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 CMS 1500 forms and, when specified, those billed on UB04 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. CPT® is a registered trademark of the American Medical Association.
Emergency Medical Condition as defined in the Contractor Risk Agreement (CRA): 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.

Reimbursement Guidelines

In order to appropriately reimburse for services provided in the Emergency Room the following guidelines should be followed:

1. If the provider bills CPT codes 99281-99285 and it meets ER criteria based on the specific ICD-10 diagnosis codes attached they will be reimbursed with their appropriate Fee Schedule amount.
2. If the provider bills CPT codes 99281-99285 and it fails to meet ER criteria they will be reimbursed no more than $50. If the contracted rate is lower than $50 for the service billed, UnitedHealthcare Community Plan is to pay the contracted rate.

Provider Appeals Process

3. Providers may attach the complete emergency room medical record to the claim upon initial submission. The claim and record will be pended for clinical review to determine if the services provided are a valid Emergency Medical Condition. Additionally, Providers that have filed claims which have been processed and determined not to meet the Emergency Criteria, can appeal the denial by using the appeal process outlined in the Provider Administration Manual available at UHCCommunityPlan.com.

ER Criteria

ER Criteria is identified by ICD-10 codes. These codes have been developed with collaboration from community medical experts. Services will be considered an Emergency Medical Condition when:

1. The ICD-10 codes reported in Diagnosis 1 and/or Diagnosis 2 will be used for medical emergency determination. When either Diagnosis 1 and/or Diagnosis 2 is considered emergency, the ER charge will be paid according to the guidelines stated above.
2. When the patient is less than 24 months of age regardless of the Diagnosis 1 or Diagnosis 2 code, the claim will be considered as meeting the ER criteria.

Attachments: Please right-click on the icon to open the file.

| UnitedHealthcare Community Plan Tennessee ER Policy ICD-10 Diagnosis List | List of accepted emergency ICD-10 diagnosis codes. |

Resources

Individual state Medicaid regulations, manuals & fee schedules
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
## History

<table>
<thead>
<tr>
<th>Date</th>
<th>Change Description</th>
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| 1/1/2019 | Annual Policy Version Change
Annual Policy Approval Date Change |
| 8/31/2017| Attachments Section: Updated the TN ER ICD-10 diagnosis list                       |
| 8/29/2017| Policy Approval Date Change: no new version
Attachments Section: Updated the TN ER ICD-10 diagnosis list |
| 1/1/2017 | Annual Version Change
Attachment Section: Updated to remove the ICD-9 CM Verbiage
History Section: Entries prior to 1/1/2015 archived |
| 7/13/2016| Annual renewal of policy approved by United HealthCare Community & State Payment
Policy Committee: No new version |
| 1/1/2016 | Annual Policy Version Change
Annual Policy Approval Date Change
Removed ICD-9 diagnosis list |
| 7/19/2015| Attachments Section: Added ICD-10 diagnosis list.                                  |
| 7/8/2015 | Policy Approval Date Change: No new version                                       |
| 3/1/2015 | Application Section: Removed reference to location of policy for Mississippi Chip and reference to Medicare (no new version) |
| 1/1/2015 | Annual Version Change; Reformatted DX list
History Section: Entries prior to 1/1/13 archived |
| 7/1/2011 | Policy posted by UnitedHealthcare Community & State                               |