

Highmark Reimbursement Policy Bulletin



HISTORY VERSIONS

Bulletin Number: RP-037
Subject: Emergency Evaluation and Management Coding Guidelines
Effective Date: August 27, 2018 **End Date:**
Issue Date: March 30, 2026 **Revised Date:** March 2026
Date Reviewed: January 2026
Source: Reimbursement Policy

Applicable Commercial Market	PA	☒	WV	☒	DE	☒	NY	☐
Applicable Medicare Advantage Market	PA	☒	WV	☒	DE	☒	NY	☐
Applicable Claim Type	UB	☒	1500	☒				

➔ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan.

REIMBURSEMENT GUIDELINES:

Facility (UB)

Currently, there is no national standard for hospital assignment of Evaluation and Management (E/M) code levels for outpatient services in the Emergency Department (ED). This policy provides guidance for how the Plan reimburses UB claims billed with E/M for appropriate levels of service based on the complexity of patient condition rendered in the outpatient ED.

The Plan reviews these E/M claims for the appropriate level of care on a prepayment basis and adjusts any claims that are overbilled. This policy section is based on coding principles established by the Centers for Medicare and Medicaid Services (CMS), and the CPT and HCPCS code descriptions. This policy section applies to services reported using the UB-04 claim form or its electronic equivalent or its successor form. It also applies to claims submitted on such forms by network and non-network facility emergency departments (including hospital emergency departments) and free-standing emergency departments (UB Claims).

ED visits should be coded based on hospital resource utilization, which is dictated by the patient's clinical condition and the treatment provided. There are five visit levels that the ED can utilize when submitting a claim. Level one (1) is the least resource-intensive while level five (5) is the most resource-intensive. These visit levels are represented by the E&M procedure codes shown in the table below.

Codes	Explanation and Purpose	ED Level
99281 G0380	Used for very simple and limited services. The presenting problem is minor.	Level 1

99282 G0381	Typically assigned for an acute episodic illness and/or minor injury evaluation. The presenting problem is of low to moderate severity.	Level 2
99283 G0382	Generally, requires additional facility resources such as x-ray, laboratory tests, or additional nursing time. The presenting problem is of moderate complexity.	Level 3
99284 G0383	For encounters associated with acute illness or injury that requires prolonged evaluation and typically diagnostic studies, repeat nursing evaluations, or other therapeutic interventions. The presenting problem is high severity requiring urgent evaluation.	Level 4
99285 G0384	For encounters that are associated with serious presenting symptoms, often a life-threatening disease or injury, requiring treatment that is complex and/or resource intensive. The presenting problem is of high severity and/or poses an immediate significant threat to life of physiological function.	Level 5

CMS requires each hospital to establish its own facility billing guidelines. The CMS Outpatient Prospective Payment System (OPPS) lists eleven criteria that must be met for facility coding guidelines. The guidelines should reasonably relate the intensity of hospital resources to the different levels of effort represented by the code. CMS offers the following broad parameters for a hospital to develop facility billing guidelines:

1. Follow the intent of the associated CPT® code descriptor in that the guidelines should be designed to reasonably relate the intensity of hospital resources to the different levels of effort represented by the code.
 2. Be based on hospital facility resources versus physician resources.
 3. Be clear to facilitate accurate payments and be usable for compliance purposes and audits.
 4. Meet HIPAA requirements.
 5. Only require documentation that is clinically necessary for patient care.
 6. Not facilitate upcoding or gaming.
 7. Be in writing, or recorded, well-documented and provide the basis for selection of a specific code.
 8. Be applied consistently across patients in the clinic or emergency department to which they apply.
 9. Not change with great frequency.
 10. Be readily available for fiscal intermediary review.
 11. Result in coding decisions that could be verified by other hospital staff, as well as outside sources.
- UB-04 claims for services rendered in an ED should be complete and include all diagnostic services and diagnosis codes relevant to the ED visit and be billed at the appropriate E/M level.

Consistent with other insurers, the Plan is aware that the lack of uniform standards, unpoliced by CMS, has resulted in abuse of ER services coding inconsistent with the stated CMS guideline that a hospital's own guidelines should "not facilitate upcoding or gaming". High level E/M codes include level three (3) codes (99293/G0382), level four (4) codes (99284/G0383) and level five (5) codes (99285/G0384). Appropriate billing is dependent on the interventions performed by a facility's registered nurses and ancillary staff. Placing a high-level code on an ED facility claims signifies that considerable resources were utilized during the member's time in the ED. High level codes are expected to be used for final diagnoses that signify a serious threat to the member's well-being.

The Plan will analyze outpatient ED claims using the OPTUM Analyzer® to determine the appropriate E/M level to be reimbursed for certain facility claims. An algorithm is applied that takes three factors into account (see below) to determine a Calculated Visit Level for the ED E/M services rendered. The three factors used in the calculation are as follows:

- Presenting problems – as defined by the ICD-10 reason for visit (RFV) diagnosis.
- Diagnostic services performed – based on intensity of the diagnostic workup as measured by the diagnostic CPT codes submitted on the claim (i.e., lab, x-ray, EKG/RT/other diagnostic, CT/MRI/ultrasound); and,
- Patient complexity and co-morbidity – based on complicating conditions or circumstances as defined by the ICD-10 principal, secondary, and external cause of injury diagnosis codes.

Applicable codes:

99281 99282 99283 99284 99285 G0380 G0381 G0382 G0383 G0384

Facilities may experience a downgraded payment from the higher-level E/M to the appropriate lower-level E/M code. Criteria that may exclude facility claims from being subject to an adjustment or denial include:

- The patient is admitted to inpatient or observation
- Critical care patients (99291, 99292)
- The patient is less than 2 years old
- Claims with certain diagnoses that when treated in the ED most often necessitate greater than average resource usage, such as significant nursing time
- Patients who have expired in the emergency department

Note: Providers will receive notification of any downgraded claims and have an opportunity to appeal.

Professional (1500)

This policy section will address appropriate coding service based on the complexity of the conditions reported in the emergency department for professional claims. Diagnoses of low-level complexity or severity deemed as Low Acuity Non-Emergent (LANE) ER visits are generally defined as visits for which a delay of several hours would not increase the likelihood of an adverse outcome.

Professional E/M service codes are determined based on the complexity and intensity of the work the provider performed and reported on the claim. There are five codes that the provider can utilize when submitting a claim. The level of medical decision making (MDM) is used to determine the appropriate E/M procedure code. Procedure codes 99281–99283 represent ED visits for less complex or severe conditions. Procedure codes 99284–99285 represent ED visits for conditions that are most urgent and of high severity.

Codes	Definition
99281	Emergency department visit for the evaluation and management of a patient that may not require the presence of a physician or other qualified health care professional
99282	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward medical decision making
99283	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making
99284	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making
99285	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making

A list of Low Acuity Non-Emergent (LANE) diagnosis codes (see **Appendix A**) has been developed by a group of emergency department physicians, state Medicaid chief medical officers, and other clinical medical professional providers. The (LANE) diagnosis codes are generally defined as ER visits in which a delay of several hours would not increase the likelihood of an adverse outcome.

The LANE diagnosis codes will be utilized for the adjudication analysis during claims processing. When a physician bills an emergency department visit involving an E/M code level 4 (99284) or level 5 (99285) and reports a low acuity non-emergent (LANE) diagnosis code as the primary presenting diagnosis, the service will be automatically reimbursed at a level 3 (99283) reimbursement rate as this indicates a lower level of complexity or severity.

Note: Criteria listed below *may* exclude Professional claims from being subject to the LANE adjustment:

- Patients are less than 2 years old

Note: Providers will receive notification of any downgraded claims and have an opportunity to appeal.

Appendix A: Click [HERE](#) to view Appendix A.

DOCUMENTATION GUIDELINES:

Providers are responsible for submission of accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act ("HIPAA") approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing ("UB") Editor, American Medical Association ("AMA"), Current Procedural Terminology ("CPT®"), CPT® Assistant, Healthcare Common Procedure Coding System ("HCPCS"), ICD-10 CM and PCS, National Drug Codes ("NDC"), Diagnosis Related Group ("DRG") guidelines, Centers for Medicare and Medicaid Services ("CMS") National Correct Coding Initiative ("NCCI") Policy Manual, CCI table edits and other CMS guidelines. Claims are subject to the code edit protocols for services/procedures billed. Claim submissions are subject to claim review including but not limited to, any terms of benefit coverage, provider contract language, medical policies, clinical payment, and coding policies as well as coding software logic.

