abrupt change in mental status w/out need for airway control or large (2L or >) IV fluid infusion.
- ❑ CPR performed throughout the entire ED visit.
- ❑ Abrupt change in mental status but still maintaining airway.

CMS OR GLOBAL WEAKNESS – 99291 (CC) (1)

- ❑ Patient w/ unstable vital signs such as pulse oximetry lower than 90%, hypotension, hypertension, brady or tachycardia, hyper or hypothermia.
- ❑ Patient may require endotracheal intubation and ventilator management.
- ❑ Usually admitted or transferred but may be admitted to an ICU or CCU.
- ❑ Hemorrhagic or large thrombotic CVAs.
- ❑ Acute thrombotic CVA w/ thrombolytic meds given in ED or stroke alert implemented.

CMS OR GLOBAL WEAKNESS – 99291 (CC) (2*)

- ❑ Significant dehydration, sepsis, DKA, rhabdomyolysis, or other conditions requiring IV fluids boluses.
- ❑ Treatment of hypo/hyperkalemia, hypo/hypercalcemia, hypo/hyponatremia w/ IV meds/fluids or electrolyte replacement (refer to Critical Lab Values, pg. 4).
- ❑ Anemia w/ active bleeding.
- ❑ Blood or blood product transfusion in ED.

**CHIEF COMPLAINT:
FEVER**

FEVER – 99282 (MINIMAL)

- Documentation of normal temperature on patient record (i.e., $< 100.5^{\circ}\text{F}$ or 38°C).

FEVER – 99283 (LOW)

- ❑ Temperature documented on chart < than 100.5° F or 38° C.

FEVER – 99284 (MODERATE)

- Temperature may be elevated as part of the case.
Temperature equal to or > than 100.5 °F or 38 °C.

FEVER – 99285 (HIGH)

- ❑ Temperature may be elevated as part of the case.

FEVER – 99291 (CC)

- ❑ Cancer, chemo, or radiation therapy patient w/ leukopenia.
- ❑ Fever w/ obtundation or agitation.
- ❑ Meningitis or encephalitis.
- ❑ Gangrene or Fournier's gangrene requiring surgical debridement in OR.
- ❑ Sepsis w/ obtundation and/or abnormal vital signs.
- ❑ Temperature may be elevated as part of the case.

CHIEF COMPLAINT: PSYCH-RELATED CONDITIONS

PSYCH-RELATED COMPLAINTS – 99282 (MINIMAL) AND LOW (99283)

- ❑ No workup or therapy provided in the ED.
- ❑ For low, may have POCT UA, UCG, or BS done in ED.

PSYCH-RELATED COMPLAINTS – 99284 (MODERATE)

- ❑ ED provider evaluation of psych-related disorders (e.g., anxiety, depression) w/ ultimate discharge and no ancillary studies ordered.
- ❑ Psychiatric professional evaluation (psych or social worker) w/ ultimate discharge.
- ❑ Voluntary admission w/out any lab, x-ray or special studies ordered, and no medications given. Includes drug and alcohol rehabilitation medical screening.

PSYCH-RELATED COMPLAINTS – 99285 (HIGH)

- ❑ Voluntary admission w/ three or > ancillaries or any medication given.
- ❑ Involuntary admission.
- ❑ Transfer to a psych facility.
- ❑ Up to six-hour observation in ED for possible overdose prior to psych evaluation.

PSYCH-RELATED COMPLAINTS – 99291 (CC)

- ❑ Unstable vital signs secondary to overdose.
- ❑ Significant trauma secondary to suicide attempt (e.g., gunshot or stab wounds, lacerations causing significant bleeding and hypovolemic shock and attempted strangulations).
- ❑ Patient requiring chemical restraints (e.g., one or more IV or IM Haldol[®], Versed[®], Valium[®], Ketamine[®], or Ativan[®]) for significant agitation or violent behavior control or using physical restraints.
- ❑ Need for IV/po Mucomyst[®] for Tylenol[®] overdose.

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REFERENCES

- *AMA CPT® Evaluation and Management (E/M) Code and Guideline Changes. July 1, 2022. American Medical Association.*