EMERGENCY DEPARTMENT FACILITY ACUITY

Patient Name_____ **Date**_____ **Med Rec #**_____

LEVEL	INTERVENTIONS	SYMPTOMS / EXAMPLES TO SUPPORT INTERVENTIONS
Level I CPT 99281	Asessment (triage) only; no medications or treatments given Note for work or school Read TB test Suture or staple removal (not infected or complicated) Wound recheck Discussion of discharge instructions, straightforward (see def.)	Insect bite (uncomplicated) Triaged patient who leaves before seeing doctor Port flush Dressing change (follow-up care)
Level II CPT 99282	*Could include interventions from previous levels, plus any of:* Administration of OTC medication Assessment (exam room) only; no medications or treatments given Applying cool pack Dressing changes / suture or staple removal (infected or complicated) Dressing of minor lacerations (not requiring closure) Tests by ED staff (urine dip, hemoccult, accucheck, dextrostix) Administration of PO prescription meds (no treatment provided) Visual acuity (Snellen eye chart) Discussion of discharge instructions, simple (see def.) Burn care; simple (clean,ointment or dressing) 1 degree Eye irrigation; simple Sunburns & minor burns Suture removal (complicated, infected)	Backache (chronic) Cold/flu symptoms Dysuria and/or urinary frequency, without fever Ear pain Eye problem, no trauma or F/B (e.g., redness, purulent discharge) Headache (not severe or new onset) Hypertension (diastolic < 110, asymptomatic) Localized skin rash Low-grade fever Minor musculoskeletal problems Simple trauma (not requiring X-rays) Sore throat Toothache EOD (simple) Diaper Rash (infant) ointment applied
Level III CPT 99283	*Could include interventions from previous levels, plus any of:* Administration of PO prescription medications (dx tx required) Coordination of DOA Eye exam with fluorescein stain Foley catheter; in & out catheterization Heparin/saline lock; crystalloid IV therapy Mental health – anxiety, simple treatment Nosebleed care (without cautery or packing) Pelvic exam (nonobstetric) Strapping/Splinting Prep for Lab tests (CPT 80048-87999) Prep for plain X-rays of only 1 area (hand, shoulder, pelvis, etc.) Receipt of EMS/ambulance patient Suturing or stapling of wounds Injections (1-2 IM/SQ) Burn care; (2 degree) Discussion of discharge instructions, moderate (see def.) Foreign body removal Fracture Tx. (no manipulation)	Acute eye pain –traumatic-FB Care and administration of DOA Post Mortem Care Abdominal Pain- with 1 diagnostic tst Dyspnea – not requiring medications or oxygen High fever (requiring diagnostic tests) Head trauma – without neurologic symptoms Medical conditions requiring drugs (prescription drugs) Minor trauma (with potential complicating factors) Non-menstrual vaginal bleeding Migraine HA Nosebleed not requiring packing or cautery Pelvic pain (not pregnant) Extremity injury; sprain, strain EMSA Equipment removed Back Pain (severe) Eye problem, foreign body Language Barrier (non communicating patient)
Level IV CPT 99284	*Could include interventions from previous levels, plus any of:* Admin/monitoring: parenteral medications (IV) (including insulin) Assist MD with diagnostic/therapeutic procedure/ intervention Cardiac monitoring (monitor for complication) Prep for plain xray (multiple body areas:C-spine, foot, shoulder, pelvis Prep for special imaging studies; MRI, CT, V-Q Scans, Ultrasound Multiple reassessments Nebulizer treatment (1–2) Packing and/or cautery of nosebleed Pelvic exam (obstetric) Prep for plain X-rays (multiple body areas) or imaging studies (DI/VQ) Psychotic patient (not suicidal); depression, anxiety Sexual assault exam w/o specimen collection Tube (NG or PEG) placement or replacement Burn Care; complex (2 degree) (extensive bandages, debridement) Discussion of discharge instructions, complex (see def.)	New onset of severe HA/without nausea & vomiting Acute eye pain, non-traumatic Blunt/penetrating trauma – with 1 diagnostic test Chest pain – with 1 diagnostic test Dyspnea requiring medications and/or oxygen Fracture/dislocation not requiring casting or reduction Musculoskeletal trauma not requiring reduction Neurologic symptoms – with 1 diagnostic test New-onset severe headache (w/o N/V, neuro deficits or LOC) Nosebleed requiring packing and/or cautery Respiratory illness relieved with 2 or fewer nebulizer treatments Vaginal/pelvic bleeding or pain in pregnancy Disoriented/Confused State Blood Transfusion Complex Tx (drugs, diagnostic tests, injections and/or infusions) NG Tube Assessment
Level V CPT 99285	*Could include interventions from previous levels, plus any of:* Admin/monitoring: scheduled parenteral medications Conscious sedation Coordination of change in living situation or site Coordination of transfer CVP/arterial line insertion Gastric lavage w/ heated fluids: cooling/heating blanket Lumbar puncture Mental health: psychotic, agitated or combative, suicidal/homicidal Monitor/stabilize pt during in-hosp transport/testing: (DI/VQ/vascular) Monitor vasoactive meds (NTG, Nipride, Dopamine, Dobutamine) Multiple (3+) nebulizer treatments Multiple diagnostic tests/treatments Physical/chemical restraints Reduction and/or casting of fracture/dislocation Sexual assault exam (w/ specimen collection) Thoracentesis Discussion of discharge instructions, complex (see def.)	Abdominal pain requiring multiple diagnostic tests/treatments Acute peripheral vascular compromise of extremities Blunt/penetrating trauma – with multiple diagnostic tests Chest pain requiring multiple diagnostic tests/treatments Comatose patient (not in shock) Critical illness w/ less than 30 minutes critical care documented Headache (severe) – CT scan and/or lumbar puncture Hypothermia Neurologic symptoms requiring multiple diagnostic tests/treatments New-onset altered mental status or LOC Orthopedic trauma (major) of long bones Overdose/toxic ingestions (poisoning) not impairing vital functions Respiratory illness relieved by >2 nebulizer treatments Severe burns Severe dehydration with IV, multiple tests/treatments Severe infection(s) requiring multiple IV/IM antibiotics Systemic/multi-system med. emergency req. multiple diagnostic tests Uncontrolled diabetes mellitus

