



Reimbursement Policy

Subject: Emergency Department: Level of Evaluation and Management Services (Medicare Advantage Only)

Effective Date:
09/01/19

Committee Approval Obtained:
05/07/19

Section: **Facilities**

*****The most current version of the reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to <https://providers.amerigroup.com>. Under Quick Tools, select Reimbursement Policies > Medicaid/Medicare. Note: State-specific exemptions may apply. Please refer to the Exemptions section below for specific exemptions based on your state.*****

These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement if the service is covered by a member’s Amerigroup benefit plan. The determination that a service, procedure, item, etc. is covered under a member’s benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member’s state of residence. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with CPT codes, HCPCS codes and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to both participating and nonparticipating providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Amerigroup may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

Amerigroup reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Amerigroup strives to minimize these variations.

Amerigroup reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to this site.

Policy

Amerigroup allows reimbursement for facility emergency department (ED) evaluation and management (E&M) services unless provider, federal or CMS contracts and/or requirements indicate otherwise. Reimbursement for facility ED services is based on the highest level E&M code for which a claim qualifies.

	<p>Amerigroup determines the appropriate level of ED E&M code by classification of intensity and/or complexity of resources or interventions a facility utilizes to furnish all services indicated on the claim. Providers must utilize appropriate CPT/HCPCS and revenue codes for all services rendered during the ED encounter.</p> <p>Amerigroup classifies the intensity/complexity of facility interventions used for services with an E&M code level. E&M services will be reimbursed based on this classification at the highest E&M level supported on the claim.</p> <p>This policy only applies to Medicare Advantage.</p> <p>Exclusions</p> <ul style="list-style-type: none"> • ED visits resulting in observation status or inpatient admission • Critical access hospital services • Trauma or critical care services • Surgical intensive care services <p>Note: Amerigroup adheres to the requirements of the Emergency Medical Treatment and Labor Act (EMTALA) and the Federal Managed Care Regulations.</p>
Exemptions	<ul style="list-style-type: none"> • This policy does not apply to Medicaid plans.
History	<ul style="list-style-type: none"> • Initial committee approval 05/07/19 and effective 09/01/19
References and Research Materials	<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> • CMS • 42 CFR § 422.113 — special rules for ambulance services, emergency and urgently needed services, and maintenance and post-stabilization care services • American College of Emergency Physician ED Facility Level Coding Guidelines • EMTALA • Optum360, 2019
Definitions	<ul style="list-style-type: none"> • General Reimbursement Policy Definitions
Related Policies	<ul style="list-style-type: none"> • Claims Submissions — Required Information for Facilities • Documentation Standards for Episodes of Care • Preadmission Services • Sanctioned and Opt-Out Providers
Related Materials	<ul style="list-style-type: none"> • None

Exhibit A: related coding

Code	Description	Comments
99281	Emergency department visit for the evaluation and management of a patient, level 1	
99282	Emergency department visit for the evaluation and management of a patient, level 2	
99283	Emergency department visit for the evaluation and management of a patient, level 3	
99284	Emergency department visit for the evaluation and management of a patient, level 4	
99285	Emergency department visit for the evaluation and management of a patient, level 5	
G0380	Level 1 hospital emergency department visit provided in a type B emergency department	
G0381	Level 2 hospital emergency department visit provided in a type B emergency department	
G0382	Level 3 hospital emergency department visit provided in a type B emergency department	
G0383	Level 4 hospital emergency department visit provided in a type B emergency department	
G0384	Level 5 hospital emergency department visit provided in a type B emergency department	