



Emergency Department (ED) Evaluation and Management (E/M) Services Overview



Updated (3/2026)

Table of Contents

Overview	2
Emergency Department E/M Codes (99281–99285)	3
Simplified Definitions and Examples	5

Overview

Emergency Department (ED) Evaluation and Management (E/M) Services

This guide outlines reimbursement guidelines for Emergency Department (ED) evaluation and management (E/M) services. It reflects updates issued by Iowa Medicaid in Informational Letter (IL) 2504-MC-FFS, which replaced CPT code 99211 with CPT code 99281 for emergency room triage services effective February 1, 2024.

Emergency Department E/M services must be reported in accordance with Current Procedural Terminology (CPT®) guidelines and supported by appropriate medical record documentation.

Emergency Department E/M Codes (99281–99285)

CPT codes 99281–99285 represent five levels of Emergency Department E/M services. These codes reflect increasing levels of medical decision making and complexity of care.

- 99281 – Minimal level of medical decision making
 - (NO Modifier 25 – no Status Indicator Codes S or T)
- 99282 – Low level of medical decision making
- 99283 – Moderate level of medical decision making
- 99284 – Moderate to high level of medical decision making
- 99285 – High level of medical decision making

Code selection must be based on the medical necessity of the encounter and the level of medical decision making documented in the record.

Triage Services: CPT 99281

When the encounter is limited to services consistent with CPT 99281, this code is reported.

If the patient subsequently receives a medically necessary provider evaluation meeting criteria for a higher-level Emergency Department E/M service (99282–99285), the appropriate higher-level code should be reported.

Only one Emergency Department E/M code (99281–99285) may be reported per patient encounter.

It would not be appropriate to bill 99281 and 99282–99285 unless there is a significantly separately identifiable encounter being provided to the member.

Modifier Usage

Modifier 25 may be appended to an Emergency Department E/M service only when a significant, separately identifiable E/M service is performed by the same physician or other qualified health care professional on the same date as a procedure.

Modifier 25 should not be used solely to indicate that triage services occurred prior to a higher-level Emergency Department evaluation.

Reimbursement Considerations

Emergency Department E/M **codes 99281–99285 are mutually exclusive**. Only one level of service is payable per patient encounter, based on the documentation and medical necessity. If both a triage-level service (99281) and a higher-level ED visit are billed for the same encounter, APC payment will not issue separate reimbursement for each service. Payment will be based on the single, appropriate level of care supported in the medical record.

Modifier 25 does not create additional payment when triage occurs before a higher-level ED visit. It should only be used when there is a significant, separately identifiable E/M encounter beyond the usual care associated with a procedure.

Simplified Definitions and Examples

CPT 99281: Triage Code – means a brief history, limited exam, minimal medical decision making - **NO Modifier 25 - NO Status indicator** Codes S or T

CPT 99281 ONLY Example: Person comes into ER with a headache; the RN does a nursing assessment. Report given to a provider, provider never sees patient but instructs to administer medication to treat a Migraine, observe for 30 minutes to ensure no adverse effects, send home with instructions to follow up with their provider. **NO Modifier 25;** **NO Status indicator** Codes S or T.

CPT codes 99282 through 99285: these codes apply to the complexity of the visit. If the member had a Triage visit that required more than limited exam the appropriate Elevated Code Level would be submitted. The Status indicator Codes either S or T may be applied for areas such as radiology; EKG; or other items. **NO S or T code should be used to indicate triage is billed** into the higher level of care.

CPT 99282 Example: Person comes into ER with audible wheezing and cough; the RN does a nursing assessment. Report given to a provider, the provider sees patient. A low complexity visit with straightforward decision making. Respiratory breathing treatment provided, Radiology with CXR. Person improves and is send home with medications. He is instructed to follow up with their provider. **NO Modifier 25;** Status indicator Codes S or T may be used if indicated.

CPT 99283 Example: Person comes into ER with a headache of 4 days, has family history of Brain tumors, has attempted numerous remedies at home including home Migraine Medications. RN does the brief history, limited exam (would have been CPT 99281) and recognizes this person needs to be seen by Provider. (NO Longer a CPT 00281). Provider completes a complex and expanded history. Provider decides this person needs to have CT scan, lab testing, and other diagnostic tests. Treatment is provided and person goes home with follow up appointments. This would be the CPT 99283 billing with a Modifier 25 and potentially the S or T Status indicator codes. **NO CPT 99281** should be included.

CPT 99284 Example: Person comes into ER writhing in pain, holding his head. Removes his hands to discover bleeding. Provider sees immediately, Provider completes a complex, expanded history and risk assessment. The provider discovers this person has a blood clotting issue and cannot get bleeding to stop. Many diagnostic and treatment modalities are implemented. Person eventually has issues stabilized and goes home with follow up instructions/appointments. NO Modifier 25 is added to identify a CPT 99281 Triage was completed as it was not.

CPT 99285 Example: Person comes into ER with severe trauma. Ambulance indicates stab wound. Provider sees immediately. After the providers extremely complex and risk assessment, many tests need to be completed. After all the high-risk tests are done, the wound is packed. The person is sent home with follow up instructions/appointments. A Modifier 25 may be added in this complexity if the documentation shows the detail and medical decision-making complexity is above and beyond what is done in an ER/ED.