



Reimbursement Policy

Subject: **Emergency Department Leveling of Evaluation and Management Services**

Policy Number: **G-19002**

Policy Section: **Facilities**

Last Approval Date: **01/16/2024**

Effective Date: **01/16/2024**

**** Visit our provider website for the most current version of the reimbursement policies. If you are using a printed version of this policy, please verify the information by going to <https://www.bluecrossnc.com/providers/blue-medicare-providers/healthy-blue-medicare>. ****

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if Blue Cross and Blue Shield of North Carolina (Blue Cross NC) Medicare Advantage covered the service for the Healthy Blue + MedicareSM (HMO-POS D-SNP) member's 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 Current Procedure Terminology[®] (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes, and/or revenue codes. These codes denote the services and/or procedures performed and, when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Blue Cross NC Medicare Advantage may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.
- Adjust the reimbursement to reflect the appropriate services and/or procedures performed.

<https://www.bluecrossnc.com/providers/networks-programs/blue-medicare/healthy-blue-medicare>

Blue Cross and Blue Shield of North Carolina Senior Health, DBA Blue Cross and Blue Shield of North Carolina, is an HMO-POS D-SNP plan with a Medicare contract and a NC State Medicaid Agency Contract (SMAC). Enrollment in Blue Cross and Blue Shield of North Carolina Senior Health depends upon contract renewal.

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Blue Cross and Blue Shield of North Carolina
Healthy Blue + Medicare (HMO-POS D-SNP)
Emergency Department Leveling of Evaluation and Management Services

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. Blue Cross NC Medicare Advantage strives to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

Policy

Blue Cross NC Medicare Advantage allows reimbursement for a facility Emergency Department (ED) providing emergency services unless contracts and/or requirements indicate otherwise.

Reimbursement for emergent facility Emergency Department (ED) services is based on Blue Cross NC Medicare Advantage's classification of ED Evaluation and Management (E/M) code levels, as outlined below.

Blue Cross NC Medicare Advantage determines the level of ED E/M code by classifying the intensity and/or complexity of resources or interventions a facility uses to furnish all services indicated on the claim. Providers must use appropriate *HIPAA* compliant codes for all services rendered during the ED encounter.

Based on this classification, if the E/M code level submitted is higher than the E/M code level supported on the claim, Blue Cross NC Medicare Advantage reserves the right to perform one of the following:

- Deny the claim and request resubmission at the appropriate level or request the provider submit documentation supporting the level billed.
- Adjust reimbursement to reflect the lower ED E/M classification.
- Recover and/or recoup monies previously paid on the claim in excess of the E/M code level supported.

Exclusions:

- Critical care or outpatient surgery performed during ED visit
- Member expired in the ED
- Member admitted inpatient or transferred to another facility
- Member placed in observation status

Note: Blue Cross NC Medicare Advantage adheres to the requirements of the Emergency Medical Treatment and Labor Act (EMTALA).

Related Coding

Standard correct coding applies

Blue Cross and Blue Shield of North Carolina
 Healthy Blue + Medicare (HMO-POS D-SNP)
 Emergency Department Leveling of Evaluation and Management Services

Policy History	
01/16/2024	Review approved and effective: no changes
01/01/2021	Review approved and effective

References and Research Materials
<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> • 42 CFR § 422.113 — special rules for ambulance services, emergency and urgently needed services, and maintenance and post-stabilization care services • Agency for Healthcare Research and Quality • American College of Emergency Physicians ED Facility Level Coding Guidelines (ACEP) • American Health Information Management Association • CMS • Emergency Medical Treatment and Labor Act (EMTALA) • Optum EncoderPro 2024 • State contract

Definitions	
Interventions	The staff the facility utilizes and their work performed
Resources	Facility building, equipment, and/or supplies utilized. Note: Professional provider services are not considered facility interventions or resources.
Intensity and/or Complexity	Quantity, type, or specialization of interventions and/or resources used and the nature of the presenting problem, member age, acuity, and diagnostic services performed, as indicated on the claim.
Emergency Services	A medical condition manifesting itself by acute symptoms of recent onset and sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical care could result in (a) placing the health of an individual in serious jeopardy, (b) serious impairment to bodily function, (c) serious dysfunction of any bodily organ or part, (d) serious disfigurement, or (e) in the case of a pregnant woman, serious jeopardy to the health of the woman or her unborn child.
General Reimbursement Policy Definitions	

Related Policies and Materials
Claims Requiring Additional Documentation
Claims Submissions – Required Information for Facilities
Documentation Standards for Episodes of Care
Preadmission Services for Inpatient Stays
Sanctioned and Opt-Out Providers