Emergency Care

Policy
Harvard Pilgrim reimburses emergency department services based on the member’s prudent layperson judgment to seek emergency care.

Policy Definition
"Emergency Care" are services rendered when a member has a physical or mental medical condition, manifesting itself by acute symptoms of sufficient severity, including severe pain, such that a prudent layperson, with an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

• Serious jeopardy to the health of the individual, or in the case of pregnant women, to the health of the woman or her unborn child
• Serious impairment to bodily functions
• Serious dysfunction of any bodily organ or part

Prerequisite(s)
Applicable Harvard Pilgrim referral, notification and authorization policies and procedures apply. Refer to "Referral, Notification and Authorization" for more information.

HMO/POS/PPO
Notification required if the member is admitted. (Refer to "Emergent/Urgent Admission Notification" for specific requirements.)

Open Access HMO and POS
For "Open Access HMO and Open Access POS" products, no referral is required to see a contracted specialist.

Harvard Pilgrim Reimburses
HMO/POS/PPO
Emergency department (ER) care is reimbursed at a contracted rate, including:

• Room and facility services directly related to the services provided as part of the emergency department care including incidentals (i.e., pharmacy and supplies billed under revenue code 25X & 27X).
• Procedures performed in the emergency department setting including surgical procedures, physical therapy, and treatment room.

Ancillaries are reimbursed separately from ER contracted rate. (Ancillary services are defined as services such as laboratory, pathology, radiology, etc.).

Follow-Up Care
If the attending ER physician recommends follow-up care after emergency department treatment, it must be approved or provided by the member’s PCP to be considered for reimbursement. The ER is not the appropriate location for non-emergency follow-up care.

Emergency Department Services Resulting in Outpatient Surgery

• Surgical procedures performed exclusively in the emergency department setting will not be reimbursed separately; the reimbursement for these services is included in the emergency department contracted rate.
• Emergency department services provided in conjunction with surgical procedures performed outside of the ER setting (i.e., operating room, ambulatory surgery, clinic, treatment room) will not be reimbursed separately; these services are reimbursed according to the facilities all-inclusive surgical contracted rate.
**Emergency Department Services Preceding an Observation Stay**
When emergency room services precede an observation stay, the entire emergency episode is included in the observation reimbursement for inclusive payment according to the contracted observation rate.

**Emergency Department Services Resulting in an Inpatient Stay**
Emergency department services rendered immediately prior to a related inpatient admission are included in the contracted inpatient payment rate and terms. The hospital must notify Harvard Pilgrim of the inpatient admission within 48 hours or next business day.

**Harvard Pilgrim Does Not Reimburse**

**HMO/POS/PPO**
- Routine care services, including but not limited to physical exams, diagnostic tests, or preventive procedures, provided in the ER.
- Care a member could have foreseen before leaving the service area.

**Member Cost-Sharing**
Services subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible). Emergency department copayment is waived when:
- Harvard Pilgrim is the secondary payer (COB, MVA, WC).
- Emergency care results in an observation stay or an inpatient admission.

**Provider Billing Guidelines and Documentation**

**Coding**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>036X</td>
<td>Operating room</td>
<td>Use to bill for surgical day care procedures; requires a CPT (10021–69990)</td>
</tr>
<tr>
<td>045X</td>
<td>Emergency department</td>
<td>Use to bill all surgical procedures performed in the emergency department</td>
</tr>
<tr>
<td>0762</td>
<td>Observation room</td>
<td>Use to bill if emergency department services result in an observation stay; record observation hours in Form Locator 46</td>
</tr>
</tbody>
</table>

Emergency Department Evaluation and Management (E/M) codes do not differentiate between new or established patients and are typically reported once per day. All emergency department codes require all three key components (history, exam, and medical decision-making (MDM)) to be met and documented for the level of service rendered.

**Emergency Department E/M Codes-Professional**
Professional codes should be selected based on complexity and work performed

<table>
<thead>
<tr>
<th>Code</th>
<th>Key Components</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>99281</td>
<td>• Problem Focused History</td>
<td>• Uncomplicated Insect Bite</td>
</tr>
<tr>
<td></td>
<td>• Problem Focused Exam</td>
<td>• Reading of a TB test</td>
</tr>
<tr>
<td></td>
<td>• Straightforward MDM</td>
<td>• Routine wound check</td>
</tr>
<tr>
<td></td>
<td>Presenting problem(s) are self-limited or minor conditions</td>
<td>• Routine blood pressure check</td>
</tr>
</tbody>
</table>

