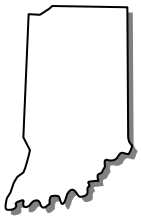

P R O V I D E R B U L L E T I N

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To: Acute Care Hospitals and Emergency Room Physicians

Subject: Hoosier Healthwise, *Care Select*, and Traditional Medicaid Coverage of Emergency Room Services

Overview

This bulletin clarifies the Hoosier Healthwise Managed Care Organization's (MCO's) obligation regarding the coverage of emergency services. In addition, this bulletin sets out the *Care Select* and traditional Medicaid coverage policy for hospital emergency room services. The provisions of this bulletin are effective July 1, 2009.

Hoosier Healthwise Coverage of Emergency Room Services

An MCO may conduct a prudent layperson review to determine if a member presenting at an emergency room had an emergency medical condition. Per *IC 12-15-12-0.3* and *42 CFR 438.114*, an emergency medical condition is a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such 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 a pregnant woman, 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

Regardless of the outcome of the prudent layperson review, both the facility and physician must receive reimbursement for the screening services. Specifically, for physician services billed on a CMS-1500 claim, if a prudent layperson review determines the service was not an emergency, the MCO must reimburse, at minimum, for Current Procedural Terminology (CPT®[1]) code 99281 – *Emergency department visit – Level 1 screening fee*. Additionally, for facility charges billed on a UB-04, if a prudent layperson review determines the service was not an emergency, the MCO must reimburse for revenue code 451.

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

With the exception of the physician screening fee and facility fee, the MCO is not required to reimburse providers for services rendered in an emergency room for treatment of conditions that do not meet the prudent layperson standard as an emergency medical condition, unless the MCO authorized this treatment.

The MCOs are to reimburse according to this methodology for dates of service beginning July 1, 2009. For questions regarding specific billing guidelines, please contact the appropriate MCO Provider Services Line, as outlined below:

- Anthem Hoosier Healthwise: 1-866-408-6132
- MDwise Hoosier Healthwise: 1-800-356-1204
- Managed Health Services: 1-877-MHS-4U4U or 1-877-647-4848

Care Select and Traditional Medicaid Coverage of Emergency Room Services

The Indiana Health Coverage Programs (IHCP) covers services for a member presenting to an emergency room with an emergency medical condition, as determined by the screening physician. Per *42 U.S.C. § 1395dd(e)(1)*, an emergency medical condition is a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such 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 a pregnant woman, 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

For members presenting to an emergency room with or without an emergency condition outlined above, the IHCP has adopted the following guidelines:

Facility Billing

If the screening identifies that the member has a nonemergent medical condition, the facility may only bill Revenue Code 451 – *EMTALA-emergency medical screening service* and will be reimbursed the lesser of the provider's submitted charge (usual and customary) or the emergency screening fee of $25. If the screen determines the member has an emergency condition, the hospital would bill for medically necessary emergency services, using the appropriate revenue and Healthcare Common Procedure Coding System (HCPCS) codes. The screening revenue code may not be billed in conjunction with emergency room treatment services.

Physician Billing

If the physician determines that the member has a nonemergent medical condition, the physician may bill only one of the CPT codes below and will be reimbursed the lesser of the provider's submitted charge (usual and customary) or the rate on file. If the screen determines the member has an

emergency condition, the physician may bill the screening code, as well as medically necessary services.

Table 1 – Current Procedural Terminology Codes for Emergency Room Screening

CPT	Description
99281	Emergency department visit for the evaluation and management of a patient, which requires these three key components: • A problem-focused history • A problem-focused examination • Straightforward medical decision-making
99282	Emergency department visit for the evaluation and management of a patient, which requires these three key components: • An expanded problem-focused history • An expanded problem-focused examination • Medical decision making of low complexity
99283	Emergency department visit for the evaluation and management of a patient, which requires these three key components: • An expanded problem-focused history • An expanded problem-focused examination • Medical decision making of moderate complexity

Primary medical provider (PMP) authorization is not required for emergency room screening services provided to *Care Select* members.

Effective July 1, 2009, the IHCP will no longer reimburse hospitals and physicians for nonemergency services rendered in the emergency room setting. Hospitals and physicians will each be reimbursed for a screen that is necessary to determine if the member had an emergency condition.

Services provided in the emergency room setting may be subject to prepayment and postpayment review. Documentation must support that the prudent layperson standard has been met for *Care Select* members (when the PMP has not authorized the services) and traditional Medicaid members.

For questions concerning billing guidelines for emergency services rendered to *Care Select* or traditional Medicaid members, please contact EDS Customer Assistance (317) 655-3240 or 1-800-577-1278.

Contact Information

If you have questions about this bulletin, please contact Customer Assistance at (317) 655-3240 in the Indianapolis local area or toll-free at 1-800-577-1278.

If you need additional copies of this bulletin, please download them from the IHCP Web site at http://www.indianamedicaid.com/ihcp/Publications/bulletin_results.asp. To receive e-mail notifications of future IHCP publications, subscribe to the IHCP E-mail Notifications at http://www.indianamedicaid.com/ihcp/mailing_list/default.asp.