PROVIDER ALERT

UnitedHealthcare Community Plan

Update to the Emergency Department Facility Coding Policy – Beginning Dec. 15, 2018

To help reinforce accurate coding practices, UnitedHealthcare Community Plan will update our Emergency Department Facility Evaluation and Management (E/M) Coding Reimbursement Policy. This policy is based on Centers for Medicare & Medicaid Services (CMS) E/M coding principles that require hospital E/M codes to match CPT® code descriptions and reasonably relate to hospital resource use. It will be effective for dates of service on or after Dec. 15, 2018.

How the New Policy Works

UnitedHealthcare Community Plan will continue to use the Optum Emergency Department Claim (EDC) Analyzer tool, which looks at the patient's presenting problem, diagnostic services performed and patient co-morbidities to determine accurate coding. We will focus on facility Emergency Department claims that are submitted with these E/M codes:

- Level 4 (99284, G0383)
- Level 5 (99285, G0384)

After using the tool, we may adjust some facility claims as appropriate to level 4 or 5 E/M codes. We may also deny some claims, based on the reimbursement structure of the facility's provider agreement with UnitedHealthcare Community Plan.

If you receive a denial or adjustment and you believe a higher level E/M code is justified, you'll have the option of submitting a reconsideration or appeal request, according to the terms of your contract and/or Administrative Guide.

Policy Exclusions

This policy will apply to both participating and non-participating facilities that submit ED claims with level 4 and 5 E/M codes for our members. However, not every outpatient facility claim will be included in this policy. Some claims will be excluded if they involve:

- Admissions from the emergency department
- Critical care patients
- Patients younger than 2
- Claims with diagnosis codes that usually require significant nursing time and other extensive resource usage
- Patients who have expired in the emergency department
- Claims from facilities whose level 4 and 5 E/M code billing usually aligns with the EDC Analyzer tool

Once the policy is implemented, you can learn more about it at **UHCprovider.com** > Menu > Policies and Protocol > Community Plan Policies > Reimbursement Policies for Community Plan.

We're Here to Help

If you have questions about this policy, please call Provider Services at the number listed on the back of the member's ID card. Thank you.

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Note Regarding Reimbursement Policies
As with all UnitedHealthcare Community Plan policies, other factors affecting reimbursement may supplement, modify or in some cases supersede this policy. These factors include but are not limited to federal and/or state regulatory requirements, physician or other provider contracts, and/or the member's benefit coverage documents. Unless otherwise noted as follows, these reimbursement policies apply to services reported using the CMS-1500 or its electronic equivalent, or its successor form.

UnitedHealthcare Community Plan reimbursement policies do not address all issues related to reimbursement for services rendered to our members, such as the member's benefit plan documents; our medical policies; and the UnitedHealthcare Community Plan Physician, Health Care Professional, Facility and Ancillary Provider Administrative Guide. Meeting the terms of a particular reimbursement policy is not a guarantee of payment. Likewise, retirement of a reimbursement policy affects only those system edits associated with the specific policy being retired. Retirement of a reimbursement policy is not a guarantee of payment. Other applicable reimbursement and medical policies and claims edits will continue to apply.

If there's an inconsistency or conflict between the information in this Provider Notification and the posted policy, the provisions of the posted reimbursement policy prevail. If you have any questions, please contact your Health Plan Representative or call the number on your Provider Remittance Advice/Explanation of Benefits.

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