

Emergency Room Service Policy: Tennessee, Professional

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, to 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.

Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

Policy

Overview

This policy describes how physicians claims will be adjudicated for emergent and non-emergent services to UnitedHealthcare Community Plan members who seek services at the emergency room. This policy also identifies the method of reimbursement for such claims.

An **Emergency Medical Condition** as defined in the state managed care contract: A physical or behavioral condition manifesting itself by acute symptoms of sufficient severity (including severe pain) 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 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 emergency services under the managed care contract the following guidelines should be followed:

1. If the provider bills CPT codes 99281-99285 **and it meets ER Criteria** based on the inclusion of specific ICD-10 diagnosis codes on the claim, the claim will continue to be processed as an emergency service under the applicable Fee Schedule amount.
2. If the provider bills CPT codes 99281-99285 and the claim does not meet ER Criteria and if medical records are not submitted that evidence that the service meets the Emergency Medical Condition definition above, the CPT codes 99281-99285 will be adjudicated and reimbursed at the less of \$50 or the contracted rate.

ER Criteria

Services will be considered for adjudication as an emergency service when:

1. The ICD-10 codes reported in Diagnosis 1 and/or Diagnosis 2 align with the ICD-10 codes identified as accepted emergency diagnosis codes in the attached diagnosis list. When either Diagnosis 1 and/or Diagnosis 2 is considered emergency, the emergency charge will be adjudicated 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.
3. The service meets the definition of an Emergency Medical Condition as documented in the clinical record submitted with the claim or on appeal.

Er Criteria identified through ICD-10 codes in the attached diagnosis list have been developed with collaboration from community medical experts and the state regulator.

Submission of Clinical Records

Upon initial submission of claims, providers may attach the clinical record for review. The claim will be pended for review of the attached clinical record to determine if the services meet the definition of an Emergency Medical Condition. This process will allow providers to have their claims and medical records reviewed for emergency determination prior to claim being processed.

Providers that have filed claims that have been processed and were determined not to meet the Emergency Medical Condition definition, can appeal the claim adjudication by using this appeal process. Providers may attach the clinical record which will be reviewed to help determine if the service meets the definition of an Emergency Condition.

Attachments

Tennessee ER Policy Emergency ICD-10 Diagnosis List	List of accepted emergency ICD-10 diagnosis codes.
---	--

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

History

1/1/2024	Policy Version Change Policy Logo Update Attachment Section: Emergency ICD-10 Diagnosis List Updated History Section: Entries prior to 1/1/2022 archived
1/1/2023	Policy Version Change Attachment Section: Emergency ICD-10 Diagnosis list Updated

7/1/2011	Policy posted by UnitedHealthCare Community & State
-----------------	---