RELATED POLICIES:

Refer to the following Reimbursement Policies for additional information:

- RP-035: Correct Coding Guidelines
- RP-057: Evaluation and Management Services

REFERENCES:

- CMS-1392-FC Medicare Program: Changes to the Hospital Outpatient Prospective Payment System and CY 2008 Payment Rates, the Ambulatory Surgical Center Payment System and CY 2008 Payment Rates, the Hospital Inpatient Prospective Payment System and FY 2008 Payment Rates; and Payments for Graduate Medical Education for Affiliated Teaching Hospitals in Certain

Emergency Situations Medicare and Medicaid Programs: Hospital Conditions of Participation; Necessary Provider Designations of Critical Access Hospitals

- Federal Register / Vol. 72, No. 227 / Tuesday, November 27, 2007 / Rules and Regulations
- American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services.
- Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
- Centers for Medicare and Medicaid Services, National Correct Coding Initiative (NCCI) Policy Publications
- American Academy of Pediatrics; AAP Publications, AAP News: Emergency department E/M codes revised for 2023
- Optum: [EDC Analyzer - Optum, Inc](#)

POLICY UPDATE HISTORY INFORMATION:

8 / 2018	Implementation
11 / 2021	Added NY region applicable to the policy
1 / 2022	Added Delaware Medicare Advantage applicable to the policy
5 / 2023	Updated policy with direction on the analyzing of code levels
9 / 2023	Updated policy with more detailed direction on the analyzing of code levels
1 / 2024	Removed outpatient as an exclusion criteria
3 / 2026	Added direction and section for professional claims

IMPORTANT INFORMATION

The purpose of this Reimbursement Policy is to document our payment guidelines for those services covered by a member's medical benefit plan. Reimbursement Policies do not provide guidance on whether a service is a covered benefit under the member's contract. Benefit determinations are based in all cases on the applicable benefit plan contract language and applicable medical policies. Should there be any conflicts between Reimbursement Policy and the member's benefit plan, the member's benefit plan will prevail. Additionally, health care providers (facilities, physicians, and other professionals) are expected to exercise independent medical judgment in providing care to members. Reimbursement Policy is not intended to impact care decisions or medical practice. This Reimbursement Policy is intended to serve as a guide as to how the plan pays for covered services, however, other factors may influence payment and, in some cases, may supersede this policy. The provider should consult their network provider agreement for further details of their contractual obligations.

APPENDIX A:

A05.9	F41.9	H61.003	J32.2	L56.1	M65.129	N63.15	S10.0XXA	S56.892A	S61.409A	S66.202A	S90.31XA
A09	F43.20	H61.009	J32.3	L56.2	M65.131	N63.20	S10.11XA	S56.899A	S61.411A	S66.211A	S90.32XA
A54.00	F43.9	H61.011	J32.4	L56.3	M65.132	N63.21	S10.16XA	S56.901A	S61.412A	S66.212A	S90.511A
A54.02	F45.41	H61.012	J32.8	L56.4	M65.139	N63.22	S10.81XA	S56.902A	S61.419A	S66.219A	S90.512A
A54.09	F45.42	H61.013	J32.9	L56.5	M65.141	N63.23	S10.83XA	S56.909A	S61.431A	S66.291A	S90.519A

A54.1	F50.00	H61.019	J34.0	L56.8	M65.142	N63.24	S10.86XA	S56.991A	S61.432A	S66.292A	S90.561A
A56.11	F50.01	H61.021	J34.1	L56.9	M65.149	N63.25	S10.91XA	S56.992A	S61.439A	S66.299A	S90.562A
A59.01	F50.02	H61.022	J34.89	L57.1	M65.151	N63.31	S10.93XA	S56.999A	S61.451A	S66.300A	S90.569A
A60.00	F50.2	H61.023	J34.9	L57.5	M65.152	N63.32	S10.96XA	S59.201A	S61.452A	S66.301A	S91.001A
A60.04	F50.8	H61.029	J35.01	L57.8	M65.159	N63.41	S13.4XXA	S59.202A	S61.459A	S66.302A	S91.002A
A60.9	F50.81	H61.101	J35.02	L57.9	M65.161	N63.42	S13.8XXA	S59.209A	S61.501A	S66.303A	S91.009A
A64	F50.82	H61.102	J35.03	L58.0	M65.162	N64.4	S13.9XXA	S59.211A	S61.502A	S66.304A	S91.011A
B00.2	F50.89	H61.103	J35.1	L58.1	M65.169	N72	S16.1XXA	S59.212A	S61.509A	S66.305A	S91.012A
B00.9	F50.9	H61.109	J35.2	L58.9	M65.171	N73.5	S16.8XXA	S59.219A	S61.511A	S66.306A	S91.019A
B01.9	F51.01	H61.191	J35.3	L59.0	M65.172	N76.0	S16.9XXA	S59.221A	S61.512A	S66.307A	S91.031A
B02.9	F51.02	H61.192	J35.8	L59.8	M65.179	N76.1	S19.80XA	S59.222A	S61.519A	S66.308A	S91.032A
B07.0	F51.03	H61.193	J35.9	L59.9	M65.18	N76.2	S19.81XA	S59.229A	S61.531A	S66.309A	S91.039A
B07.9	F51.09	H61.199	J40	L60.0	M65.19	N76.3	S19.82XA	S59.231A	S61.532A	S66.310A	S91.051A
B08.1	F51.19	H61.20	J41.0	L60.1	M65.80	N76.4	S19.83XA	S59.232A	S61.539A	S66.311A	S91.052A
B08.4	F51.3	H61.21	J41.1	L60.2	M65.811	N77.1	S19.84XA	S59.239A	S61.551A	S66.312A	S91.059A
B08.5	F51.4	H61.22	J41.8	L60.3	M65.812	N83.20	S19.85XA	S59.241A	S61.552A	S66.313A	S91.301A
B09	F51.5	H61.23	J42	L60.4	M65.819	N83.201	S19.89XA	S59.242A	S61.559A	S66.314A	S91.302A
B27.80	F51.8	H61.891	J43.0	L60.5	M65.821	N83.202	S19.9XXA	S59.249A	S62.309A	S66.315A	S91.309A
B27.81	F51.9	H61.892	J43.1	L60.8	M65.822	N83.209	S20.111A	S59.291A	S62.319A	S66.316A	S91.311A
B27.89	F95.2	H61.893	J43.2	L60.9	M65.829	N83.29	S20.112A	S59.292A	S62.329A	S66.317A	S91.312A
B27.90	F95.8	H61.899	J43.8	L62	M65.831	N83.291	S20.119A	S59.299A	S62.339A	S66.318A	S91.319A
B27.91	F95.9	H61.90	J43.9	L63.0	M65.832	N83.292	S20.161A	S59.801A	S62.349A	S66.319A	S91.331A
B27.99	F98.29	H61.91	J44.0	L63.1	M65.839	N83.299	S20.162A	S59.802A	S62.359A	S66.390A	S91.332A
B33.24	F98.3	H61.92	J44.9	L63.2	M65.841	N89.7	S20.169A	S59.809A	S62.369A	S66.391A	S91.339A
B33.8	F98.5	H61.93	J45.20	L63.8	M65.842	N89.8	S20.211A	S59.811A	S62.399A	S66.392A	S91.351A
B35.0	G43.009	H62.40	J45.21	L63.9	M65.849	N92.0	S20.212A	S59.812A	S62.501A	S66.393A	S91.352A
B35.4	G43.109	H62.41	J45.22	L64.0	M65.851	N92.5	S20.219A	S59.819A	S62.502A	S66.394A	S91.359A
B35.5	G43.119	H62.42	J45.30	L64.8	M65.852	N92.6	S20.311A	S59.901A	S62.509A	S66.395A	S92.301A
B37.0	G43.809	H62.43	J45.31	L64.9	M65.859	N93.8	S20.312A	S59.902A	S62.511A	S66.396A	S92.302A
B37.2	G43.909	H62.8X1	J45.32	L65.1	M65.861	N93.9	S20.319A	S59.909A	S62.512A	S66.397A	S92.309A
B37.3	G43.919	H62.8X2	J45.40	L65.2	M65.862	N94.4	S20.361A	S59.911A	S62.513A	S66.398A	S92.311A
B37.41	G43.A0	H62.8X3	J45.41	L65.8	M65.869	N94.5	S20.362A	S59.912A	S62.514A	S66.399A	S92.312A
B37.42	G43.B0	H62.8X9	J45.42	L65.9	M65.88	N94.6	S20.369A	S59.919A	S62.515A	S66.401A	S92.313A
B37.49	G43.C0	H65.00	J45.50	L66.0	M65.89	N94.89	S20.411A	S60.00XA	S62.516A	S66.402A	S92.314A
B37.81	G43.D0	H65.01	J45.51	L66.2	M66.211	O21.0	S20.412A	S60.011A	S62.521A	S66.409A	S92.315A
B37.84	G44.1	H65.02	J45.52	L66.3	M66.212	O25.11	S20.419A	S60.012A	S62.522A	S66.411A	S92.316A
B37.89	G44.209	H65.03	J45.901	L66.8	M66.219	O25.12	S20.461A	S60.019A	S62.523A	S66.412A	S92.321A
B37.9	G51.0	H65.04	J45.902	L66.9	M66.811	O25.13	S20.462A	S60.021A	S62.524A	S66.419A	S92.322A
B86	G56.00	H65.05	J45.909	L70.0	M66.812	O99.281	S20.469A	S60.022A	S62.525A	S66.491A	S92.323A
B88.0	G56.01	H65.06	J45.990	L70.1	M66.819	O99.282	S20.91XA	S60.029A	S62.526A	S66.492A	S92.324A
B88.9	G56.02	H65.07	J45.991	L70.3	M67.30	O99.283	S20.96XA	S60.031A	S62.600A	S66.499A	S92.325A
B97.10	G56.20	H65.111	J45.998	L70.4	M67.311	O99.511	S22.31XA	S60.032A	S62.601A	S66.500A	S92.326A
B97.11	G56.21	H65.112	J47.0	L70.5	M67.312	O99.512	S22.32XA	S60.039A	S62.602A	S66.501A	S92.331A
B97.4	G56.22	H65.113	J47.9	L70.8	M67.319	O99.513	S22.39XA	S60.041A	S62.603A	S66.502A	S92.332A
B97.89	G56.30	H65.114	J98.01	L70.9	M67.321	O99.611	S23.41XA	S60.042A	S62.604A	S66.503A	S92.333A
E08.638	G56.31	H65.115	K00.5	L72.0	M67.322	O99.612	S23.9XXA	S60.049A	S62.605A	S66.504A	S92.334A
E09.638	G56.32	H65.116	K00.6	L72.2	M67.329	O99.613	S29.011A	S60.051A	S62.606A	S66.505A	S92.335A

