
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 Reimburses¹

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

Coding²

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

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.

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 Dialysis
- 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

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 <i>Connecticut Open Access HMO</i> 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

¹This policy applies to the products of Harvard Pilgrim Health Care and its affiliates—Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health

²The table may not include all provider claim codes related to emergency care.