

Emergency Room Ancillary Services Policy, Facility

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

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 Community Plan 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 UB-04 forms and, when specified, to those billed on CMS 1500 forms. 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 reference resource regarding UnitedHealthcare Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan 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 Community Plan enrollees.

Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician 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 Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products for Florida, Pennsylvania and Michigan.

This reimbursement policy applies to services reported using the UB-04 Health Insurance Claim Form or its electronic equivalent or its successor form. This policy applies to all Medicaid products, all network and non-network facilities, including, but not limited to, non-network authorized and percent of charge contract facilities. Ancillary services are all other services not included in the Emergency Room payment for CPT 99281 – 99285.

Policy

Overview

This policy describes how facilities will be reimbursed for emergent and non-emergent services to UnitedHealthcare Community Plan Medicaid members who seek services at the Emergency Room.

This policy identifies the method of reimbursement for Emergency Room claims. An Emergency Medical Condition is defined as: A physical or behavioral condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, possessing an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in the following:

1. Placing the health of the individual (or, with respect to pregnant women, the health of the woman or her unborn child) in serious jeopardy.
2. Serious impairment to bodily functions.
3. Serious dysfunction of any bodily organ or part.

For a list of diagnoses that the health plan considers to be emergent please reference the Emergent Diagnosis List in the Attachment Section

Reimbursement Guidelines

This policy addresses Emergency Room reimbursement requirements specific to diagnosis codes, revenue codes and ancillary services. Claims will process in the following manner to reimburse for services provided in the Emergency Room.

1. Claims submitted with revenue Code 450 or 451 and an emergent diagnosis code from the emergent diagnosis list in any reason for visit position (UB-04 Field 70, a-c) will reimburse both the ER service and all ancillary service(s). Claims submitted with Revenue Code 450 or 451 without an emergent diagnosis code from the emergent diagnosis list in any reason for visit position (UB-04 Field 70) will reimburse for the ER service, but will deny all ancillary services.
2. Claims submitted with revenue code 452 and an emergent diagnosis code from the emergent diagnosis list in any reason for visit position (UB-04 Field 70, a-c) will reimburse both the ER service and all ancillary service(s). Claims submitted with Revenue Code 452 without an emergent diagnosis code from the emergent diagnosis list in any reason for visit position (UB-04 Field 70) will be denied.

State Exceptions

Florida	Florida Medicaid also considers Field Locator 67 (Principal Diagnosis) for the presence of an emergent diagnosis code.
Michigan	Michigan Medicaid also considers Field Locator 67 (Principal Diagnosis) and Field Locator 67 A-Q (Other Diagnosis) for the presence of an emergent diagnosis code.
Pennsylvania	<ul style="list-style-type: none"> • Pennsylvania uses a customized, state identified Emergent ICD-10 Diagnosis Codes list which is included in the policy • Pennsylvania Medicaid also considers Field Locator 67 (Principal Diagnosis) and Field Locator 67 A-Q (Other Diagnosis) for the presence of an emergent diagnosis code • Pennsylvania Medicaid also considers HCPCS codes G0380-G0384 as reimbursable Emergency Room service codes • Pennsylvania Medicaid does not apply Emergency Room Ancillary Services Policy editing to members less than 24 months of age

Attachments

<u>Emergent ICD-10 Diagnosis Code List</u>	List of ICD-10 diagnosis codes considered to be emergent.
<u>Pennsylvania Medicaid Emergent ICD-10 Diagnosis Code List</u>	List of ICD-10 diagnosis codes considered to be emergent for Pennsylvania

Resources

State Medicaid regulations, manuals & fee schedules

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

History

11/1/2023	Annual Anniversary Date and Version Change History Section: Entries on and prior to 11/1/2021 archived
9/13/2017	Policy approved by RPOC