E10.10	G56.40	H65.117	K00.7	L72.3	M67.331	O99.711	S29.012A	S60.052A	S62.607A	S66.506A	S92.336A
E10.311	G56.41	H65.119	K00.9	L72.8	M67.332	O99.712	S29.019A	S60.059A	S62.608A	S66.507A	S92.341A
E10.319	G56.42	H65.191	K01.0	L72.9	M67.339	O99.713	S30.0XXA	S60.10XA	S62.609A	S66.508A	S92.342A
E10.321	G56.90	H65.192	K01.1	L73.0	M67.341	O99.820	S30.810A	S60.111A	S62.610A	S66.509A	S92.343A
E10.3211	G56.91	H65.193	K02.9	L73.1	M67.342	O9A.111	S30.811A	S60.112A	S62.611A	S66.510A	S92.344A
E10.3212	G56.92	H65.194	K04.4	L73.2	M67.349	O9A.112	S30.812A	S60.119A	S62.612A	S66.511A	S92.345A
E10.3213	G60.9	H65.195	K04.7	L73.8	M67.351	O9A.113	S30.813A	S60.121A	S62.613A	S66.512A	S92.346A
E10.3219	G89.18	H65.196	K05.10	L73.9	M67.352	O9A.211	S30.814A	S60.122A	S62.614A	S66.513A	S92.351A
E10.329	G89.29	H65.197	K08.8	L74.0	M67.359	O9A.212	S30.815A	S60.129A	S62.615A	S66.514A	S92.352A
E10.3291	G93.3	H65.199	K08.81	L74.1	M67.361	O9A.213	S30.816A	S60.131A	S62.616A	S66.515A	S92.353A
E10.3292	H00.011	H65.20	K08.82	L74.2	M67.362	R00.1	S30.817A	S60.132A	S62.617A	S66.516A	S92.354A
E10.3293	H00.012	H65.21	K08.89	L74.3	M67.369	R00.2	S30.860A	S60.139A	S62.618A	S66.517A	S92.355A
E10.3299	H00.013	H65.22	K08.9	L74.4	M67.371	R04.0	S30.861A	S60.141A	S62.619A	S66.518A	S92.356A
E10.331	H00.014	H65.23	K11.20	L74.510	M67.372	R05	S30.862A	S60.142A	S62.620A	S66.519A	S92.401A
E10.3311	H00.015	H65.411	K11.21	L74.511	M67.379	R06.01	S30.863A	S60.149A	S62.621A	S66.529A	S92.402A
E10.3312	H00.016	H65.412	K11.22	L74.512	M67.38	R06.2	S30.864A	S60.151A	S62.622A	S66.590A	S92.403A
E10.3313	H00.019	H65.413	K11.23	L74.513	M67.39	R06.4	S30.865A	S60.152A	S62.623A	S66.591A	S92.404A
E10.3319	H00.031	H65.419	K12.0	L74.519	M70.10	R06.6	S30.866A	S60.159A	S62.624A	S66.592A	S92.405A
E10.339	H00.032	H65.491	K12.2	L74.52	M70.11	R06.89	S30.867A	S60.221A	S62.625A	S66.593A	S92.406A
E10.3391	H00.033	H65.492	K12.30	L74.8	M70.12	R06.9	S33.5XXA	S60.222A	S62.626A	S66.594A	S92.411A
E10.3392	H00.034	H65.493	K13.1	L74.9	M70.20	R07.0	S33.8XXA	S60.229A	S62.627A	S66.595A	S92.412A
E10.3393	H00.035	H65.499	K13.4	L75.0	M70.21	R09.3	S33.9XXA	S60.311A	S62.628A	S66.596A	S92.413A
E10.3399	H00.036	H65.90	K13.6	L75.1	M70.22	R09.81	S39.011A	S60.312A	S62.629A	S66.597A	S92.414A
E10.341	H00.039	H65.91	K13.70	L75.2	M70.40	R10.0	S39.012A	S60.319A	S62.630A	S66.598A	S92.415A
E10.3411	H00.11	H65.92	K13.79	L75.8	M70.41	R10.10	S39.013A	S60.410A	S62.631A	S66.599A	S92.416A
E10.3412	H00.12	H65.93	K21.9	L75.9	M70.42	R10.11	S42.001A	S60.411A	S62.632A	S66.801A	S92.421A
E10.3413	H00.13	H66.001	K40.90	L84	M70.50	R10.12	S42.002A	S60.412A	S62.633A	S66.802A	S92.422A
E10.3419	H00.14	H66.002	K42.9	L85.3	M70.51	R10.13	S42.009A	S60.413A	S62.634A	S66.809A	S92.423A
E10.349	H00.15	H66.003	K52.2	L98.3	M70.52	R10.2	S42.021A	S60.414A	S62.635A	S66.811A	S92.424A
E10.3491	H00.16	H66.004	K52.89	M10.9	M70.60	R10.30	S42.022A	S60.415A	S62.636A	S66.812A	S92.425A
E10.3492	H00.19	H66.005	K52.9	M12.9	M70.61	R10.31	S42.023A	S60.416A	S62.637A	S66.819A	S92.426A
E10.3493	H01.001	H66.006	K58.0	M22.90	M70.62	R10.32	S42.024A	S60.417A	S62.638A	S66.891A	S92.491A
E10.3499	H01.002	H66.007	K58.9	M22.91	M70.70	R10.33	S42.025A	S60.418A	S62.639A	S66.892A	S92.492A
E10.351	H01.003	H66.009	K59.00	M22.92	M70.71	R10.811	S42.026A	S60.419A	S62.640A	S66.899A	S92.499A
E10.3511	H01.004	H66.011	K59.01	M23.90	M70.72	R10.812	S43.401A	S60.511A	S62.641A	S66.901A	S92.501A
E10.3512	H01.005	H66.012	K59.09	M23.91	M72.2	R10.813	S43.402A	S60.512A	S62.642A	S66.902A	S92.502A
E10.3513	H01.006	H66.013	K59.8	M23.92	M75.00	R10.814	S43.409A	S60.519A	S62.643A	S66.909A	S92.503A
E10.3519	H01.009	H66.014	K59.81	M25.461	M75.01	R10.815	S43.491A	S60.811A	S62.644A	S66.911A	S92.504A
E10.359	H10.011	H66.015	K59.89	M25.462	M75.02	R10.816	S43.492A	S60.812A	S62.645A	S66.912A	S92.505A
E10.3591	H10.012	H66.016	K59.9	M25.469	M75.100	R10.817	S43.499A	S60.819A	S62.646A	S66.919A	S92.506A
E10.3592	H10.013	H66.017	K60.0	M25.50	M75.101	R10.819	S43.60XA	S60.861A	S62.647A	S66.991A	S92.511A
E10.3593	H10.019	H66.019	K60.1	M25.511	M75.102	R10.821	S43.61XA	S60.862A	S62.648A	S66.992A	S92.512A
E10.3599	H10.021	H66.10	K60.2	M25.512	M75.20	R10.822	S43.62XA	S60.869A	S62.649A	S66.999A	S92.513A
E10.36	H10.022	H66.11	K64.0	M25.519	M75.21	R10.823	S43.90XA	S61.001A	S62.650A	S69.80XA	S92.514A
E10.39	H10.023	H66.12	K64.1	M25.521	M75.22	R10.824	S43.91XA	S61.002A	S62.651A	S69.81XA	S92.515A
E10.51	H10.029	H66.13	K64.2	M25.522	M75.30	R10.825	S43.92XA	S61.009A	S62.652A	S69.82XA	S92.516A
E10.52	H10.10	H66.20	K64.3	M25.529	M75.31	R10.826	S46.011A	S61.011A	S62.653A	S69.90XA	S92.521A

