

# Emergency Department Facility Coding Program

## Overview

Premera's Emergency Department (ED) Facility Coding Program is a prepay-only facility claim solution used to drive accurate Evaluation and Management (E&M) code assignment for emergency department visits.

This program becomes effective for Premera Blue Cross WA providers on July 3, 2026. Editing is applicable for dates of service on or after July 3, 2026.

## General

<b>What is the ED Facility Coding Program?</b>	Premera will be implementing technology that analyzes ED claims to determine the appropriate level of facility reimbursement for outpatient ED services. The program will review diagnoses and facility services performed to determine the appropriate ED visit level, consistent with established industry practices already adopted by many other health plans.
<b>Were providers notified of the ED Facility Coding Program?</b>	Yes, providers were notified through Provider News: <ul style="list-style-type: none"><li>90-day provider notification: <a href="#">Provider News, Medical Policy Updates, April 2, 2026</a></li><li>Reminder article: <a href="#">Emergency Department Evaluation and Management Coding Review Coming Soon - Premera Providers (WA), June 4, 2026</a></li></ul>
<b>Is there a payment policy associated with this program?</b>	Yes, see: <a href="#">Emergency Department Evaluation and Management Level of Service</a> .  Note that this policy: <ul style="list-style-type: none"><li>Does not alter or establish coding requirements</li><li>Does not modify ICD-10 coding standards or CMS MS-DRG grouping methodologies</li><li>Does not replace provider documentation responsibilities</li><li>Is not a medical necessity determination or substitute for clinical review processes</li></ul> Rather, the policy supports reimbursement accuracy by evaluating whether the billed level of service is supported by the clinical and resource indicators reflected on the claim.

<p><b>Which claims and providers will be impacted by this program?</b></p>	<p>In scope: Claims processed directly by Premera Blue Cross or LifeWise Washington, from:</p> <ul style="list-style-type: none"> <li>• Washington facilities</li> <li>• Facilities in contiguous counties that hold direct contracts with Premera Blue Cross or LifeWise Washington</li> <li>• Out-of-area facilities</li> </ul>
<p><b>Which CPT codes are in scope for this program?</b></p>	<p>99281, 99282, 99283, 99284, 99285 G0380, G0381, G0382, G0383, G0384</p>
<p><b>Are there any exclusions?</b></p>	<p>The program is intentionally designed with defined <b>exclusions</b> to ensure appropriate and consistent application.</p> <p>Exclusions include:</p> <ul style="list-style-type: none"> <li>• Critical care services</li> <li>• Observation services</li> <li>• Inpatient admissions</li> <li>• Pediatric and geriatric populations</li> <li>• Maternity, behavioral health, and substance use claims</li> <li>• Surgical encounters</li> </ul> <p>These parameters focus the program on claim categories where a consistent facility resource-based evaluation can be applied.</p>
<p><b>How does the program determine the correct coding level?</b></p>	<ul style="list-style-type: none"> <li>• Identifies eligible claims for review</li> <li>• Checks for emergent diagnoses to confirm clinical acuity supports higher-level billing</li> <li>• Assesses patient services performed to evaluate resource intensity</li> <li>• Evaluates complications and comorbidities to determine overall patient complexity</li> </ul>
<p><b>How will the edits be applied to claims?</b></p>	<p>Outpatient ED E&amp;M service claims may be adjusted to a different ED E&amp;M visit level based on the clinical information and services billed.</p> <p>Adjustment is limited to a maximum of two levels (such as Level 5 to Level 3).</p> <p>For claims from facilities who are on a % of billed contract, the ED E&amp;M visit will be denied requiring a re-bill of the service with the appropriate level of care.</p> <p><b>Note: See page 4 of this FAQ for examples.</b></p>
<p><b>Are we changing what the provider billed on the claim?</b></p>	<p>Premera aims to ensure accurate and efficient claim processing. When editing identifies a more appropriate code, we may adjust the code instead of issuing a denial—supporting timely payment and reducing the need for resubmission.</p> <p>While providers code and bill for services, Premera consistently applies its payment policies during adjudication to promote accuracy and minimize administrative burden.</p>

