



REIMBURSEMENT POLICY STATEMENT

Marketplace

Policy Name & Number	Date Effective
Emergency Department Services Leveling for Facility Claims-MP-PY-1386	IN, GA, KY, WV: 01/01/2023-05/31/2024 OH: 02/01/2023-05/31/2024
Policy Type	
REIMBURSEMENT	

Reimbursement Policies prepared by CareSource and its affiliates are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.

In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any federal or state coverage mandate, Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

This Policy does not ensure an authorization or Reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced herein. If there is a conflict between this Policy and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

CareSource and its affiliates may use reasonable discretion in interpreting and applying this Policy to services provided in a particular case and may modify this Policy at any time.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

This policy applies to the following Marketplace(s):

<input checked="" type="checkbox"/> Georgia	<input checked="" type="checkbox"/> Indiana	<input checked="" type="checkbox"/> Kentucky	<input checked="" type="checkbox"/> Ohio	<input checked="" type="checkbox"/> West Virginia
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A. Subject**Emergency Department Services Leveling for Facility Claims****B. Background**

Emergency department (ED) services are generally provided when a medical condition requires immediate action, such as an injury or sudden illness. Data from the National Center for Health Statistics indicates there are 130 million emergency department visits in the United States per year. The policy describes appropriate levels of reimbursement for facility services in relation to the levels of complexity or severity rendered in the ED. The Centers for Medicare & Medicaid Services (CMS) provider guidelines to hospitals to direct the form of general guidelines to be used in facility coding for ED services. The volume and intensity of facility resources utilized by the physician to provide patient care is identified by the facility code. Professional codes are based on the intensity and complexity of provider performed work.

C. Definitions

- **Emergency Services** - An emergency medical condition within the capability of the emergency department of a hospital, including ancillary services routinely available to evaluate such emergency medical condition.
- **Health Care Facility** - A hospital or long-term care facility. Other healthcare facilities include associated sites, such as pharmacies and outpatient laboratories. Assisted living facilities, senior living facilities, prisons, or group homes are not included.
- **Facility Resources** - Resources used to provide health care and services, including but not limited to materials, personnel, facilities, and funds.

D. Policy

- I. CareSource policy reimburses ED services if services billed are supported by documentation.
- II. Billing requires the following conditions be met:
 - A. Emergency department services are billed in accordance with the appropriate Healthcare Common Procedure Coding System (HCPCS)/Current Procedural Terminology (CPT) codes.
 - B. The primary diagnosis billed agrees with the emergency department reported level of care.
 - C. CareSource will consider the level of resources owned or covered by the facility to properly treat the patient.

E. Conditions of Coverage

NA

F. Related Policies/Rules

Medical Necessity Determinations

G. Review/Revision History

	DATE	ACTION
Date Issued	10/04/2022	
Date Revised		
Date Effective	GA, IN, KY, WV: 01/01/2023 OH: 02/01/2023	
Date Archived	GA,IN,KY,WV: 05/31/2024 OH: 05/31/2024	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

H. References

1. American College of Emergency Physicians. ED facility level coding guidelines. American College of Emergency Physicians. Retrieved September 1, 2022 from www.acep.org.
2. Centers for Disease Control and Prevention. Defining Healthcare Facilities and Healthcare-associated Legionnaires' Disease. Retrieved August 26, 2022 from <https://www.cdc.gov>.
3. Centers for Disease Control and Prevention: National Center for Health Statistics. Emergency Department Visits. Retrieved July 15, 2022 from www.cdc.gov
4. Centers for Medicare and Medicaid Services. Medicare Claims Processing Manual Chapter 12 - Physicians/Nonphysician Practitioners. Retrieved September 1, 2022 from www.cms.gov.
5. Racmonitor. Differentiating between professional and facility ED coding. (Feb 12, 2020). Retrieved on August 25, 2022 from <https://racmonitor.com>.

I. State-Specific Information

- A. Georgia
 1. Effective: 01/01/2023
- B. Indiana
 1. Effective: 01/01/2023
- C. Kentucky
 1. Effective: 01/01/2023
- D. Ohio
 1. Effective: 02/01/2023
- E. West Virginia
 1. Effective: 01/01/2023