E10.59	H10.11	H66.21	K64.4	M25.531	M75.32	R10.827	S46.012A	S61.012A	S62.654A	S69.91XA	S92.522A
E10.618	H10.12	H66.22	K64.9	M25.532	M75.40	R10.829	S46.019A	S61.019A	S62.655A	S69.92XA	S92.523A
E10.620	H10.13	H66.23	K68.11	M25.539	M75.41	R10.84	S46.111A	S61.021A	S62.656A	S70.10XA	S92.524A
E10.621	H10.221	H66.3X1	K80.20	M25.561	M75.42	R10.9	S46.112A	S61.022A	S62.657A	S70.211A	S92.525A
E10.622	H10.223	H66.3X2	K80.80	M25.562	M75.50	R11.0	S46.119A	S61.029A	S62.658A	S70.212A	S92.526A
E10.628	H10.231	H66.3X3	K91.1	M25.569	M75.51	R11.10	S46.211A	S61.031A	S62.659A	S70.219A	S92.531A
E10.630	H10.232	H66.3X9	L01.00	M25.571	M75.52	R11.11	S46.212A	S61.032A	S62.660A	S70.261A	S92.532A
E10.638	H10.233	H66.40	L01.01	M25.572	M75.80	R11.12	S46.219A	S61.039A	S62.661A	S70.262A	S92.533A
E10.649	H10.239	H66.41	L01.02	M25.579	M75.81	R11.2	S46.311A	S61.041A	S62.662A	S70.269A	S92.534A
E10.65	H10.30	H66.42	L01.03	M25.70	M75.82	R14.0	S46.312A	S61.042A	S62.663A	S70.311A	S92.535A
E10.69	H10.31	H66.43	L01.09	M25.711	M75.90	R14.1	S46.319A	S61.049A	S62.664A	S70.312A	S92.536A
E10.8	H10.32	H66.90	L01.1	M25.712	M75.91	R14.2	S46.811A	S61.051A	S62.665A	S70.319A	S92.591A
E10.9	H10.33	H66.91	L02.01	M25.719	M75.92	R14.3	S46.812A	S61.052A	S62.666A	S70.361A	S92.592A
E11.00	H10.401	H66.92	L02.211	M25.721	M76.00	R16.0	S46.819A	S61.059A	S62.667A	S70.362A	S92.599A
E11.01	H10.402	H66.93	L02.212	M25.722	M76.01	R16.1	S46.911A	S61.101A	S62.668A	S70.369A	S92.901A
E11.311	H10.403	H68.101	L02.213	M25.729	M76.02	R16.2	S46.912A	S61.102A	S62.669A	S73.101A	S92.902A
E11.319	H10.409	H68.102	L02.214	M25.731	M76.10	R17	S46.919A	S61.109A	S63.400A	S73.102A	S92.909A
E11.321	H10.411	H68.103	L02.215	M25.732	M76.11	R19.00	S50.311A	S61.111A	S63.401A	S73.109A	S92.911A
E11.3211	H10.412	H68.109	L02.216	M25.739	M76.12	R19.01	S50.312A	S61.112A	S63.402A	S76.911A	S92.912A
E11.3212	H10.413	H69.80	L02.219	M25.741	M76.20	R19.02	S50.319A	S61.119A	S63.403A	S76.912A	S92.919A
E11.3213	H10.419	H69.81	L02.31	M25.742	M76.21	R19.03	S50.361A	S61.121A	S63.404A	S76.919A	S93.401A
E11.3219	H10.45	H69.82	L02.411	M25.749	M76.22	R19.04	S50.362A	S61.122A	S63.405A	S80.00XA	S93.402A
E11.329	H10.501	H69.83	L02.412	M25.751	M76.30	R19.05	S50.369A	S61.129A	S63.406A	S80.01XA	S93.409A
E11.3291	H10.502	H72.90	L02.413	M25.752	M76.31	R19.06	S50.811A	S61.131A	S63.407A	S80.02XA	S93.491A
E11.3292	H10.503	H72.91	L02.414	M25.759	M76.32	R19.07	S50.812A	S61.132A	S63.408A	S80.10XA	S93.492A
E11.3293	H10.509	H72.92	L02.415	M25.761	M76.50	R19.09	S50.819A	S61.139A	S63.409A	S80.11XA	S93.499A
E11.3299	H10.511	H72.93	L02.416	M25.762	M76.51	R19.2	S50.861A	S61.141A	S63.410A	S80.12XA	S93.601A
E11.331	H10.512	H83.3X1	L02.419	M25.769	M76.52	R19.4	S50.862A	S61.142A	S63.411A	S80.211A	S93.602A
E11.3311	H10.513	H83.3X2	L02.511	M25.771	M76.60	R19.5	S50.869A	S61.149A	S63.412A	S80.212A	S93.609A
E11.3312	H10.519	H83.3X3	L02.512	M25.772	M76.61	R19.7	S51.001A	S61.151A	S63.413A	S80.219A	S96.001A
E11.3313	H10.521	H83.3X9	L02.519	M25.773	M76.62	R19.8	S51.002A	S61.152A	S63.414A	S80.261A	S96.002A
E11.3319	H10.532	H91.20	L02.611	M25.774	M76.70	R21	S51.009A	S61.159A	S63.415A	S80.262A	S96.009A
E11.339	H10.533	H91.21	L02.612	M25.775	M76.71	R22.0	S51.011A	S61.200A	S63.416A	S80.269A	S96.011A
E11.3391	H10.89	H91.22	L02.619	M25.776	M76.72	R22.1	S51.012A	S61.201A	S63.417A	S80.811A	S96.012A
E11.3392	H10.9	H91.23	L02.811	M26.60	M76.891	R22.2	S51.019A	S61.202A	S63.418A	S80.812A	S96.019A
E11.3393	H11.001	H92.01	L02.818	M26.601	M76.892	R22.30	S51.031A	S61.203A	S63.419A	S80.819A	S96.091A
E11.3399	H11.002	H92.02	L02.91	M26.602	M76.899	R22.31	S51.032A	S61.204A	S63.420A	S80.861A	S96.092A
E11.341	H11.003	H92.03	L02.92	M26.603	M76.9	R22.32	S51.039A	S61.205A	S63.421A	S80.862A	S96.099A
E11.3411	H11.009	H92.09	L02.93	M26.609	M77.00	R22.33	S51.051A	S61.206A	S63.422A	S80.869A	S96.101A
E11.3412	H11.011	H92.10	L03.011	M26.69	M77.01	R22.40	S51.052A	S61.207A	S63.423A	S81.001A	S96.102A
E11.3413	H11.012	H92.11	L03.012	M26.79	M77.02	R22.41	S51.059A	S61.208A	S63.424A	S81.002A	S96.109A
E11.3419	H11.013	H92.12	L03.019	M43.20	M77.10	R22.42	S51.801A	S61.209A	S63.425A	S81.009A	S96.111A
E11.349	H11.019	H92.13	L03.021	M43.21	M77.11	R22.43	S51.802A	S61.210A	S63.426A	S81.011A	S96.112A
E11.3491	H11.041	H92.20	L03.022	M43.22	M77.12	R22.9	S51.809A	S61.211A	S63.427A	S81.012A	S96.119A
E11.3492	H11.042	H92.21	L03.029	M43.23	M77.20	R23.2	S51.811A	S61.212A	S63.428A	S81.019A	S96.191A
E11.3493	H11.043	H92.22	L03.031	M43.24	M77.21	R23.3	S51.812A	S61.213A	S63.429A	S81.031A	S96.192A
E11.3499	H11.049	H92.23	L03.032	M43.25	M77.22	R23.4	S51.819A	S61.214A	S63.430A	S81.032A	S96.199A