HARVARD PILGRIM HEALTH CARE-PROVIDER MANUAL H.102 October 2022
<table>
<thead>
<tr>
<th>Code</th>
<th>Key Components</th>
<th>Example</th>
</tr>
</thead>
</table>
| 99282 | • Expanded problem focused history  
      • Expanded problem-focused exam  
      • Low complexity MDM           | • Skin rash, lesion, or sunburn  
      • Minor viral infection  
      • Eye discharge (painless)  
      • Urinary tract infection (simple)  
      • Ear pain  
      • Minor bruises, sprains (w/o testing) |
|       | Presenting problem(s) are of low to moderate severity                          |                                                                                           |
| 99283 | • Expanded problem focused history  
      • Expanded problem-focused exam  
      • Moderate complexity MDM       | • Headache (resolving after initial treatment)  
      • Head injury (w/o neurological symptoms)  
      • Cellulitis  
      • Abdominal pain w/o advanced imaging  
      • Minor trauma requiring imaging or medical procedures  
      • Eye pain  
      • Non confirmed overdose  
      • Mental Health (anxiety, simple treatment)  
      • Mild asthma not requiring oxygen  
      • Gastrointestinal (GI) bleed, fissure, or hemorrhoid  
      • Chest pain (GI or muscle related)  
      • Localized infection requiring intravenous (IV) antibiotics with discharge |
|       | Presenting problem(s) are moderate severity                                    |                                                                                           |
| 99284 | • Detailed history  
      • Detailed exam  
      • Moderate complexity MDM       | • Headache w/advanced imaging  
      • Head injury w/brief loss of conscience  
      • Chest pain that requires testing  
      • Intermediate trauma w/limited diagnostic testing  
      • Dehydration that requires treatment and admission  
      • Dyspnea requiring oxygen  
      • Abdominal pain w/advanced imaging  
      • Kidney stone w/intervention    |                                          |
| 99285 | • Comprehensive history  
      • Comprehensive exam  
      • High complexity MDM          | • Chest pain that is unstable or myocardial infarction  
      • Active GI bleed (excludes fissure & hemorrhoid)  
      • Severe respiratory distress that requires diagnostic testing  
      • Epistaxis requiring complex packing and/or admission  
      • Critical trauma  
      • Suspected sepsis that requires IV or intramuscular antibiotics  
      • Uncontrolled diabetes  
      • Severe burns  
      • Hypothermia  
      • Acute peripheral vascular compromise of extremities  
      • Toxic ingestion  
      • Suicidal or homicidal  
      • New onset of neurological symptoms |

*Presenting problem(s) are moderate severity*

*Presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function*
## Emergency Department E/M Codes-Facility

Facility codes should be selected based the volume and intensity of resources used by the facility to provide care.

<table>
<thead>
<tr>
<th>Code</th>
<th>Complexity/Typical Presenting Problem</th>
<th>Example</th>
</tr>
</thead>
</table>
| 99281  | Straightforward                         | • Uncomplicated Insect Bite  
• Reading of a TB test  
• Routine wound check  
• Routine blood pressure check |
| 99282  | Low                                    | • Skin rash, lesion, or sunburn  
• Minor viral infection  
• Eye discharge (painless)  
• Urinary tract infection (simple)  
• Ear pain  
• Minor bruises, sprains (w/o testing) |
| 99283  | Moderate                               | • Headache (resolving after initial treatment)  
• Head injury (w/o neurological symptoms)  
• Cellulitis  
• Abdominal pain w/o advanced imaging  
• Minor trauma requiring imaging or medical procedures  
• Eye pain  
• Non confirmed overdose  
• Mental Health (anxiety, simple treatment)  
• Mild asthma not requiring oxygen  
• Gastrointestinal (GI) bleed, fissure, or hemorrhoid  
• Chest pain (GI or muscle related)  
• Localized infection requiring intravenous (IV) antibiotics & discharge |
| 99284  | Moderate-high                          | • Headache w/advanced imaging  
• Head injury w/brief loss of conscience  
• Chest pain that requires testing  
• Intermediate trauma w/limited diagnostic testing  
• Dehydration that requires treatment and admission  
• Dyspnea requiring oxygen  
• Abdominal pain w/advanced imaging  
• Kidney stone w/intervention |
| 99285  | High                                   | • Chest pain that is unstable or myocardial infarction  
• Active GI bleed (excludes fissure & hemorrhoid)  
• Severe respiratory distress that requires diagnostic testing  
• Epistaxis requiring complex packing and/or admission  
• Critical trauma |
# PAYMENT POLICIES

## Code Complexity/Typical Presenting Problem Example

<table>
<thead>
<tr>
<th>Code</th>
<th>Complexity/Typical Presenting Problem</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Suspected sepsis that requires IV or intramuscular antibiotics</td>
<td>• Uncontrolled diabetes</td>
</tr>
<tr>
<td></td>
<td>• Severe burns</td>
<td>• Hypothermia</td>
</tr>
<tr>
<td></td>
<td>• Acute peripheral vascular compromise of extremities</td>
<td>• Toxic ingestion</td>
</tr>
<tr>
<td></td>
<td>• Suicidal or homicidal</td>
<td>• New onset of neurological symptoms</td>
</tr>
</tbody>
</table>

The examples above are not all-inclusive list.