<p><b>How can I find more information about edits applied to the claims?</b></p>	<p>The information will display in your explanation of payment (EOP) and in Availity Essentials (Claims Status or Remit Viewer).</p> <p>For more information refer to the Availity Claim Status screen.</p> <ul style="list-style-type: none"> <li>If the level of service was adjusted, the billed and adjusted service codes will be displayed within Availity along with the reason for the change.</li> </ul> <p><b>Remark codes associated with this program:</b></p> <table border="1" data-bbox="440 489 1490 894"> <tr> <td data-bbox="440 489 553 590">fy7</td> <td data-bbox="553 489 1490 590">Provider/Member: This emergency department visit code reflects the appropriate level of service and replaces the originally billed code.</td> </tr> <tr> <td data-bbox="440 590 553 690">fy8</td> <td data-bbox="553 590 1490 690">Provider/Member: This emergency department visit code reflects the appropriate level of service and replaces the originally billed code.</td> </tr> <tr> <td data-bbox="440 690 553 791">fy9</td> <td data-bbox="553 690 1490 791">Provider/Member: This emergency department visit code was disallowed. A corrected claim with the appropriate service level may be submitted.</td> </tr> <tr> <td data-bbox="440 791 553 894">fz0</td> <td data-bbox="553 791 1490 894">Provider/Member: This emergency department visit code was disallowed. A corrected claim with the appropriate service level may be submitted.</td> </tr> </table>	fy7	Provider/Member: This emergency department visit code reflects the appropriate level of service and replaces the originally billed code.	fy8	Provider/Member: This emergency department visit code reflects the appropriate level of service and replaces the originally billed code.	fy9	Provider/Member: This emergency department visit code was disallowed. A corrected claim with the appropriate service level may be submitted.	fz0	Provider/Member: This emergency department visit code was disallowed. A corrected claim with the appropriate service level may be submitted.
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<p><b>Will there be any tools for providers and Premera employees to check codes for related edits?</b></p>	<p>Premera uses the Clear Claim Connection (C3) tool which allows you to input the procedure codes and diagnoses to determine how the claim will be reviewed.</p> <p><b>Note:</b> C3 does not consider a provider's specific contract or reimbursement agreement. It displays a recommended replacement code, but this doesn't reflect how the claim will be reimbursed.</p> <p>The value of the replacement code is that it identifies an acceptable coding alternative.</p>								
<p><b>What options do I have if my claim has one of these edits?</b></p>	<p>If you disagree with the edit or adjustment, please first read the payment policy. If after reviewing the ED policy you still disagree with the determination, you can appeal by explaining the reason for disagreement and providing supporting documentation.</p> <p><a href="#">View related appeal forms.</a></p>								
<p><b>Who can I contact if I have more questions?</b></p>	<p>Please email the provider relations team at <a href="mailto:providerrelations@premera.com">providerrelations@premera.com</a>.</p>								

## Examples

### Example 1 (Ear infection)

- A patient goes to the ER with an ear infection.
- The hospital bills it as a level 4\* visit (99284).
- When the claim is reviewed, the claim editor doesn't see an emergency problem, extra services, or other serious health issues.
- The claim editor sends it back and says to lower it and pay it as a level 2\* visit (99282).

### Clear-Cut Adjustment: Absence of Emergent Indicators

This example highlights a straightforward case where a 99284 code is adjusted by two levels due to the lack of supporting clinical complexity. When no emergent diagnosis, diagnostic tests, or comorbidities are present, high-level E&M codes are subject to 2 levels of adjustment.



Code	Description	Age	Discharge Status	Revenue Code	Bill Type	Diagnosis	Description	Additional Procedures
99284	Level 4 ED Visit	8	01 (home)	450	131	H66.92	Otitis Media	None

### Example 2 (Chest pain)

- A patient goes to the ER with chest pain.
- The hospital bills it as a level 5\* visit (99285).
- When the claim is reviewed, the claim editor sees chest pain (an emergency problem), lots of services done, and other health issues that make it more serious.
- The claim editor recommends no change and keeps it at level 5\* (99285).

### Appropriate Coding: Comprehensive Evaluation Justifies High-Level E/M

This scenario exemplifies a correctly coded 99285, where the clinical complexity and services rendered align with the billed E/M level. Presence of emergent diagnosis, extensive diagnostics, and complicating factors support the original high-level E/M code.

99285 is submitted for a 50-year-old patient for other chest pain (emergent diagnosis), with extensive diagnostics (X-ray, metabolic panel, troponin, CBC, influenza probe, ECG, multiple IV infusions and injections), and type 2 diabetes (comorbidity). Results are confirmed at the original billed level.



Code	Description	Age	Discharge Status	Rev Code	Bill Type	Diagnosis	Diagnosis Description	Additional Procedures	Additional Procedures Descriptions	Additional Diagnoses	Additional Diagnoses Description
99285	Level 5 ER Visit	50	01 (home)	450	131	R07.89	Other Chest Pain (on the emergent diagnosis list)	71045 80048 84484 85025 87502 93005 96361 96374 96375	X-RAY EXAM CHEST 1 VIEW METABOLIC PANEL TROPONIN QUANT COMPLETE CBC INFLUENZA DNA AMP PROBE ELECTROCARDIOGRAM TR HYDRATE IV INFUSION THER INJ IV PUSH INJ NEW DRUG	E11.9	Type 2 Diabetes (in the comorbidity diagnoses list)