E11.351	H11.10	H93.11	L03.039	M43.26	M77.30	R23.8	S51.831A	S61.215A	S63.431A	S81.039A	S96.201A
E11.3511	H11.151	H93.12	L03.041	M43.27	M77.31	R23.9	S51.832A	S61.216A	S63.432A	S81.051A	S96.202A
E11.3512	H11.152	H93.13	L03.042	M43.28	M77.32	R25.2	S51.839A	S61.217A	S63.433A	S81.052A	S96.209A
E11.3513	H11.153	H93.19	L03.049	M43.8X9	M77.40	R30.0	S51.851A	S61.218A	S63.434A	S81.059A	S96.211A
E11.3519	H11.159	H93.291	L03.111	M48.00	M77.41	R30.9	S51.852A	S61.219A	S63.435A	S81.801A	S96.212A
E11.359	H11.221	H93.292	L03.112	M48.04	M77.42	R31.9	S51.859A	S61.220A	S63.436A	S81.802A	S96.219A
E11.3591	H11.222	H93.293	L03.113	M48.05	M77.50	R33.0	S52.121A	S61.221A	S63.437A	S81.809A	S96.291A
E11.3592	H11.223	H93.299	L03.114	M48.06	M77.51	R33.8	S52.122A	S61.222A	S63.438A	S81.811A	S96.292A
E11.3593	H11.229	H93.3X1	L03.115	M48.061	M77.52	R33.9	S52.123A	S61.223A	S63.439A	S81.812A	S96.299A
E11.3599	H11.30	H93.3X2	L03.116	M48.062	M77.8	R35.0	S52.124A	S61.224A	S63.490A	S81.819A	S96.801A
E11.36	H11.31	H93.3X3	L03.119	M48.07	M77.9	R35.1	S52.125A	S61.225A	S63.491A	S81.831A	S96.802A
E11.39	H11.32	H93.3X9	L03.121	M51.14	M79.0	R35.8	S52.126A	S61.226A	S63.492A	S81.832A	S96.809A
E11.51	H11.33	H93.8X1	L03.122	M51.15	M79.1	R36.0	S52.501A	S61.227A	S63.493A	S81.839A	S96.811A
E11.52	H11.411	H93.8X2	L03.123	M51.16	M79.10	R36.9	S52.502A	S61.228A	S63.494A	S81.851A	S96.812A
E11.59	H11.412	H93.8X3	L03.124	M51.17	M79.11	R39.11	S52.509A	S61.229A	S63.495A	S81.852A	S96.819A
E11.618	H11.413	H93.8X9	L03.125	M53.2X7	M79.12	R39.12	S52.511A	S61.230A	S63.496A	S81.859A	S96.891A
E11.620	H11.419	H93.90	L03.126	M53.2X8	M79.18	R39.13	S52.512A	S61.231A	S63.497A	S82.301A	S96.892A
E11.621	H11.421	H93.91	L03.129	M53.3	M79.2	R39.14	S52.513A	S61.232A	S63.498A	S82.302A	S96.899A
E11.622	H11.422	H93.92	L03.211	M53.80	M79.601	R39.15	S52.514A	S61.233A	S63.499A	S82.309A	S96.901A
E11.628	H11.423	H93.93	L03.212	M53.84	M79.602	R39.16	S52.515A	S61.234A	S63.501A	S82.391A	S96.902A
E11.630	H11.429	H94.80	L03.311	M53.85	M79.603	R39.19	S52.516A	S61.235A	S63.502A	S82.392A	S96.909A
E11.638	H11.431	H94.81	L03.312	M53.86	M79.604	R39.191	S52.531A	S61.236A	S63.509A	S82.399A	S96.911A
E11.649	H11.432	H94.82	L03.313	M53.87	M79.605	R39.192	S52.532A	S61.237A	S63.601A	S82.891A	S96.912A
E11.65	H11.433	H94.83	L03.314	M53.88	M79.606	R39.198	S52.539A	S61.238A	S63.602A	S82.892A	S96.919A
E11.69	H11.439	I09.81	L03.315	M53.9	M79.609	R42	S52.541A	S61.239A	S63.609A	S82.899A	S96.991A
E11.8	H11.89	I10	L03.316	M54.03	M79.621	R49.8	S52.542A	S61.240A	S63.610A	S83.90XA	S96.992A
E11.9	H11.9	I11.0	L03.317	M54.04	M79.622	R50.2	S52.549A	S61.241A	S63.611A	S83.91XA	S96.999A
E13.00	H57.10	I11.9	L03.319	M54.05	M79.629	R50.9	S52.551A	S61.242A	S63.612A	S83.92XA	S99.811A
E13.01	H57.11	I12.9	L03.321	M54.06	M79.631	R51	S52.552A	S61.243A	S63.613A	S86.001A	S99.812A
E13.10	H57.12	I13.0	L03.322	M54.07	M79.632	R51.0	S52.559A	S61.244A	S63.614A	S86.002A	S99.819A
E13.311	H57.13	I13.10	L03.323	M54.08	M79.639	R51.9	S52.561A	S61.245A	S63.615A	S86.009A	S99.821A
E13.319	H57.8	I13.2	L03.324	M54.09	M79.641	R52	S52.562A	S61.246A	S63.616A	S86.011A	S99.822A
E13.321	H57.811	I48.0	L03.325	M54.10	M79.642	R53.0	S52.569A	S61.247A	S63.617A	S86.012A	S99.829A
E13.3211	H57.812	I48.2	L03.326	M54.14	M79.643	R53.1	S52.571A	S61.248A	S63.618A	S86.019A	S99.911A
E13.3212	H57.813	I48.20	L03.327	M54.15	M79.644	R53.81	S52.572A	S61.249A	S63.619A	S86.091A	S99.912A
E13.3213	H57.819	I48.21	L03.329	M54.16	M79.645	R53.83	S52.579A	S61.250A	S63.621A	S86.092A	S99.919A
E13.3219	H57.89	I48.91	L03.811	M54.17	M79.646	R59.0	S52.591A	S61.251A	S63.622A	S86.099A	S99.921A
E13.329	H60.00	I49.8	L03.818	M54.18	M79.651	R59.1	S52.592A	S61.252A	S63.629A	S86.101A	S99.922A
E13.3291	H60.01	I50.1	L03.891	M54.2	M79.652	R59.9	S52.599A	S61.253A	S63.630A	S86.102A	S99.929A
E13.3292	H60.02	I50.20	L03.898	M54.30	M79.659	R60.0	S52.609A	S61.254A	S63.631A	S86.109A	T07
E13.3293	H60.03	I50.22	L03.90	M54.31	M79.661	R60.1	S53.031A	S61.255A	S63.632A	S86.191A	T07.XXXA
E13.3299	H60.10	I50.23	L03.91	M54.32	M79.662	R60.9	S53.032A	S61.256A	S63.633A	S86.192A	T07.XXXD
E13.331	H60.11	I50.30	L05.01	M54.40	M79.669	R61	S53.033A	S61.257A	S63.634A	S86.199A	T07.XXXS
E13.3311	H60.12	I50.32	L05.02	M54.41	M79.671	R64	S56.001A	S61.258A	S63.635A	S86.201A	T14.8
E13.3312	H60.13	I50.33	L05.91	M54.42	M79.672	S00.01XA	S56.002A	S61.259A	S63.636A	S86.202A	T14.8XXA
E13.3313	H60.20	I50.40	L05.92	M54.5	M79.673	S00.03XA	S56.009A	S61.300A	S63.637A	S86.209A	T14.8XXD
E13.339	H60.21	I50.42	L08.9	M54.6	M79.674	S00.06XA	S56.091A	S61.301A	S63.638A	S86.291A	T14.8XXS

