

FEBRUARY 2018

**KMAP HOSPITAL & PROFESSIONAL BULLETIN 18044****ER Codes and Modifier**

Effective with dates of service on or after March 1, 2018, the ET modifier will be informational only. Hospitals will no longer need to bill the ET modifier with codes 99281-99285 or 99291-99292 for facility charges. The payment rate will continue to be the same as with the ET modifier. There should only be one facility claim and one professional claim for codes 99281-99285. Procedure codes 99291 and 99292 will be excluded from this limitation. Medical necessity documentation must accompany the claim when more than one ER visit is made on the same day for the same individual.

**Note:** Outpatient hospitals and ambulatory surgical centers must bill facility charges on the UB-04 form. Physician services provided in an outpatient hospital setting must be billed on the CMS 1500 Claim Form.

**Note:** The effective date of the policy is March 1, 2018. The implementation of State policy by the KanCare managed care organizations (MCOs) may vary from the date noted in the Kansas Medical Assistance Program (KMAP) bulletins. The **KanCare Open Claims Resolution Log** on the KMAP [Bulletins](#) page documents the MCO system status for policy implementation and any associated reprocessing completion dates, once the policy is implemented.

**KMAP**[Kansas Medical Assistance Program](#)

- [Bulletins](#)
- [Manuals](#)
- [Forms](#)

## Customer Service

- 1-800-933-6593
- 7:30 a.m. - 5:30 p.m.  
Monday - Friday

For the changes resulting from this provider bulletin, view the updated *Hospital Fee-for-Service Provider Manual*, Section 7020, pages 7-9 and 7-10; *Professional Fee-for-Service Provider Manual*, Section 7010, pages 7-5 and 7-6; and **Coding Modifiers Table**.

DXC Technology is the fiscal agent of KMAP.