IHCP bulletin

INDIANA HEALTH COVERAGE PROGRAMS BT202009 JANUARY 30, 2020

IHCP changes requirements for MCE emergency services claim processing

The State is announcing changes to managed care entity (MCE) emergency claim processing requirements. Effective April 1, 2020, if an MCE chooses to use a list of diagnosis codes to determine whether a service is an emergency, the MCE must, at a minimum, use the State's *Emergency Department Autopay List*, accessible from the *Code Sets* page at in.gov/medicaid/providers.

The MCE may add additional codes to the autopay list, but may not remove any. The single *Emergency Department Autopay List* will be public so that emergency department (ED) physicians and facilities may decide whether they need to submit medical records for a prudent layperson review. The Indiana Office of Medicaid Policy and Planning (OMPP) will regularly review and update the list as needed.

ED physicians and facilities have the opportunity to submit medical records for a prudent layperson review with an initial claim if the ED physician or facility does not believe the claim will match to the *Emergency Department Autopay List*. If the claim does not match the autopay list, and records are not provided, an MCE can choose to pay the claim at the screening fee or a contracted case rate. After a claim is paid at the screening fee, the provider again has the opportunity to submit medical records for a prudent layperson review. **Within 30 days** of receiving medical records from the provider, the MCE must conduct the prudent layperson review, and then reprocess that claim if the claim is found to be an emergency.

Claims that are determined to be an emergency—whether through the autopay list, prudent layperson review, or MCE nurse line—will be paid at the appropriate rate for the billed Current Procedural Terminology (CPT©[1]) or revenue code, whether it is a fee schedule rate or a negotiated case rate.

An MCE may implement more lenient requirements for the payment of emergency services, but may not enact more stringent requirements.

- **Effective February 1, 2020:**
  - For admissions to observation via the ED, payment of the observation stay shall not be impacted by whether the ED visit was determined to be an emergency or nonemergency.
  - MCEs will consider a claim an emergency if the member was instructed to go to the ED by the MCE's 24-hour nurse line.
  - If an MCE contracts a provider using a case rate, the MCE must pay the Hospital Assessment Fee (HAF) adjustment factor and pay for ancillary services and procedures in addition to the case rate.
- **Effective April 1, 2020:**
  - If an MCE uses an autopay list, the MCE must check, at a minimum, the **first six diagnoses** on an emergency claim against the autopay list.
  - For claims paid at the screening fee or a nonemergency case rate, the MCE must allow a provider to submit records for prudent layperson review **within 120 days**.

QUESTIONS?

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