Emergency Health Care Services and Urgent Care Center Services

Guideline Number: CDG.010.16
Effective Date: January 1, 2021

Instructions for Use

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Coverage Rationale

Indications for Coverage

Emergency Health Care Services - Outpatient

Emergency Health Care Services are services that are required to stabilize or begin treatment in an Emergency. Emergency Health Care Services must be received on an outpatient basis at a Hospital or Alternate Facility.

Benefits include the facility charge, supplies, diagnostic tests, and all professional services required to stabilize the member's condition and/or begin treatment. This includes placement in an observation bed to monitor the member's condition (rather than being admitted to a Hospital for an Inpatient Stay).

For services that are determined to be an Emergency, Emergency Health Care Services are always covered at the Network level of cost-sharing; even if an out-of-Network provider renders services.

Physician-Ordered Emergency Department Visit

Emergency Department (ED) visits that are ordered by a physician (i.e., physician directs the member to the Emergency Department) for evaluation of a potential Emergency condition are covered services. These are covered even if the member's condition does not meet the definition of Emergency or Emergency Medical Condition.

Emergency Medical Treatment and Labor Act (EMTALA) (Federal Labor Law)

Emergency Medical Condition means:

- A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances and/or symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in:
  - Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
  - Serious impairment to bodily functions; or
  - Serious dysfunction of any bodily organ or part; or
- With respect to a pregnant woman who is having contractions:
  - That there is inadequate time to effect a safe transfer to another hospital before delivery; or
  - That transfer may pose a threat to the health or safety of the woman

Additional Information

Emergency

- If the member leaves the Emergency Department for services in another department (for example radiology or surgical suite) and then returns to the Emergency Department for discharge, all such services are considered part of the Emergency Health Care Services benefit.
  - For example, if the member has a broken arm and is brought from the Emergency Department to the operating room to reduce the fracture, and is then returned to the Emergency Department for discharge, all services in this encounter would be considered under the Emergency Health Care Services benefit (i.e., the services in the operating room are not considered under the outpatient surgery benefit).
- If the member is admitted to the hospital through the Emergency Department, the entire encounter is considered an inpatient admission (i.e., including the services rendered in the Emergency Department), and therefore only the inpatient benefits/copay apply.
  - The fact that the member entered the hospital for admission through the Emergency Department (versus the admissions door) does not change the benefit for the inpatient admission (i.e., only the inpatient benefit applies).
  - If the Emergency admission is at an out-of-Network facility, Network benefits will be applied.
    - UnitedHealthcare may elect to transfer the member to a Network facility as soon as medically appropriate.
    - If the member chooses to stay at the out-of-Network facility after the date that it is determined a transfer is medically appropriate, out-of-Network benefits will be applied for the remainder of the inpatient stay.
- State mandates for Emergency care impact the benefits for Emergency Health Care Services.
- These benefits, when eligible and offered during an Emergency Department visit, are covered as follows:
  - Dental services are covered under the accidental dental benefit, not under the Emergency Health Care Services benefit.
  - Durable Medical Equipment (DME) given for take-home use is not covered under the Emergency Health Care Services benefit. It is covered under the DME section of the COC.
  - Pharmaceutical products are covered under the Emergency Health Care Services benefit.
- The Emergency Health Care Services copayment or benefit level will apply if the member has been placed in an observation bed for the purpose of monitoring the member's condition, rather than being admitted as an inpatient in the hospital.

Urgent Care

- Benefits are applied as Urgent Care Center whether it is a free standing Urgent Care or part of a hospital facility (i.e., Urgent Care benefits, not outpatient diagnostic and/or therapeutic benefits, apply if the Urgent Care Center is part of a hospital facility).
- When the Urgent Care Center is a free-standing facility or a part of a larger facility (e.g., hospital), if the member has additional services, such as diagnostic, therapeutic, or pharmaceuticals administered during the Urgent Care visit, a separate cost share may be applied to those services.
  - For example, a member is sent to the radiology department of that same facility for an x-ray, and is then returned to the Urgent Care Center for discharge. In this situation, a separate cost share may be applied.
  - Refer to the member specific benefit plan document for cost sharing details.
- These benefits, when eligible and offered during an Urgent Care visit, are covered as follows:

- Accidental dental services are covered under the accidental dental benefit, not under the Urgent Care Center Services benefit.
- Durable Medical Equipment (DME) given for take-home use is not covered under the Urgent Care Center Services benefit. It is covered under the DME section of the COC.

- Network vs. out-of-Network coverage: Refer to member specific benefit plan document for coverage.

