

# Compare the Requirements for 99281-99285

## February 23, 2018

To choose an emergency department E/M code from 99281-99285, you have to look at the three key components. The code you choose must meet all three components (with a special caveat for 99285, described below).

The table below shows the components required.

Code	History/Exam	MDM	Presenting Problems
99281	Problem focused	Straightforward	Self-limited or minor
99282	Expanded problem focused	Low complexity	Low to moderate severity
99283	Expanded problem focused	Moderate complexity	Moderate severity
99284	Detailed	Moderate complexity	High severity requiring urgent eval, but not significant threat to life or function
99285	Comprehensive	High complexity	High severity, significant threat to life or function

### Remember the 99285 Caveat to Avoid Down-coding

The descriptor for 99285 includes what's sometimes called the emergency acuity caveat or emergency medicine caveat. *Here it is:* The descriptor states the code "requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status."

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In other words, a patient brought to the emergency room with a condition that is a significant threat to life may not be able to provide a comprehensive history, for example. But the encounter still may merit reporting 99285 because of the complexity and severity of the case.

**Important:** To support reporting 99285, the documentation should include the patient-specific reasons why an individual component could not be met. The CBR handout advises “the documentation should include differential diagnoses, procedures, diagnostic studies, interventions, and risk factors.”

**Tip:** If the physician can't check all the boxes for an exam because of the patient's clinical condition or mental status, the “within the constraints imposed” wording still applies. The wording isn't directed only at the history portion of the code descriptor. AMA's CPT® Assistant confirmed this way back in 2002 in the September issue.