E13.3391	H60.22	I50.43	L20.0	M54.89	M79.675	S00.31XA	S56.092A	S61.302A	S63.639A	S86.292A	T14.90
E13.3392	H60.23	I50.9	L20.81	M54.9	M79.676	S00.33XA	S56.099A	S61.303A	S63.681A	S86.299A	T14.90XA
E13.3393	H60.311	J00	L20.82	M60.80	M79.7	S00.36XA	S56.101A	S61.304A	S63.682A	S86.301A	T14.90XD
E13.3399	H60.312	J01.00	L20.83	M60.811	M79.89	S00.411A	S56.102A	S61.305A	S63.689A	S86.302A	T14.90XS
E13.341	H60.313	J01.01	L20.84	M60.812	M94.0	S00.412A	S56.103A	S61.306A	S63.690A	S86.309A	T14.91
E13.3411	H60.319	J01.10	L20.89	M60.819	M99.22	S00.419A	S56.104A	S61.307A	S63.691A	S86.391A	T14.91XA
E13.3412	H60.321	J01.11	L20.9	M60.821	M99.23	S00.431A	S56.105A	S61.308A	S63.692A	S86.392A	T14.91XD
E13.3413	H60.322	J01.20	L21.0	M60.822	M99.32	S00.432A	S56.106A	S61.309A	S63.693A	S86.399A	T14.91XS
E13.3419	H60.323	J01.21	L21.1	M60.829	M99.33	S00.439A	S56.107A	S61.310A	S63.694A	S86.801A	T16.1XXA
E13.349	H60.329	J01.30	L21.8	M60.831	M99.42	S00.461A	S56.108A	S61.311A	S63.695A	S86.802A	T16.2XXA
E13.3491	H60.331	J01.31	L21.9	M60.832	M99.43	S00.462A	S56.109A	S61.312A	S63.696A	S86.809A	T16.9XXA
E13.3492	H60.332	J01.40	L22	M60.839	M99.52	S00.469A	S56.191A	S61.313A	S63.697A	S86.891A	T17.0XXA
E13.3493	H60.333	J01.41	L23.0	M60.841	M99.53	S00.511A	S56.192A	S61.314A	S63.698A	S86.892A	T17.1XXA
E13.3499	H60.339	J01.80	L23.1	M60.842	M99.62	S00.512A	S56.193A	S61.315A	S63.699A	S86.899A	T78.40XA
E13.351	H60.391	J01.81	L23.2	M60.849	M99.63	S00.531A	S56.194A	S61.316A	S63.8X1A	S86.901A	T78.49XA
E13.3511	H60.392	J01.90	L23.3	M60.851	M99.72	S00.532A	S56.195A	S61.317A	S63.8X2A	S86.902A	T81.40XA
E13.3512	H60.393	J01.91	L23.4	M60.852	M99.73	S00.561A	S56.196A	S61.318A	S63.8X9A	S86.909A	T81.40XD
E13.3513	H60.399	J02.0	L23.5	M60.859	N10	S00.562A	S56.197A	S61.319A	S63.90XA	S86.911A	T81.40XS
E13.3519	H60.501	J02.8	L23.6	M60.861	N11.9	S00.81XA	S56.198A	S61.320A	S63.91XA	S86.912A	T81.41XA
E13.359	H60.502	J02.9	L23.7	M60.862	N12	S00.83XA	S56.199A	S61.321A	S63.92XA	S86.919A	T81.41XD
E13.3591	H60.503	J03.00	L23.81	M60.869	N20.0	S00.86XA	S56.201A	S61.322A	S66.001A	S86.991A	T81.41XS
E13.3592	H60.509	J03.01	L23.89	M60.871	N20.1	S00.91XA	S56.202A	S61.323A	S66.002A	S86.992A	T81.42XA
E13.3593	H60.511	J03.80	L23.9	M60.872	N20.2	S00.93XA	S56.209A	S61.324A	S66.009A	S86.999A	T81.42XD
E13.3599	H60.512	J03.81	L24.0	M60.879	N23	S00.96XA	S56.291A	S61.325A	S66.011A	S89.101A	T81.42XS
E13.36	H60.513	J03.90	L24.1	M60.88	N30.00	S01.00XA	S56.292A	S61.326A	S66.012A	S89.102A	T81.43XA
E13.39	H60.519	J03.91	L24.2	M60.89	N30.01	S01.01XA	S56.299A	S61.327A	S66.019A	S89.109A	T81.43XD
E13.51	H60.521	J04.0	L24.3	M60.9	N30.10	S01.03XA	S56.301A	S61.328A	S66.091A	S89.111A	T81.43XS
E13.52	H60.522	J04.10	L24.4	M62.40	N30.11	S01.05XA	S56.302A	S61.329A	S66.092A	S89.112A	T81.44XA
E13.59	H60.523	J04.2	L24.5	M62.411	N30.20	S01.401A	S56.309A	S61.330A	S66.099A	S89.119A	T81.44XD
E13.618	H60.529	J05.0	L24.6	M62.412	N30.31	S01.402A	S56.391A	S61.331A	S66.100A	S89.121A	T81.44XS
E13.620	H60.531	J06.0	L24.7	M62.419	N30.40	S01.409A	S56.392A	S61.332A	S66.101A	S89.122A	T81.49XA
E13.621	H60.532	J06.9	L24.81	M62.421	N30.41	S01.411A	S56.399A	S61.333A	S66.102A	S89.129A	T81.49XD
E13.622	H60.533	J14	L24.89	M62.422	N30.80	S01.412A	S56.401A	S61.334A	S66.103A	S89.131A	T81.49XS
E13.628	H60.539	J15.3	L24.9	M62.429	N30.81	S01.419A	S56.402A	S61.335A	S66.104A	S89.132A	Z00.00
E13.630	H60.541	J15.4	L25.0	M62.431	N30.90	S01.431A	S56.403A	S61.336A	S66.105A	S89.139A	Z00.121
E13.638	H60.542	J15.7	L25.1	M62.432	N30.91	S01.432A	S56.404A	S61.337A	S66.106A	S89.141A	Z00.129
E13.649	H60.543	J15.9	L25.2	M62.439	N34.1	S01.439A	S56.405A	S61.338A	S66.107A	S89.142A	Z01.00
E13.65	H60.549	J16.0	L25.3	M62.441	N34.2	S01.451A	S56.406A	S61.339A	S66.108A	S89.149A	Z01.01
E13.69	H60.551	J16.8	L25.4	M62.442	N36.8	S01.452A	S56.407A	S61.340A	S66.109A	S89.191A	Z01.10
E13.8	H60.552	J18.0	L25.5	M62.449	N36.9	S01.459A	S56.408A	S61.341A	S66.110A	S89.192A	Z01.118
E13.9	H60.553	J18.1	L25.8	M62.451	N39.0	S01.501A	S56.409A	S61.342A	S66.111A	S89.199A	Z08
E16.2	H60.559	J18.8	L25.9	M62.452	N39.3	S01.511A	S56.491A	S61.343A	S66.112A	S89.301A	Z09
E86.0	H60.591	J18.9	L27.0	M62.459	N39.41	S01.531A	S56.492A	S61.344A	S66.113A	S89.302A	Z20.2
E87.6	H60.592	J20.3	L27.1	M62.461	N39.42	S01.551A	S56.493A	S61.345A	S66.114A	S89.309A	Z33.1
F11.20	H60.593	J20.5	L27.2	M62.462	N39.44	S01.80XA	S56.494A	S61.346A	S66.115A	S89.311A	Z34.80
F11.220	H60.599	J20.8	L27.9	M62.469	N39.45	S01.81XA	S56.495A	S61.347A	S66.116A	S89.312A	Z34.81
F11.221	H60.60	J20.9	L29.8	M62.471	N39.46	S01.83XA	S56.496A	S61.348A	S66.117A	S89.319A	Z34.82

F11.222	H60.61	J21.0	L29.9	M62.472	N39.490	S01.85XA	S56.497A	S61.349A	S66.118A	S89.321A	Z34.83
F11.229	H60.62	J21.8	L30.0	M62.479	N39.8	S02.2XXA	S56.498A	S61.350A	S66.119A	S89.322A	Z34.90
F11.23	H60.63	J21.9	L30.1	M62.48	N39.9	S02.5XXA	S56.499A	S61.351A	S66.190A	S89.329A	Z34.91
F11.24	H60.8X1	J30.0	L30.2	M62.49	N47.6	S02.5XXB	S56.501A	S61.352A	S66.191A	S89.391A	Z34.92
F11.250	H60.8X2	J30.1	L30.8	M62.830	N48.1	S03.2XXA	S56.502A	S61.353A	S66.192A	S89.392A	Z34.93
F11.251	H60.8X3	J30.2	L30.9	M62.831	N50.9	S03.8XXA	S56.509A	S61.354A	S66.193A	S89.399A	Z48.00
F11.259	H60.8X9	J30.5	L42	M62.838	N63	S03.9XXA	S56.591A	S61.355A	S66.194A	S89.80XA	Z48.01
F11.281	H60.90	J30.81	L50.0	M65.10	N63.0	S05.00XA	S56.592A	S61.356A	S66.195A	S89.81XA	Z48.02
F11.282	H60.91	J30.89	L50.9	M65.111	N63.10	S05.01XA	S56.599A	S61.357A	S66.196A	S89.82XA	Z76.0
F11.288	H60.92	J30.9	L55.0	M65.112	N63.11	S05.02XA	S56.801A	S61.358A	S66.197A	S89.90XA	
F11.29	H60.93	J31.0	L55.1	M65.119	N63.12	S08.0XXA	S56.802A	S61.359A	S66.198A	S89.91XA	
F32.9	H61.001	J32.0	L55.9	M65.121	N63.13	S09.92XA	S56.809A	S61.401A	S66.199A	S89.92XA	
F41.0	H61.002	J32.1	L56.0	M65.122	N63.14	S09.93XA	S56.891A	S61.402A	S66.201A	S90.30XA	

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-037
Subject: Emergency Evaluation and Management Coding Guidelines
Effective Date: August 27, 2018 **End Date:**
Issue Date: January 15, 2024 **Revised Date:** January 2024
Date Reviewed: October 2023
Source: Reimbursement Policy

Applicable Commercial Market

PA ☒ WV ☒ DE ☒ NY ☒

Applicable Medicare Advantage Market

PA ☒ WV ☒ DE ☒ NY ☒

Applicable Claim Type

UB ☒ 1500 ☐

➔ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

PURPOSE:

Currently, there is no national standard for hospital assignment of Evaluation and Management (E/M) code levels for outpatient services in the Emergency Department (ED). This policy provides guidance for how the Plan reimburses UB claims billed with E/M for appropriate levels of service based on the complexity of patient condition rendered in the outpatient ED.

The Plan reviews these E/M claims for the appropriate level of care on a prepayment basis and adjusts any claims that are overbilled. This policy is based on coding principles established by the Centers for Medicare and Medicaid Services (CMS), and the CPT and HCPCS code descriptions. This policy applies to services reported using the UB-04 claim form or its electronic equivalent or its successor form. It also applies to claims submitted on such forms by network and non-network facility emergency departments (including hospital emergency departments) and free-standing emergency departments (UB Claims).

REIMBURSEMENT GUIDELINES:

ED visits should be coded based on hospital resource utilization, which is dictated by the patient's clinical condition and the treatment provided. There are five visit levels that the ED can utilize when submitting a claim. Level one (1) is the least resource-intensive while a level five (5) is the most resource-intensive. These visit levels are represented by the E&M procedure codes shown in the table below.

Codes	Explanation and Purpose	ED Level
99281 G0380	Used for very simple and limited services. The presenting problem is minor.	Level 1
99282 G0381	Typically assigned for an acute episodic illness and/or minor injury evaluation. The presenting problem is of low to moderate severity.	Level 2
99283 G0382	Generally, requires additional facility resources such as x-ray, laboratory tests, or additional nursing time. The presenting problem is of moderate complexity.	Level 3
99284 G0383	For encounters associated with acute illness or injury that requires prolonged evaluation and typically diagnostic studies, repeat nursing evaluations, or other therapeutic interventions. The presenting problem is high severity requiring urgent evaluation.	Level 4
99285 G0384	For encounters that are associated with serious presenting symptoms, often a life-threatening disease or injury, requiring treatment that is complex and/or resource intensive. The presenting problem is of high severity and/or poses an immediate significant threat to life of physiological function.	Level 5

CMS requires each hospital to establish its own facility billing guidelines. The CMS Outpatient Prospective Payment System (OPPS) lists eleven criteria that must be met for facility coding guidelines. The guidelines should reasonably relate the intensity of hospital resources to the different levels of effort represented by the code. CMS offers the following broad parameters for a hospital to develop facility billing guidelines:

1. Follow the intent of the associated CPT® code descriptor in that the guidelines should be designed to reasonably relate the intensity of hospital resources to the different levels of effort represented by the code.
 2. Be based on hospital facility resources versus physician resources.
 3. Be clear to facilitate accurate payments and be usable for compliance purposes and audits.
 4. Meet HIPAA requirements.
 5. Only require documentation that is clinically necessary for patient care.
 6. Not facilitate upcoding or gaming.
 7. Be in writing, or recorded, well-documented and provide the basis for selection of a specific code.
 8. Be applied consistently across patients in the clinic or emergency department to which they apply.
 9. Not change with great frequency.
 10. Be readily available for fiscal intermediary review.
 11. Result in coding decisions that could be verified by other hospital staff, as well as outside sources.
- UB-04 claims for services rendered in an ED should be complete and include all diagnostic services and diagnosis codes relevant to the ED visit and be billed at the appropriate E/M level.

