

Nebraska Emergency Room Services Policy- Facility (Medicaid)

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 uses 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 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. UnitedHealthcare Community Plan uses a customized version of the Optum Claims Editing System known as iCES Clearinghouse to process claims in accordance with UnitedHealthcare Community Plan reimbursement policies.

*CPT® is a registered trademark of the American Medical Association.

Application

This reimbursement policy applies to UnitedHealthcare Community Plan Nebraska Medicaid products.

This reimbursement policy applies to services reported using the UB-04 form or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network facilities, including but not limited to, non-network authorized and percent of charge contract facilities.

Policy

Overview

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

Reimbursement Guidelines

Approval of Payment for Emergency Room Services: At least one of the following conditions must be met before UnitedHealthcare Community Plan approves payment for use of an emergency room:

1. The patient is evaluated or treated for an Emergency Medical Condition, (see definition of Emergency Medical Condition below).
2. The patient's evaluation or treatment in the emergency room results in an approved inpatient hospital admission (the emergency room charges must be displayed on the inpatient claim as ancillary charges and included in the inpatient per diem); or
3. The patient is referred by his or her physician for treatment in an emergency room.

An Emergency Medical Condition is Defined as a medical or behavioral condition, the onset of which is sudden, that manifests itself by symptoms of sufficient severity, including but not limited to, severe pain, that a prudent layperson possessing an average knowledge of medicine and health could reasonably expect the absence of immediate medical attention to result in:

- (a) placing the health of the person (or with respect to a pregnant woman, the health of the woman and her unborn child) afflicted with such condition in serious jeopardy or, in the case of a behavioral condition, placing the health of such persons or others in serious jeopardy
- (b) serious impairment to such person's bodily functions
- (c) serious impairment of any bodily organ or part of such person, or
- (d) serious disfigurement of such person.

The facility should review emergency room services and determine whether services provided in the emergency room constitute an Emergency Medical Condition and bill accordingly.

When UnitedHealthcare Community Plan determines services provided in the emergency department/room are non-emergent, the room fee (identified by revenue code 450 and a CPT code from the 99281-99285 code range) will be reduced by 50 percent (50%) of what would otherwise be allowed. All other services provided will be paid at 100 percent (100%) of the provider fee schedule.

Determination of an Emergent Medical Condition is made in part using the attached Nebraska ER ICD-10 Diagnosis List. Other criteria considered are in the numbered list above. When a diagnosis from this list is on the claim in the first and/or second position, the claim will be considered emergent. When there is not a diagnosis from the attached list on the claim in the first &/or second position, the claim will pay at the reduced rate outlined above.

Critical Access Hospitals (CAH) are excluded from the non-emergent reduction. Claims received by a Critical Access Hospital (CAH) will be paid at 100% of the fee schedule or provider contract regardless of whether the emergency room visit contains an emergent or non-emergent diagnosis.

Definitions

Emergency Medical Condition	A medical or behavioral condition, the onset of which is sudden, that manifests itself by symptoms of sufficient severity, including but not limited to, severe pain, that a prudent layperson possessing an average knowledge of medicine and health could reasonably expect the absence of immediate medical attention to result in (a) placing the health of the person (or with respect to a pregnant woman, the health of the woman and her unborn child) afflicted with such condition in serious jeopardy or, in the case of a behavioral condition, placing the health of such persons or others in serious jeopardy, (b) serious impairment to such person's bodily functions, (c) serious impairment of any bodily organ or part of such person, or (d) serious disfigurement of such person.
Critical Access Hospital	A hospital licensed as a Critical Access Hospital by the Department of Health and Human Services under 175 NAC 9 and certified for participation by Medicare as a Critical Access Hospital.

Attachments

<u>UnitedHealthcare Community Plan Nebraska ER Policy ICD-10 Diagnosis List</u>	A list of Diagnosis codes that are considered emergent for Nebraska. One of the diagnoses on the list must appear in the first or second diagnosis position on the claim.
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Resources

Individual state Medicaid regulations, manuals & fee schedules

American Medical Association, *Current Procedural Terminology (CPT®) Professional Edition* and associated publications and services

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

National Uniform Billing Committee (NUBC)

History

6/1/2023	Annual Policy Version Change Header: Logo Updated
11/10/2022	Annual Policy Version Change History Section: Entries prior to 11/10/2022 archived
6/1/2021	Annual Policy Version Change History Section: Entries prior to 1/1/2019 archived Header: Policy number format updated
10/15/2013	Policy implemented by UnitedHealthcare Community Plan