---

### Professional Evaluation & Management services in a Facility Based Urgent Care Location

Submit services on a CMS-1500 claim form or electronic 837P. Place of Service code 23: Emergency Room-Hospital is required.

---

### Emergency Department Services Resulting in an Inpatient Stay

Bill using revenue codes representing the emergency care and inpatient services rendered.

---

### Emergency Department Services Resulting in Surgical Day/Ambulatory Surgery

Bill the appropriate revenue code (045X) and CPT codes representing the services rendered in the emergency department and the appropriate revenue code series 036X and the CPT code(s) representing the services rendered (i.e., CPT code range 10021–69990) for the surgical day care procedure.

---

### Behavioral Health Services Provided within Acute Care Hospitals for Emergency Psychiatric Inpatient Admission (EPIA) Patients (“BH Boarding”)

Effective for dates of service on or after November 1, 2022, acute care hospitals should bill using the following information for members receiving appropriate behavioral health (BH) care to treat and/or stabilize their condition while awaiting appropriate inpatient psychiatric placement. Providers should submit one claim for medical services and another claim for BH boarding services, as follows

- Submit services for BH boarding on a separate claim
- Submit Revenue code 0169 (Room & Board Other, general classification) (Units should be billed in days)
- Ancillary services related to BH boarding services should be included on the separate claim for boarding services
- Ancillary services related to the medical portion of the stay should be included on the medical services claim

---

### Other Information

Bill motor vehicle accidents or workers’ compensation cases using diagnosis codes indicating accident, fire, etc. If applicable, enter other insurance information in Form Locator 50 of the paper UB-04. Please refer to the 837 institutional implementation guide for completing the other insurance, other subscriber, and other coordination of benefits information for electronic claims. Providers must follow all state or federal rules when prescribing medications, including any mandate review through a Prescription Monitoring Program (PMP). Harvard Pilgrim Health Care may review claims for medical appropriateness where it has concerns that the PMP is not being used or the prescriptions given are not medically appropriate.
Related Policies
Payment Policies
• Behavioral Health – Division of Financial Responsibilities
• Coding Overview
• Dental Care
• Inpatient Acute Medical Admissions
• Non-Covered Services
• Observation Stay
• Oral Surgery
• Outpatient Facility Fee Schedule
• Outpatient Surgery
• Services Incidental to Admission
• Surgery
• Interim Telemedicine/Telehealth
• Urgent Care

Referral, Notification & Authorization
• Emergent/Urgent Admission Notification
• Notification Policy

Billing and Reimbursement
• Audit Policy

PUBLICATION HISTORY
09/01/00 original documentation
06/01/01 emergency department physical therapy and treatment room are included in emergency services reimbursement
10/01/02 added First Seniority follow-up care
04/01/03 annual review; defined ancillary services and billing for day surgery or ambulatory surgery following ER services
07/01/04 added “does not reimburse” section; updated related policies
10/31/06 annual review; clarification of ER services resulting in outpatient surgery
07/31/07 annual review; update to non-reimbursed service, minor edits for clarity
07/31/08 annual review; minor edits for clarity
06/15/09 annual review; minor edits to follow-up care
05/15/10 annual review; minor edits for clarity
06/15/11 annual review; minor edits for clarity
01/01/12 removed First Seniority Freedom information from header
06/15/12 annual review; no changes
07/15/13 annual review; no changes
06/15/14 added Connecticut Open Access HMO referral information to prerequisites section
07/15/14 annual review; no changes
07/15/15 annual review; updated electronic billing guidelines
07/15/16 annual review; administrative edits
07/15/17 annual review; no changes
01/01/18 updated Open Access Product referral information under Prerequisites
07/02/18 annual review; removed reference to Hospitals and Ambulatory Surgical Centers; added billing instructions for E/M services performed in facility urgent care location; administrative edits
03/01/19 added PMP information
08/01/19 annual review; added Behavioral Health – Division of Financial Responsibilities, Telemedicine/Telehealth & Urgent Care to Related Policies
07/01/20 annual review; no changes
07/01/21 annual review; administrative edits
07/01/22 annual review; added Coding Overview to Related Policies section; added Audit Policy to Related Policies section; added emergency department coding criteria to Coding and Billing Guidelines section; administrative edit
10/17/22 added BH boarding guidelines effective for dates of service on or after November 1, 2022

The table may not include all codes related to emergency care.