Coverage Limitations and Exclusions

Check the member specific benefit plan document for possible coverage. Otherwise, the following are excluded:

- Use of Emergency Department to treat a non-Emergency situation (see definition of Emergency) other than services necessary to conduct a medical screening examination and Stabilization services (revenue code 0451).
- Use of Urgent Care Center Services to treat non-urgent conditions (see definition of Urgent Care Center).
- Non-Emergency Health Care Services received outside of the United States.

For ASO plans with SPD language other than fully-insured Generic COC language, refer to the member specific benefit plan document for a description of Emergency Health Care Services.

Definitions

The following definitions may not apply to all plans. Refer to the member specific benefit plan document for applicable definitions.

Emergency: A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) so that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

- Placing the health of the Covered Person (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
- Serious impairment to bodily functions; or
- Serious dysfunction of any bodily organ or part.

Emergency Department: A portion of a hospital where staff provide Emergency diagnosis and treatment of illness or injury. These centers provide access to major surgeries and special care units, as they are located within a hospital. The correct place of service code to use when billing for Emergency Department services is 23 / Emergency Room - Hospital.

Emergency Health Care Services: With respect to an Emergency:

- A medical screening exam (as required under section 1867 of the Social Security Act, 42 U.S.C. 1395dd) that is within the capability of the Emergency Department of a Hospital, including ancillary services routinely available to the Emergency Department to evaluate such Emergency, and
- Such further medical exam and treatment, to the extent they are within the capabilities of the staff and facilities available at the Hospital, as are required under section 1867 of the Social Security Act [42 U.S.C. 1395dd(e)(3)].

Emergency Medical Condition (EMC): A medical condition recognizable by symptoms (including severe pain, serious injury) that a person, with an average knowledge of health and medicine, could reasonably expect the lack of immediate medical attention to result in:

- Placing the member's health in serious risk;
- Serious harm to bodily functions;
- Serious dysfunction of any bodily organ or part; or
- In the case of a pregnant woman, an active labor meaning labor at a time when either of the following would occur:
  - There is not enough time to safely transfer the member to another hospital before delivery
  - The transfer may pose a threat to health and safety of member or unborn child

Note: Emergency Medical Condition status is not affected if a later medical review found no actual Emergency present.

Stabilization (CMS): Section 42 CFR 489.24(b) defines stabilized to mean: "... that no material deterioration of the condition is likely, within reasonable medical probability, to result from or occur during the transfer of the individual from a facility, or with

respect to an 'Emergency Medical Condition' as defined in this section under paragraph (2) of that definition, that a woman has delivered the child and the placenta". The regulation sets the standard determining when a patient is stabilized.

Urgent Care: Care that requires prompt attention to avoid adverse consequences, but does not pose an immediate threat to a person's life. Urgent Care is usually delivered in a walk-in setting and without an appointment. Urgent Care facilities are a location, distinct from a hospital Emergency Department, an office or a clinic. The purpose is to diagnose and treat illness or injury for unscheduled, ambulatory patients seeking immediate medical attention.

Urgent Care Center: A facility that provides Covered Health Care Services that are required to prevent serious deterioration of your health. These services are required as a result of an unforeseen Sickness, Injury, or the onset of sudden or severe symptoms.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Note:

- Emergency Health Care Services and Urgent Care benefits are not limited to the following codes.
- Except for DME and Accidental Dental, all otherwise eligible CPT and HCPCS are also eligible when billed with ER place of service. (See Indications for Coverage section above for explanation regarding DME and Accidental Dental.)

CPT Code	Description
Emergency Health Care Services	
99217	Observation care discharge day management (This code is to be utilized to report all services provided to a patient on discharge from outpatient hospital "observation status" if the discharge is on other than the initial date of "observation status." To report services to a patient designated as "observation status" or "inpatient status" and discharged on the same date, use the codes for Observation or Inpatient Care Services [including Admission and Discharge Services, 99234-99236 as appropriate.])
99218	Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.
99219	Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.
99220	Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.

CPT Code	Description
Emergency Health Care Services	
99224	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: Problem focused interval history; Problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.
99225	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.
99226	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.
99234	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.
99235	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.
99236	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of high severity. Typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit.
99281	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor.

