

Medicare Advantage | Colorado • Connecticut • Georgia • Indiana • Kentucky • Missouri • Nevada
 • New Hampshire • New York • Ohio • Virginia • Wisconsin

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 [anthem.com/medicareprovider](https://www.anthem.com/medicareprovider). ****

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if Anthem Medicare Advantage covered the service for the 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, Anthem 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.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. Anthem 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

Anthem 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 Anthem Medicare Advantage's classification of ED Evaluation and Management (E/M) code levels, as outlined below.

Anthem 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, Anthem 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: Anthem Medicare Advantage adheres to the requirements of the Emergency Medical Treatment and Labor Act (EMTALA).

Related Coding

Standard correct coding applies

Policy History

01/16/2024	Review approved and effective: no changes
01/15/2021	Review approved and effective
05/07/2019	Initial approval 05/07/2019 and effective 09/01/2019

References and Research Materials

This policy has been developed through consideration of the following:

- 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

©2019-2024 Anthem Blue Cross and Blue Shield. All Rights Reserved.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In 17 southeastern counties of New York: Anthem HealthChoice Assurance, Inc. and Anthem HealthChoice HMO, Inc. In these same counties, Anthem Blue Cross and Blue Shield HP is the trade name of Anthem HP, LLC and Anthem Blue Cross and Blue Shield Retiree Solutions is the trade name of Anthem Insurance Companies, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. Anthem Blue Cross and Blue Shield and its affiliate Healthkeepers, Inc. serve all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI). BCBSWI underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by Compcore Health Services Insurance Corporation (Compcore) or Wisconsin Collaborative Insurance Corporation (WCIC). Compcore underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.