

UnitedHealthcare Community Plan of Florida

Emergent Services

Reimbursement Policy Change

Frequently Asked Questions

Key Points

- Starting June 1, 2018, we're changing how we reimburse for services delivered to members of UnitedHealthcare Community Plan M*Plus Managed Medical Assistance (MMA) plan at a Florida emergency department based on the claim's diagnosis code and the revenue code.
- The new Florida Emergency Room Services Policy – Facility reimbursement policy affects how claims for emergency department (ED) services are processed and how reimbursement is determined.

Overview

UnitedHealthcare Community Plan of Florida is implementing the **Florida Emergency Room Services Policy – Facility** reimbursement policy effective June 1, 2018. The policy sets how UnitedHealthcare Community Plan will reimburse for emergent and ancillary services delivered to members based on the claim's diagnosis code and revenue code.

You can find information on this and other reimbursement policies at UHCprovider.com/policies > Community Plan Policies > Reimbursement Policies for Community Plan. If you have questions about this policy, please contact your Provider/Facility Advocate or call us at **877-842-3210**. Thank you.

Frequently Asked Questions and Answers

Reimbursement Policy

Q1. Does this policy apply to all UnitedHealthcare Community Plan of Florida members?

A1. No. This policy only applies to members of UnitedHealthcare Community Plan M*Plus MMA plan. The policy doesn't apply to members of UnitedHealthcare Dual Complete® or Florida Healthy Kids plans.

Q2. What's included in the Florida Emergency Room Services Policy reimbursement policy?

A2. This policy sets the billing and reimbursement requirements for services provided in the emergency department (ED) or emergency room (ER). Reimbursement for ancillary services will be determined based on the diagnosis codes and revenue codes submitted in the claim. The Florida emergent diagnosis code list is found in the policy at UHCprovider.com/policies > Community Plan Policies > Reimbursement Policies for Community Plan > Florida Emergency Room Services Policy – Facility.

Using Revenue Code 450 or 451

- We'll reimburse the ED/ER service and ancillary services for claims submitted with revenue code 450 or 451 and a code from the Florida emergent diagnosis code list in the principal or first subsequent position.

- We'll reimburse only for the ED/ER service on claims submitted with revenue code 450 or 451 when the diagnosis code in the principal or first subsequent position isn't on the Florida emergent diagnosis code list.

Using Revenue Code 452

- We'll reimburse the ED/ER service and ancillary services when a claim is submitted with revenue code 452 and includes a code from the Florida emergent diagnosis code list in the principal or first subsequent position.
- If a claim is submitted with revenue code 452 and there isn't a code from the Florida emergent diagnosis code list in the principal or first subsequent position, the entire claim will be denied.

Q3. Will ED facilities and care providers know which diagnoses are considered to be emergency medical conditions?

A3. Yes. The list of emergent diagnosis codes is in the policy at UHCprovider.com/policies > Community Plan Policies > Reimbursement Policies for Community Plan > Florida Emergency Room Services Policy – Facility.

Q4. Does the policy define an “emergency medical condition?”

A4. Yes. An emergency condition is defined in the policy as: A physical or behavioral condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, possessing an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in the following:

- Placing the health of the individual (or, with respect to pregnant women, the health of the woman or her unborn child) in serious jeopardy
- Serious impairment to bodily functions
- Serious dysfunction of any bodily organ or part

There are more than 17,000 ICD-10 codes included in the Florida emergent diagnosis code list.

Q5. Does this policy apply to all emergency departments that serve UnitedHealthcare Community Plan of Florida members?

A5. No. The policy applies unless it's excluded by the facility's Medicaid Participation Agreement.

Q6. Does this policy change a care provider's reimbursement rates?

A6. No. The policy guides how claims for ED/ER services are reimbursed based on the services performed, the diagnosis and the codes used in billing. Florida Medicaid reimbursement rates are set by Florida's Agency for Health Care Administration (AHCA).

Q7. Which denial codes will be used on the explanation of benefits (EOB) when claim lines are denied as part of this policy?

A7. If any part of the claim is denied under this policy, you'll see “96” or “N180” in the remark code section of your explanation of benefits/provider remittance advice.

Q8. Can a hospital submit a reconsideration request if parts of the claim are denied based on this policy?

A8. Yes. Facilities can submit a reconsideration request when no reimbursement has been made for ancillary services or when reimbursement for ancillary services is denied based on this policy. Our process is listed under the “Our Claims & Encounter Process” section of the Provider Manual at UHCCommunityPlan.com > For Health Care Professionals > Florida > [Provider Administrative Manual](#).

Member Impact

Q9. Will this policy affect a member’s ability to get care?

A9. No. There are no changes to the member’s covered benefits or their ability to seek and get care.

Q10. Is UnitedHealthcare educating members about their options for non-emergency care?

A10. Yes. We have taken a number of steps to educate members on when to go to an emergency room versus an urgent care facility or PCP. Last year, we launched our Check. Choose. Go. campaign to educate consumers nationwide about their different care options. To learn more, go to uhc.com/checkchoosego. We also promote our [NurseLine](#) with members.

Q11. Can members be billed for any services that are denied due to this policy?

A11. No. UnitedHealthcare Community Plan members can’t be balance billed.

Q12. Could a member be denied access to emergency room services?

A12. No. This policy doesn’t support, and we don’t encourage, denial of covered care to any UnitedHealthcare Community Plan member. We do encourage care providers to evaluate members seeking care at an ED/ER and deliver the level of care appropriate for the member’s condition or discuss other treatment options.