Consistent with other insurers, the Plan is aware that the lack of uniform standards, unpoliced by CMS, has resulted in abuse of ER services coding inconsistent with the stated CMS guideline that a hospital's own guidelines should "not facilitate upcoding or gaming". High level E/M codes include level three (3) codes (99293/G0382), level four (4) codes (99284/G0383) and level five (5) codes (99285/G0384). Appropriate billing is dependent on the interventions performed by a facility's registered nurses and ancillary staff. Placing a high-level code on an ED facility claims signifies that considerable resources were utilized during the member's time in the ED. High level codes are expected to be used for final diagnoses that signify a serious threat to the member's well-being.

The Plan will analyze outpatient ED claims using the OPTUM Analyzer® to determine the appropriate E/M level to be reimbursed for certain facility claims. An algorithm is applied that takes three factors into account (see below) in order to determine a Calculated Visit Level for the ED E/M services rendered. The three factors used in the calculation are as follows:

- Presenting problems – as defined by the ICD-10 reason for visit (RFV) diagnosis.
- Diagnostic services performed – based on intensity of the diagnostic workup as measured by the diagnostic CPT codes submitted on the claim (i.e., lab, x-ray, EKG/RT/other diagnostic, CT/MRI/ultrasound); and,
- Patient complexity and co-morbidity – based on complicating conditions or circumstances as defined by the ICD-10 principal, secondary, and external cause of injury diagnosis codes.

Applicable codes:

99281	99282	99283	99284	99285
G0380	G0381	G0382	G0383	G0384

Facilities may experience a downgraded payment from the higher-level E/M code to the appropriate lower-level E/M code.

Criteria that may exclude Facility claims from being subject to an adjustment or denial include:

- The patient is admitted to inpatient or observation
- Critical care patients (99291, 99292)
- The patient is less than 2 years old
- Claims with certain diagnoses that when treated in the ED most often necessitate greater than average resource usage, such as significant nursing time
- Patients who have expired in the emergency department

Note: Providers will receive notification of any downgraded claims and have an opportunity to appeal.

DOCUMENTATION GUIDELINES:

Providers are responsible for submission of accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act ("HIPAA") approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing ("UB") Editor, American Medical Association ("AMA"), Current Procedural Terminology ("CPT®"), CPT® Assistant, Healthcare Common Procedure Coding System ("HCPCS"), ICD-10 CM and PCS, National Drug Codes ("NDC"), Diagnosis Related Group ("DRG") guidelines, Centers for Medicare and Medicaid Services ("CMS") National Correct Coding Initiative ("NCCI") Policy Manual, CCI table edits and other CMS guidelines. Claims are subject to the code edit protocols for services/procedures billed. Claim submissions are subject to claim review including but not limited to, any terms of benefit coverage, provider contract language, medical policies, clinical payment, and coding policies as well as coding software logic.

RELATED POLICIES:

Refer to the following Reimbursement Policies for additional information:

- RP-035: Correct Coding Guidelines

REFERENCES:

- CMS-1392-FC Medicare Program: Changes to the Hospital Outpatient Prospective Payment System and CY 2008 Payment Rates, the Ambulatory Surgical Center Payment System and CY 2008 Payment Rates, the Hospital Inpatient Prospective Payment System and FY 2008 Payment Rates; and Payments for Graduate Medical Education for Affiliated Teaching Hospitals in Certain Emergency Situations Medicare and Medicaid Programs: Hospital Conditions of Participation; Necessary Provider Designations of Critical Access Hospitals
- Federal Register / Vol. 72, No. 227 / Tuesday, November 27, 2007 / Rules and Regulations
- American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services.
- Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
- Centers for Medicare and Medicaid Services, National Correct Coding Initiative (NCCI) Policy Publications
- American Academy of Pediatrics; AAP Publications, AAP News: Emergency department E/M codes revised for 2023
- Optum: [EDC Analyzer - Optum, Inc](#)

POLICY UPDATE HISTORY INFORMATION:

8 / 2018	Implementation
11 / 2021	Added NY region applicable to the policy
1 / 2022	Added Delaware Medicare Advantage applicable to the policy
5 / 2023	Updated policy with direction on the analyzing of code levels
9 / 2023	Updated policy with more detailed direction on the analyzing of code levels
1 / 2024	Removed outpatient as an exclusion criteria

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-037
Subject: Emergency Evaluation and Management Coding Guidelines
Effective Date: August 27, 2018 **End Date:**
Issue Date: September 1, 2023 **Revised Date:** September 2023
Date Reviewed: April 2023
Source: Reimbursement Policy

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Applicable Claim Type

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RELATED HIGHMARK POLICIES:

Refer to the following Reimbursement Policies for additional information:

- RP-035: Correct Coding Guidelines

REFERENCES:

- CMS-1392-FC Medicare Program: Changes to the Hospital Outpatient Prospective Payment System and CY 2008 Payment Rates, the Ambulatory Surgical Center Payment System and CY 2008 Payment Rates, the Hospital Inpatient Prospective Payment System and FY 2008 Payment Rates; and Payments for Graduate Medical Education for Affiliated Teaching Hospitals in Certain Emergency Situations Medicare and Medicaid Programs: Hospital Conditions of Participation; Necessary Provider Designations of Critical Access Hospitals
- Federal Register / Vol. 72, No. 227 / Tuesday, November 27, 2007 / Rules and Regulations
- American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services.
- Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
- Centers for Medicare and Medicaid Services, National Correct Coding Initiative (NCCI) Policy Publications
- American Academy of Pediatrics; AAP Publications, AAP News: Emergency department E/M codes revised for 2023
- Optum: [EDC Analyzer - Optum, Inc](#)

POLICY UPDATE HISTORY INFORMATION:

8 / 2018	Implementation
11 / 2021	Added NY region applicable to the policy
1 / 2022	Added Delaware Medicare Advantage applicable to the policy
5 / 2023	Updated policy with direction on the analyzing of code levels
9 / 2023	Updated policy with more detailed direction on the analyzing of code levels

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-037
Subject: Emergency Evaluation and Management Coding Guidelines
Effective Date: August 27, 2018 **End Date:**
Issue Date: May 1, 2023 **Revised Date:** May 2023
Date Reviewed: February 2023
Source: Reimbursement Policy

Applicable Commercial Market

PA ☒ WV ☒ DE ☒ NY ☒

Applicable Medicare Advantage Market

PA ☒ WV ☒ DE ☒ NY ☒

Applicable Claim Type

UB ☒ 1500 ☐

➔ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

PURPOSE:

This policy provides guidance for how the Plan reimburses UB claims billed with Evaluation and Management (E/M) for appropriate levels of service based on the complexity of patient condition rendered in the outpatient Emergency Department (ED). The Plan reviews these E/M claims for the appropriate level of care on a prepayment basis and adjusts any claims that are overbilled. This policy is based on coding principles established by the Centers for Medicare and Medicaid Services (CMS), and the CPT and HCPCS code descriptions. This policy applies to services reported using the UB-04 claim form or its electronic equivalent or its successor form. It also applies to claims submitted on such forms by network and non-network facility emergency departments (including hospital emergency departments) and free-standing emergency departments (UB Claims).

REIMBURSEMENT GUIDELINES:

UB-04 claims for services rendered in an ED should be complete and include all diagnostic services and diagnosis codes relevant to the ED visit and be billed at the appropriate E/M level.

The Plan will analyze outpatient ED claims to determine the appropriate E/M level to be reimbursed for certain facility claims. An algorithm is applied that takes three factors into account (see below) in order to determine a Calculated Visit Level for the ED E/M services rendered. The three factors used in the calculation are as follows:

- Presenting problems – as defined by the ICD-10 reason for visit (RFV) diagnosis.

- Diagnostic services performed – based on intensity of the diagnostic workup as measured by the diagnostic CPT codes submitted on the claim (i.e., lab, x-ray, EKG/RT/other diagnostic, CT/MRI/ultrasound); and,
- Patient complexity and co-morbidity – based on complicating conditions or circumstances as defined by the ICD-10 principal, secondary, and external cause of injury diagnosis codes.

Applicable codes: 99281 99282 99283 99284 99285 G0383 G0384

Facilities may experience a downgraded payment from the higher-level E/M code to the appropriate lower-level E/M code.

Criteria that may exclude Facility claims from being subject to an adjustment or denial include:

- The patient is admitted to inpatient, observation, or has an outpatient surgery during the course of the same ED visit.
- Critical care patients (99291, 99292).
- The patient is less than 2 years old.
- Claims with certain diagnoses that when treated in the ED most often necessitate greater than average resource usage, such as significant nursing time.
- Patients who have expired in the emergency department.

