UnitedHealthcare® Medicare Advantage
Reimbursement Policy
UB-04
Policy Number 2026R6007A

Emergency Department (ED) Facility Evaluation and Management (E&M) Coding Policy, Facility

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general resource regarding UnitedHealthcare's Medicare Advantage reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Medicare Advantage may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Medicare Advantage enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the facility or other provider contracts, the enrollee's benefit coverage documents**, and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Medicare Advantage due to programming or other constraints; however, UnitedHealthcare Medicare Advantage strives to minimize these variations.

UnitedHealthcare Medicare Advantage may modify this reimbursement policy at any time to comply with changes in CMS policy and other national standard coding guidelines by publishing a new version of the reimbursement policy on this website. However, the information presented in this reimbursement policy is accurate and current as of the date of publication. UnitedHealthcare Medicare Advantage encourages physicians and other health care professionals to keep current with any CMS policy changes and/or billing requirements by referring to the CMS or your local carrier website regularly. Facilities can sign up for regular distributions for policy or regulatory changes directly from CMS and/or your local carrier. UnitedHealthcare's Medicare Advantage reimbursement policies do not include notations regarding prior authorization requirements.

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** For more information on a specific enrollee's benefit coverage, please call the customer service number on the back of the member ID card.

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UnitedHealthcare® Medicare Advantage
Reimbursement Policy
UB-04
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Application

This reimbursement policy applies to all Medicare Advantage products and for network provider services reported using the UB04 form or its electronic equivalent or its successor form.

Policy

Overview

This policy describes how UnitedHealthcare Medicare Advantage Plan reimburses UB claims billed with Evaluation and Management (E/M) codes Level 4 (99284/G0383) and Level 5 (99285/G0384) for services rendered in an emergency department. This policy is based on coding principles established by the Centers for Medicare and Medicaid Services (CMS)[1], and the CPT and HCPCS code descriptions.

CMS Coding Principles

CMS indicates facilities should bill appropriately and differentially for outpatient visits, including emergency department visits. To that end, CMS coding principles applicable to emergency department services provide that facility 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; be based on hospital facility resources and not based on physician resources; and not facilitate upcoding or gaming.[1]

Reimbursement Guidelines

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

UnitedHealthcare Medicare Advantage Plan will utilize the Optum Emergency Department Claim (EDC) Analyzer to determine the emergency department E/M level to be reimbursed for certain facility claims. The EDC Analyzer applies an algorithm that takes three factors into account in order to determine a Calculated Visit Level for the emergency department 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 as defined by the ICD-10 principal and secondary diagnosis codes.

Facilities may experience adjustments to the level 4 or 5 E/M codes submitted to reflect the EDC Analyzer calculated E/M code or may receive a denial for the code level submitted.

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 diagnosis 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; or
- Claims from facilities who's billing of level 4 and 5 E/M codes that do not deviate from the EDC Analyzer.

UnitedHealthcare Medicare Advantage Plan and Optum are related companies through common ownership by UnitedHealth Group. For additional information on the EDC Analyzer, visit EDCAnalyzer.com.

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Questions and Answers	
1	**Q:** What steps can a facility take if they disagree with reimbursement at a lower E/M code level instead of the submitted E/M code level 4 or 5? **A:** The facility may follow the UnitedHealthcare Medicare Advantage Plan standard reconsideration and appeals processes for administrative claims determinations as outlined in the administrative guide. For example, if the facility did not include all of the relevant and applicable diagnosis codes on its claim, then it could use such processes to resubmit the claim with an appropriate diagnosis code which may support the level of E/M code originally submitted.
2	**Q:** Is the policy applicable to all emergency departments? **A:** Yes, this policy is applicable to all emergency departments (whether facility-based, free standing or otherwise). However, a facility may not experience claim adjustments or denials if its billing of level 4 and 5 E/M codes does not deviate from the EDC Analyzer or it submits claims that otherwise meet one of the criteria for exclusion listed in the policy.
3	**Q:** Is there additional information available regarding the Emergency Department Claim (EDC) Analyzer? **A:** Yes, additional information can be found at the following link: EDCAnalyzer.com.

Codes					
99284	99285	99291	99292	G0383	G0384

Resources

1. Medicare and Medicaid Programs; Interim and Final Rule Federal Register / Vol. 72, NO. 227 / Tuesday, November 27, 2007 / Rules and Regulations, page 66580, at 66805. Available online at http://www.gpo.gov/fdsys/pkg/FR-2007-11-27/html/07-5507.htm
2. Centers for Medicare and Medicaid Services, National Correct Coding Initiative (NCCI) Policy Publications
3. Medicare Physician Fee Schedule

History	
9/1/2026	Policy Version Change Resource Section: Updated Policy History Section: Entries prior to 9/1/2024 archived
9/1/2025	Policy Version Change Table Of Contents Section: Updated Policy History Section: Entries prior to 9/1/2023 archived
1/1/2025	Policy Version Change Reimbursement Guidelines: EDC Analyzer URL Updated Questions and Answers EDC Analyzer URL Updated
9/1/2024	Policy Version Change Policy Application Section: Updated
1/8/2018	New Policy

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