# Iowa Emergency Room Services Policy- Facility (Medicaid)

<table>
<thead>
<tr>
<th>Policy Number</th>
<th>2017F7008D</th>
<th>Annual Approval Date</th>
<th>3/8/2017</th>
<th>Approved By</th>
<th>Reimbursement Policy Oversight Committee</th>
</tr>
</thead>
</table>

## IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement. This reimbursement policy applies to all health care services billed on UB-04 forms and, when specified, to those billed on 1500 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy. This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees. Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee’s benefit coverage documents, and/or other reimbursement, medical or drug policies.

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations. UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication. (*CPT® is a registered trademark of the American Medical Association*)

## Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.

This reimbursement policy applies to services reported using the UB-04 form or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network facilities, including but not limited to, non-network authorized and percent of charge contract facilities.

Payement Policies for Medicare & Retirement and Employer & Individual please use [this link](#).

Medicare & Retirement Policies are listed under Medicare Advantage Reimbursement Policies. Employer & Individual are listed under Reimbursement Policies-Commercial.

## Policy Overview

This policy describes how physicians will be reimbursed for non-emergent services to UnitedHealthcare Community Plan members who seek services at the Emergency Room. This policy also identifies the method of reimbursement for Emergency Room claims.
Reimbursement Guidelines

Iowa Medicaid has regulations to modify the reimbursement methodology to either reduce or deny payment for nonemergency services rendered in a hospital emergency room. Status Indicator V, clinic or emergency department visit, if covered by Iowa Medicaid, is paid under Outpatient Prospective Payment System Ambulatory Payment Classifications (OPPS APC) with separate APC payment, subject to limits on nonemergency services provided in an emergency room as described below:

Payment to a hospital for assessment of any Medicaid member in an emergency room shall be made pursuant to fee schedule. Payment for treatment of a Medicaid member in an emergency room shall be made as follows.

i. If the emergency room visit results in an inpatient hospital admission, the treatment provided in the emergency room is paid for as part of the payment for the inpatient services provided. CAH exempt from this requirement.

ii. If the emergency room visit does not result in an inpatient hospital admission but involved emergency services as defined by the IA Emergency Room Diagnosis list, payment for treatment provided in the emergency room shall be made at the full APC payment for the treatment provided. CAH payment is based on a cost to charge ratio.

iii. If the emergency room visit does not result in an inpatient hospital admission and did not involve emergency services as defined by the IA Emergency Room Diagnosis List, payment for treatment provided in the emergency room depends on whether the member had a referral to the emergency room from the member’s primary care provider (PCP).

1. For members who were referred to the emergency room by their primary care physician or other appropriate medical personnel, payment for treatment provided in the emergency room shall be made at 75 percent of the APC payment for the treatment provided

2. For members who were not referred to the emergency room by their primary care physician or appropriate medical personnel, payment for treatment provided in the emergency room shall be made at 50 percent of the APC payment for the treatment provided.

Diagnosis codes used to determine emergency room payment are listed in the Attachment Section below.

Definitions

**Emergency Medical Condition**

A medical or behavioral condition, the onset of which is sudden, that manifests itself by symptoms of sufficient severity, including but not limited to, severe pain, that a prudent layperson possessing an average knowledge of medicine and health could reasonably expect the absence of immediate medical attention to result in (a) placing the health of the person (or with respect to a pregnant woman, the health of the woman and her unborn child) afflicted with such condition in serious jeopardy or, in the case of a behavioral condition, placing the health of such persons or others in serious jeopardy, (b) serious impairment to such person’s bodily functions, (c) serious impairment of any bodily organ or part of such person, or (d) serious disfigurement of such person.
# Reimbursement Policy

## UnitedHealthcare Community Plan Iowa ER Policy ICD-10 Diagnosis Codes List

A list of ICD-10 Diagnosis codes that are considered emergent for Iowa QHP. One of the diagnoses on the list must appear in the first or second diagnosis position on the claim.

## Resources

- Iowa state Medicaid regulations, manuals & fee schedules
- Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
- Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
- National Uniform Billing Committee (NUBC)

## History

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/26/2017</td>
<td>Attachment Section: Updated the Iowa ER Policy ICD-10 Diagnosis Codes List</td>
</tr>
<tr>
<td>5/12/2017</td>
<td>Reimbursement Guidelines Section: Added CAH exempt from this requirement and CAH payment is based on a cost to charge ratio verbiage</td>
</tr>
<tr>
<td>3/10/2017</td>
<td>Added Overview Section</td>
</tr>
<tr>
<td></td>
<td>Updated Reimbursement Guidelines Section</td>
</tr>
<tr>
<td></td>
<td>Updated Annual Review Date</td>
</tr>
<tr>
<td>1/30/2017</td>
<td>Removed HAWKI from State Exception</td>
</tr>
<tr>
<td></td>
<td>Annual Update to Policy</td>
</tr>
<tr>
<td></td>
<td>Updated ICD 10 list</td>
</tr>
<tr>
<td>4/1/2016</td>
<td>Policy Implemented by UnitedHealthcare Community Plan</td>
</tr>
</tbody>
</table>

[Back To Top](#)