



Our New Emergency Department (ED) Professional Evaluation and Management (E/M) Coding Policy Will Be Effective October 1, 2020

We're implementing a new policy, effective **October 1, 2020**, that is designed to help reduce your administrative burden and reinforce accurate coding practices.

Our new ED Professional E/M Policy:

- Will focus on professional ED claims that are submitted with level 5 E/M code 99285.
- Applies to claims submitted for UnitedHealthcare Community Plan members on both paper form CMS-1500 and Electronic Data Interface (EDI) transaction 837P claim files.

How This Affects You

At the heart of this new policy is our Optum Evaluation and Management Professional (E/M Pro) tool. Designed to help reduce the amount of health records you need to submit for claim reviews, this tool will determine the appropriate E/M coding levels so we can pay your claim without requesting additional information. This can mean quicker payments and less paperwork for you.

How the E/M Pro Tool Works

If you submit claims for ED level 5 E/M code 99285, the E/M Pro tool may adjust your claims to reflect an appropriate level E/M code or deny your claim, based on the reimbursement structure listed in your UnitedHealthcare Community Plan agreement.

Here's how it works:

- The E/M Pro tool determines appropriate E/M coding levels based on data, such as the patient's age and diagnosis, for the Medical Decision Making key component.
- We'll assume you meet the E/M code level you've submitted for the History and Exam key components for the initial claim decision.
- You can still file an appeal if you don't agree with the claim payment. We'll include information about how to appeal in your denial letter.

Learn More

To read the full policy, please visit [[UHCprovider.com/\[state\]communityplan](https://UHCprovider.com/[state]communityplan)] > Policies and Clinical Guidelines > View Current Reimbursement Policies > Emergency Department (ED) Professional Evaluation and Management (E/M) Coding Policy – Reimbursement Policies – Community Plan.]

Note Regarding Reimbursement Policies

As with all UnitedHealthcare Community Plan policies, other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to federal and/or state regulatory requirements, physician or other provider contracts and/or the member's benefit coverage documents.

Unless otherwise noted as follows, these reimbursement policies apply to services reported using the CMS-1500 or its electronic equivalent, or its successor form.

UnitedHealthcare Community Plan reimbursement policies do not address all issues related to reimbursement for services rendered to our members, such as the member's benefit plan documents; our medical policies; and the UnitedHealthcare Community Plan Physician, Health Care Professional, Facility and Ancillary Provider Administrative Guide. Meeting the terms of a particular reimbursement policy is not a guarantee of payment. Likewise, retirement of a reimbursement policy affects only those system edits associated with the specific policy being retired. Retirement of a reimbursement policy is not a guarantee of payment. Other applicable reimbursement and medical policies and claims edits will continue to apply.

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Once implemented, the policies may be viewed at UHCprovider.com > Menu > Policies and Protocol > Community Plan Policies > Reimbursement Policies for Community Plan.

In the event of an inconsistency or conflict between the information in this Provider Notification and the posted policy, the provisions of the posted reimbursement policy prevail. If you have any questions, please contact your Health Plan Representative or call the number on your Provider Remittance Advice/Explanation of Benefits.