

New Jersey Emergency Room 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 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 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 facility 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 Copyright American Medical Association. All rights reserved.

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Application
<p>This reimbursement policy applies to UnitedHealthcare Community Plan New Jersey Medicaid products.</p> <p>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 and all network and non-network facilities including, but not limited to, non-network authorized and percent of charge contract facilities</p>

Policy
<p>Overview</p> <p>This policy describes how New Jersey facilities will be reimbursed for emergent and non-emergent services to UnitedHealthcare Community Plan members who seek services at the Emergency Room.</p>
<p>Reimbursement Guidelines</p> <p>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:</p> <ol style="list-style-type: none"> 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. <p>The facility should review emergency room services and determine whether services provided in the emergency room constitute an Emergency Medical Condition and bill accordingly.</p>

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.

When UnitedHealthcare Community Plan determines services provided in the emergency department/room are non-emergent, the state of New Jersey established triage rate of \$140.00 will be reimbursed.

If a claim comes in with a completed NJ Emergency Certification form attached with it, we will pay as normal and not the triage rate.

Claims with the following criteria will be exempt from the policy:

- a. Children 6 years of age or less
- b. Seniors 65 years of age or greater
- c. Pregnant women (identified by the presence of condition code B3, which indicates the member is pregnant)
- d. Certification of emergency form attachment. The attending physician may complete a form certifying the visit was an emergency. This would be attached to the claim and require that the claim be excluded from the triage rate.
- e. 90% of the \$140.00 triage payment should be applied to in-state non-par in scope facilities

Emergency room claims are identified by claims billed on UB-04 with a Revenue Code 45x

ER claims billed with lower-level emergency Evaluation & Management (E&M) CPT/ Healthcare Common Procedure Coding System (HCPCS) codes, 99281-99282 will be paid the triage rate regardless of diagnosis codes submitted.

ER claims billed with emergency E&M CPT/HCPCS codes 99283-99285 and only a non-emergent diagnosis code is in the three diagnosis positions, will be paid at the triage rate.

ER claims billed with emergency E&M CPT/HCPCS codes 99283-99285 and G0382-G0383 and an emergent diagnosis code is in any of the first three diagnosis positions, the claim will not pay at the triage rate.

Attachments	
<p><u>United Healthcare Community Plan New Jersey ER Policy Low Acuity ICD-10 Diagnosis List</u></p>	<p>A list of diagnosis codes that are considered non-emergent for New Jersey. Non-emergent diagnosis must appear in the first three claim positions.</p>

Resources

New Jersey State 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

11/1/2022	Annual Anniversary Date Change
11/1/2021	Annual Anniversary Date Change History: Entries prior to 11/1/2019 archived
11/6/2020	Annual Anniversary Date and Version Change Attachments Section: Verbiage removed Please right-click on the icon to open the file Header Section: Policy information moved
11/1/2018	Policy Implemented for the New Jersey Health Plan