CPT Code	Description
Emergency Health Care Services	
99282	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.
99283	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.
99284	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician, or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function.
99285	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.
99288	Physician or other qualified health care professional direction of emergency medical systems (EMS) emergency care, advanced life support

HCPCS Code	Description
Emergency Health Care Services Note: For Emergency Health Care Services HCPCS codes: • These G-codes are only to be used by facility providers; these codes should not be used by physicians. • These codes may not be paid separately; refer to the Reimbursement Policy titled Emergency Department (ED) Facility Evaluation and Management (E&M) Coding Reimbursement Policy for Commercial Plans.	
G0378	Hospital observation service, per hour
G0379	Direct admission of patient for hospital observation care
G0380	Level 1 hospital emergency department visit provided in a type B emergency department; (the ED must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) it is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) during the calendar year immediately preceding the calendar year in which a determination under 42 CFR 489.24 is being made, based on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment)

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G0381	Level 2 hospital emergency department visit provided in a type B emergency department; (the ED must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) it is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) during the calendar year immediately preceding the calendar year in which a determination under 42 CFR 489.24 is being made, based on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment)
G0382	Level 3 hospital emergency department visit provided in a type B emergency department; (the ED must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) it is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) during the calendar year immediately preceding the calendar year in which a determination under 42 CFR 489.24 is being made, based on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment)
G0383	Level 4 hospital emergency department visit provided in a type B emergency department; (the ED must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) it is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) during the calendar year immediately preceding the calendar year in which a determination under 42 CFR 489.24 is being made, based on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment)
G0384	Level 5 hospital emergency department visit provided in a type B emergency department; (the ED must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) it is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) during the calendar year immediately preceding the calendar year in which a determination under 42 CFR 489.24 is being made, based on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment)
G0390	Trauma response team associated with hospital critical care service
G2213	Initiation of medication for the treatment of opioid use disorder in the emergency department setting, including assessment, referral to ongoing care, and arranging access to supportive services (list separately in addition to code for primary procedure)
Urgent Care These codes may not be payable due to the Reimbursement Policy titled Urgent Care Policy, Professional. See the Related Commercial Policies above.	
S9083	Global fee urgent care centers
S9088	Services provided in an urgent care center (List in addition to code for service)

Place of Service (POS) Codes	Description
20	Urgent care facility
23	Emergency room – hospital

Revenue Codes	Description
Emergency Health Care Services The Emergency Health Care Services are not limited to the following codes; all otherwise eligible revenue codes are also eligible when billed with Emergency Room place of service.	
0450	Emergency room – general
0451	Emergency room – EMTALA emergency medical screening services
0452	ER beyond EMTALA screening
0459	Emergency room – other emergency room
0681	Trauma response – level 1
0682	Trauma response – level 2
0683	Trauma response – level 3
0684	Trauma response – level 4
0689	Trauma response – other
0760	Treatment or observation room – general
0762	Treatment or observation room – observation room
0981	Professional fees – emergency room
Urgent Care The Urgent Care benefits are not limited to the following codes; all otherwise eligible revenue codes are also eligible when billed with Urgent Care Facility place of service.	
0456	Urgent care
0516	Urgent care clinic – hospital based
0526	Urgent care clinic – free standing

References

CMS Manual System (Pub. 100-07), State Operations, Provider Certification, Transmittal 60, Date: July 16, 2010, Subject: Revisions to Appendix V-Interpretive Guidelines – Responsibilities of Medicare Participating Hospitals in Emergency Cases.

Compilation of Patient Protection and Affordable Care Act: http://docs.house.gov/energycommerce/ppacacon.pdf. Accessed May 7, 2020.

Medicare Managed Care Manual (Pub. 100-16), Chapter 4 Benefits and Beneficiary Protections, Section 20 Ambulance, Emergency and Urgently Needed, and Post-Stabilization Care Services.

State Operations Manual, Appendix V – Interpretive Guidelines – Responsibilities of Medicare Participating Hospitals in Emergency Cases http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_v_emerg.pdf. Accessed May 7, 2020.

Guideline History/Revision Information

Date	Summary of Changes
01/01/2021	**Applicable Codes** • Updated list of applicable HCPCS codes for Emergency Care Services to reflect annual edits; added G2213 **Supporting Information** • Archived previous policy version CDG.010.15

Instructions for Use

This Coverage Determination Guideline provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this guideline, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Coverage Determination Guideline is provided for informational purposes. It does not constitute medical advice.

This Coverage Determination Guideline may also be applied to Medicare Advantage plans in certain instances. In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence (Medicare IOM Pub. No. 100-16, Ch. 4, §90.5).

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. UnitedHealthcare Coverage Determination Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

For self-funded plans with SPD language other than fully-insured Generic COC language, please refer to the member specific benefit plan document for coverage.