# Tennessee Emergency Room Services Policy - Facility

***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.*



## Application

**This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.**

This reimbursement policy applies to services reported using the UB-04 form or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network facilities, including, but not limited to, non-network authorized and percent of charge contract facilities.

## Policy

### Overview

This policy describes how facilities will be adjudicated for emergent and non-emergent services to UnitedHealthcare Community Plan members who seek services at the emergency room.

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

To appropriately reimburse for services provided in the Emergency Room the following guidelines should be followed:

1. Emergency services should bill with revenue code 450 consistent with terms of the contract.

a. If the provider bills RC 450 with CPT codes 99281-99285, 99291, G0380-G0384 **and it meets ER Criteria** they will be adjudicated as an emergency room service under the policy, includes codes:
Level 1: CPT/HCPC Codes: 99281, G0380
Level 2: CPT/HCPC Codes: 99282, G0381
Level 3: CPT/HCPC Codes: 99283, G0382
Level 4: CPT/HCPC codes: 99284, G0383
Level 5: CPT/HCPC Codes: 99285, G0384
Critical Care: CPT Codes: 99291

b. If the provider bills RC 450 with no CPT code or CPT codes OTHER THAN 99281-99285, 99291, G0380-G0384 and it meets ER Criteria, the reimbursement should default to the Emergency Room Level 1 payment rate

c. If the provider bills RC 450 and it does NOT meet ER Criteria no matter what CPT/HCPC may or may not be submitted, the policy will continue to adjudicate the claim at the Emergency Medical Treatment and Labor Act (EMTALA) rate in accordance with the provider's agreement. In instances where the provider's agreement does not contain an EMTALA rate or otherwise provide a rate for service(s) that do not meet ER Criteria, UnitedHealthcare Community Plan shall pay the provider no less than the lowest contracted EMTALA rate for the Grand Region (as defined in the state managed care contract) where the provider is located.

2. If the provider bills the EMTALA revenue code 451
   a. If RC 451 is billed with no RC 452 or 459 on the claim, the claim will adjudicate with the EMTALA rate determined by the contract.
   b. If RC 451 is billed along with RC 452 or 459 and it meets ER criteria pay the appropriate ER Level Case rate
   c. If RC 451 is billed along with RC 452 or 459 and it does NOT meet ER Criteria, the claim will adjudicate under the policy as the EMTALA case rate determined by the contract.

In instances where the provider agreement does not contain an EMTALA rate of otherwise a provide a rate for service(s) that do not meet ER criteria, UnitedHealthcare Community Plan shall pay the provider no less that the lowest contracted EMTALA rate for the Grand Region (as defined in the state managed care contract) where the provider is located.

**ER Criteria**

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

1) ICD-10-codes as reported in the patient reason(s) (box 70 three diagnosis codes), or final diagnosis code(s) (box 67 primary diagnosis) align with the ICD-10 codes idented as accepted emergency diagnosis codes in the attached diagnosis list.
2) When the patient is less than 24 months of age regardless of the patient reason(s) or final diagnosis code(s).
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. Payment for claims that meet ER Criteria is inclusive of the screening charge and a separate payment will not be made for the screening charge.

**Submission of Clinical Records**

Upon initial submission of claims, facilities 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 facilities to have their claims and medical records reviewed for emergency determination prior to claim being processed.

Condition definition can appeal the claim adjudication by using the appeal process outlined in the Provider Administration Manual available at https://www.uhcprovider.com. As part of the appeal process, providers may attach the clinical record which will be reviewed to help determine if the service meets the definition of an Emergency Medical Condition.

| Attachments | |
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| **Tennessee ER Policy Emergency ICD-10 Diagnosis List** | List of accepted emergency ICD-10 diagnosis codes |

| Resources |
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| 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 |
| National Uniform Billing Committee (NUBC) |

| History | |
|---|---|
| **1/1/2025** | Policy Version Chage<br>Attachment Section: Emergency ICD-10 Diagnosis List Updated |
| **1/1/2024** | Policy Version Change<br>Policy Logo Update<br>Attachment Section: Emergency ICD-10 Diagnosis List Updated<br>History Section: Archived entries prior to 1/1/2022 |
| **1/1/2023** | Policy Version Change<br>Attachment Section: Emergency ICD-10 Diagnosis list updated |
| **12/9/2022** | Policy Version Change<br>Policy verbiage updates |
| **6/23/2022** | Annual policy version change<br>History Section: Archived entries prior 6/23/2020 |
| **5/22/2022** | Policy version change<br>Attachments Section: Emergency ICD-10 Diagnosis List updated |
| **4/20/2009** | Policy posted by UnitedHealthcare Community Plan |

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