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EMERGENCY DEPARTMENT ACUITY

CRITICAL CARE

LEVEL	INTERVENTIONS	SYMPTOMS / EXAMPLES TO SUPPORT INTERVENTIONS
CRITICAL CARE	*Could include interventions from previous levels, plus any of:*	
CPT 99291	Multiple parenteral medications requiring constant monitoring Provision of any of the following: Endotracheal intubation Major trauma care / multiple surgical consultants Pericardiocentesis Chest tube insertion Cricothyrotomy Arterial line placement CPR Defibrillation/cardioversion Administration of ACLS drugs in CPR Delivery of baby Control of major hemorrhage Administration of blood transfusions/blood products Major burn care	Acute failure (renal, hepatic, cardiac) Acute myocardial infarction Aneurysms, thoracic or abdominal – leaking or ruptured Aortic dissection Cardiac tamponade Cerebral hemorrhage, any type Coma of all etiologies (except hypoglycemic) Diabetic ketoacidosis; lactic acidosis DIC or other bleeding diatheses – hemophilia, ITP/TTP, leukemia, AA Drug overdose impairing vital functions Emboli of fat or amniotic fluid Flailed chest Head injury with loss of consciousness Hemorrhaging Life-threatening hyperthermia or hypothermia Major envenomation by pit viper or coral snake Major pulmonary embolus Multiple trauma New-onset paralysis Nonhemorrhagic stroke with vital function impairment Pulmonary edema Respiratory failure (any cause) Shock, all types (septic, cardiogenic, spinal, hypovolemic, anaphylactic) Status asthmaticus Status epilepticus Tension pneumothorax Thyroid storm or Addisonian crisis
CPT 99292	**Packaged**	

Critical care services follow the CPT definition, except that TIME is not a required element **for Facility use** of the codes.

Note: Be sure to charge all procedures performed during the ED visit separately from the E/M visit including Critical Care, i.e., injections, infusion therapy, CPR, intubation, chest tube insertion, etc....

Definitions for Discharge Instructions

Straightforward: Self-limited condition with no meds or home treatment required, signs and symptoms of wound infection explained, return to ED if problems develop

Simple: OTC medications or treatment, simple dressing changes; patient demonstrates understanding quickly and easily

Moderate: Head injury instructions, crutch training, bending, lifting, weight-bearing limitations, prescription medication with review of side effects and potential adverse reactions; patient may have questions, but otherwise demonstrates adequate understanding of instructions either verbally or by demonstration

Complex: Multiple prescription medications and/or home therapies with review of side effects and potential adverse reactions; diabetic, seizure or asthma teaching in compromised or non-compliant patients; patient/caregiver may demonstrate difficulty understanding instructions and may require additional directions to support compliance with prescribed treatment.

Source: Administrative Consultant Service Inc., Shawnee, OK.