Note: Providers will receive notification of any downgraded claims and have an opportunity to appeal.

DOCUMENTATION GUIDELINES:

Providers are responsible for submission of accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act ("HIPAA") approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing ("UB") Editor, American Medical Association ("AMA"), Current Procedural Terminology ("CPT®"), CPT® Assistant, Healthcare Common Procedure Coding System ("HCPCS"), ICD-10 CM and PCS, National Drug Codes ("NDC"), Diagnosis Related Group ("DRG") guidelines, Centers for Medicare and Medicaid Services ("CMS") National Correct Coding Initiative ("NCCI") Policy Manual, CCI table edits and other CMS guidelines. Claims are subject to the code edit protocols for services/procedures billed. Claim submissions are subject to claim review including but not limited to, any terms of benefit coverage, provider contract language, medical policies, clinical payment, and coding policies as well as coding software logic.

RELATED HIGHMARK POLICIES:

Refer to the following Reimbursement Policies for additional information:

- RP-035: Correct Coding Guidelines

REFERENCES:

- CMS-1392-FC Medicare Program: Changes to the Hospital Outpatient Prospective Payment System and CY 2008 Payment Rates, the Ambulatory Surgical Center Payment System and CY

2008 Payment Rates, the Hospital Inpatient Prospective Payment System and FY 2008 Payment Rates; and Payments for Graduate Medical Education for Affiliated Teaching Hospitals in Certain Emergency Situations Medicare and Medicaid Programs: Hospital Conditions of Participation; Necessary Provider Designations of Critical Access Hospitals

- Federal Register / Vol. 72, No. 227 / Tuesday, November 27, 2007 / Rules and Regulations
- American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services.
- Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
- Centers for Medicare and Medicaid Services, National Correct Coding Initiative (NCCI) Policy Publications
- American Academy of Pediatrics; AAP Publications, AAP News: Emergency department E/M codes revised for 2023

POLICY UPDATE HISTORY INFORMATION:

8 / 2018	Implementation
11 / 2021	Added NY region applicable to the policy
1 / 2022	Added Delaware Medicare Advantage applicable to the policy
5 / 2023	Updated policy with direction on the analyzing of code levels

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-037
Subject: Emergency Evaluation and Management Coding Guidelines
Effective Date: August 27, 2018 **End Date:**
Issue Date: January 3, 2022 **Revised Date:** January 2022
Date Reviewed: October 2021
Source: Reimbursement Policy

Applicable Commercial Market

PA ☒ WV ☒ DE ☒ NY ☒

Applicable Medicare Advantage Market

PA ☒ WV ☒ DE ☒ NY ☒

Applicable Claim Type

UB ☒ 1500 ☐

➔ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

PURPOSE:

This policy notifies facility providers that The Plan will align with the Centers for Medicare & Medicaid Services (CMS) and will recognize the Facility's policy guidelines for assigning emergency Evaluation & Management (E & M) coding if it meets the 11 guideline principles outlined on this policy.

BACKGROUND:

Since April 7, 2000, CMS instructed hospitals to report facility resources for emergency department hospital outpatient visits using the CPT E & M codes and to develop internal hospital guidelines for reporting the appropriate visit level. The ultimate goal is to create national guidelines for hospital coding of emergency department visits.

CMS has reiterated their goal to create national guidelines since CY 2000 but no national guidelines have been implemented as of CY 2018. CMS has communicated a set of principles that any national guidelines for facility visit coding should satisfy.

REIMBURSEMENT GUIDELINES:

Until national guidelines are established, hospitals should continue using their own internal guidelines to determine the appropriate reporting of different levels of emergency department visits. All internal hospital-specific guidelines for reporting visits must meet the 11 guideline principles listed below. [CMS-1392-FC]

- (1) The coding guidelines should follow the intent of the CPT code descriptor in that the guidelines should be designed to reasonably relate the intensity of hospital resources to the different levels of effort represented by the code.
- (2) The coding guidelines should be based on hospital facility resources. The guidelines should not be based on physician resources.
- (3) The coding guidelines should be clear to facilitate accurate payments and be usable for compliance purposes and audits.
- (4) The coding guidelines should meet the HIPAA requirements.
- (5) The coding guidelines should only require documentation that is clinically necessary for patient care.
- (6) The coding guidelines should not facilitate upcoding or gaming.
- (7) The coding guidelines should be written or recorded, well-documented, and provide the basis for selection of a specific code.
- (8) The coding guidelines should be applied consistently across patients in the clinic or emergency department to which they apply.
- (9) The coding guidelines should not change with great frequency.
- (10) The coding guidelines should be readily available for fiscal intermediary (or, if applicable, MAC) review.
- (11) The coding guidelines should result in coding decisions that could be verified by other hospital staff, as well as outside sources.

The Plan requires providers remain compliant with their own internal policies governing facility emergency E & M coding. The Plan may request copies of current facility E & M coding policies and use these for audit purposes.

To the extent that facilities use either customized or off the shelf computerized point systems to determine emergency department visit levels such facilities should make inquiries to understand and document system logic including any changes. This would facilitate audits including audit re-performance of calculations. Such inquiries/documentation shall remain current for audit verification purposes.

REFERENCES:

- CMS-1392-FC Medicare Program: Changes to the Hospital Outpatient Prospective Payment System and CY 2008 Payment Rates, the Ambulatory Surgical Center Payment System and CY 2008 Payment Rates, the Hospital Inpatient Prospective Payment System and FY 2008 Payment Rates; and Payments for Graduate Medical Education for Affiliated Teaching Hospitals in Certain Emergency Situations Medicare and Medicaid Programs: Hospital Conditions of Participation; Necessary Provider Designations of Critical Access Hospitals
- Federal Register / Vol. 72, No. 227 / Tuesday, November 27, 2007 / Rules and Regulations

POLICY UPDATE HISTORY INFORMATION:

8 / 2018	Implementation
11 / 2021	Added NY region applicable to the policy
1 / 2022	Added Delaware Medicare Advantage applicable to the policy

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-037
Subject: Emergency Evaluation and Management Coding Guidelines
Effective Date: August 27, 2018
End Date:
Issue Date: November 1, 2021
Revised Date: July 2021
Date Reviewed: July 2021
Source: Reimbursement Policy

Applicable Commercial Market

PA ☒ WV ☒ DE ☒ NY ☒

Applicable Medicare Advantage Market

PA ☒ WV ☒ DE ☐ NY ☒

Applicable Claim Type

UB ☒ 1500 ☐

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this Policy.

PURPOSE:

This policy notifies facility providers that The Plan will align with the Centers for Medicare & Medicaid Services (CMS) and will recognize the Facility's policy guidelines for assigning emergency Evaluation & Management (E & M) coding if it meets the 11 guideline principles outlined on this policy.

BACKGROUND:

Since April 7, 2000, CMS instructed hospitals to report facility resources for emergency department hospital outpatient visits using the CPT E & M codes and to develop internal hospital guidelines for reporting the appropriate visit level. The ultimate goal is to create national guidelines for hospital coding of emergency department visits.

CMS has reiterated their goal to create national guidelines since CY 2000 but no national guidelines have been implemented as of CY 2018. CMS has communicated a set of principles that any national guidelines for facility visit coding should satisfy.

REIMBURSEMENT GUIDELINES:

Until national guidelines are established, hospitals should continue using their own internal guidelines to determine the appropriate reporting of different levels of emergency department visits. All internal hospital-specific guidelines for reporting visits must meet the 11 guideline principles listed below. [CMS-1392-FC]

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The Plan requires providers remain compliant with their own internal policies governing facility emergency E & M coding. The Plan may request copies of current facility E & M coding policies and use these for audit purposes.

To the extent that facilities use either customized or off the shelf computerized point systems to determine emergency department visit levels such facilities should make inquiries to understand and document system logic including any changes. This would facilitate audits including audit re-performance of calculations. Such inquiries/documentation shall remain current for audit verification purposes.

REFERENCES:

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- Federal Register / Vol. 72, No. 227 / Tuesday, November 27, 2007 / Rules and Regulations

POLICY UPDATE HISTORY INFORMATION:

8 / 2018	Implementation
11 / 2021	Added NY region applicable to the policy

Highmark Reimbursement Policy Bulletin



Bulletin Number: RP-037
Subject: Emergency Evaluation and Management Coding Guidelines
Effective Date: August 27, 2018 **End Date:**
Issue Date: August 27, 2018
Source: Reimbursement Policy

Applicable Commercial Market	PA ☒	WV ☒	DE ☒
Applicable Medicare Advantage Market	PA ☒	WV ☒	
Applicable Claim Type	UB ☒	1500 ☐	

Reimbursement Policy designation of Professional or Facility application is respective to how the provider is contracted with The Plan. Provider contractual agreement terms in direct conflict with this Reimbursement Policy may supersede this Policy's direction and regional applicability.

PURPOSE:

This policy notifies facility providers that The Plan will align with the Centers for Medicare & Medicaid Services (CMS) and will recognize the Facility's policy guidelines for assigning emergency Evaluation & Management (E & M) coding if it meets the 11 guideline principles outlined on this policy.

BACKGROUND:

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