



Network Notification

Notice Date: April 12, 2019
To: Indiana Healthy Indiana Plan (HIP) and Hoosier Healthwise (HHW) Providers
From: CareSource®
Subject: Emergency Room Auto-Pay Reimbursement

Summary

CareSource has implemented an emergency room (ER) auto-pay list for Healthy Indiana Plan (HIP) and Hoosier Healthwise (HHW) claims. The auto-pay reimbursement methodology will use the diagnosis code(s) billed on the claim for the ER encounter. Diagnosis not included on the auto-pay list will be set aside for prudent lay review, and if determined to be emergent, will be reimbursed. Non-emergent claims will be reimbursed at the appropriate triage rate.

Resource

Indiana Medicaid policy, found on page 3 [Emergency Services module](#), is available below for reference.

The IHCP does not reimburse hospitals for nonemergency services rendered in emergency room settings. Hospitals are reimbursed for screenings that are necessary to determine whether the member has an emergency condition. Revenue code 451 – EMTALA – Emergency Medical Screening Service is reimbursed for the nonemergent screening. All ancillary charges submitted with revenue code 451 will be denied. When revenue code 451 is billed on an outpatient or outpatient crossover claim, all other services billed are not payable.

The IHCP covers services for a member presenting to an emergency department with an emergency medical condition, as determined by the screening physician. When the screening does not meet the definition of an emergency visit, using the layperson review criteria, the provider should bill only for the screening service. Current Procedural Terminology (CPT®1) codes 99281–99285 reflect the appropriate level of emergency department screening exam that providers must bill on a professional claim.

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OMPP Approved: 4/11/19