Emergency Department Services Payment Policy

Applies to the following CarePartners of Connecticut products:

☒ CareAdvantage Preferred

☒ CarePartners Access

The following payment policy applies to outpatient facilities and providers who render services in an emergency department to members of the CarePartners of Connecticut plans selected above.

Note: Audit and disclaimer information is located at the end of this document.

Policy

CarePartners of Connecticut covers emergency department (ED) services based on the member's "prudent layperson" judgment to seek emergency treatment, in accordance with the member's benefits. Any ED visit resulting in a higher level of care may be compensated at the specific service rate when performed within the same episode of care. CarePartners of Connecticut covers ED services that members receive at licensed facilities and/or from licensed professionals.

Definition

An emergency is defined as an illness or medical condition, whether physical or mental, that manifests itself by symptoms of sufficient severity, including severe pain that in the absence of prompt medical attention could reasonably be expected by a "prudent layperson" who possesses an average knowledge of health and medicine, to result in one of the following:

- Serious jeopardy to physical and/or behavioral health
- Serious impairment to bodily functions
- Serious dysfunction of any bodily organ or part, or in the case of pregnancy, a threat to the safety of the member and her unborn child.

General Benefit Information

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider portal or by contacting CarePartners of Connecticut Provider Services at 888-341-1508.

Member Responsibility

Copayments for services rendered in the ED vary based upon the member's plan. The following table indicates the type of copayment that may be applied to the claim based on the services rendered.

Services Rendered	Copayment (if applicable)
ED services	• ED copayment
ED services and minor operating room services on the same date of service	• ED copayment
ED services and surgical services on the same date of service	• No ED copayment • Surgical copayment may apply
ED services resulting in observation on the same date of service or next day	• ED copayment
ED services resulting in an inpatient admission on the same date of service or the next day	• No ED copayment • Inpatient copayment may apply

Referral/Prior Authorization/Notification Requirements

No referrals, prior authorizations or inpatient notifications are required for ED services. However, any ED visit resulting in a higher level of care is subject to the notification and/or prior authorization requirements of the highest level of care the member receives. Refer to the following for more information on authorization requirements:

- CarePartners of Connecticut Provider Manual
- Observation Services Facility Payment Policy

Billing Instructions

Unless otherwise stated, CarePartners of Connecticut follows industry-standard coding guidelines. Refer to current industry-standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers, and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements and applicable fee schedules.

- If an ED visit results in a higher level of care, providers must submit all services from the initial contact through discharge on the same claim.
- ED physicians who perform preoperative and surgical services only should append modifier 54 to the surgical procedure code(s).

Evaluation and Management (E&M) Codes

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

Note: the examples given are not an all-inclusive list of conditions that warrant each level of service.

Professional E&M Codes

Professional codes should be selected based on complexity and work performed.

Code	Key Components	Examples
99281	• Problem-focused history • Problem-focused exam • Straightforward MDM	• Uncomplicated Insect Bite • Reading of a TB test • Routine wound check • Routine blood pressure check
99282	• Expanded problem-focused history • Expanded problem-focused exam • Low complexity MDM *Presenting problem(s) are of low to moderate severity*	• Skin rash, lesion, or sunburn • Minor viral infection • Eye discharge (painless) • Urinary tract infection (simple) • Ear pain • Minor bruises, sprains (w/o testing)
99283	• Expanded problem-focused history • Expanded problem-focused exam • Low complexity MDM *Moderate-complexity MDM* *Presenting problem(s) are moderate severity*	• 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
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

Code	Key Components	Examples
	Presenting problem(s) are of high severity and require urgent evaluation	• 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 *Presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function*	• 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

Facility E&M Codes

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

Code	Typical Presenting Problem	Example
99281	Complexity: Straightforward *Presenting problem(s) are self-limited or minor conditions with no medication or home treatment required*	• Uncomplicated Insect Bite • Reading of a TB test • Routine wound check • Routine blood pressure check
99282	Complexity: low *Presenting problem(s) are of low to moderate severity*	• Skin rash, lesion, or sunburn • Minor viral infection • Eye discharge (painless) • Urinary tract infection (simple) • Ear pain • Minor bruises, sprains (w/o testing)
99283	Complexity: Moderate *Presenting problem(s) are moderate severity*	• 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	Complexity: Moderate-high *Presenting problem(s) are of high severity and require urgent evaluation*	• 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

Code	Typical Presenting Problem	Example
99285	Complexity: High *Presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function*	• 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

Follow-Up Care

CarePartners of Connecticut encourages members to be seen by their PCP or specialist following an ED visit. In instances when a member's PCP and/or an appropriate specialist is unable to render the necessary follow-up care, or appropriate continuity of care dictates it, it is appropriate for the ED physician to perform follow-up care.

Compensation/Reimbursement Information

Providers are compensated according to the applicable contracted rates and applicable fee schedules.

CarePartners of Connecticut compensates for one E&M procedure code per member per date of service when billed by the same provider specialty or rendered at the same facility.

The following table indicates how a facility will be compensated in instances when an emergency service results in a higher level of care.

Services Rendered	Services Compensated
ED services only	ED services
ED and observation on the same date of service	• Observation services only • ED and observation services are packaged under APC pricing methodology
ED services resulting in an inpatient admission on the same date of service	Inpatient services only
ED and surgical services on the same date of service	Surgical services only

Surgical procedures billed by the facility

When a surgical procedure is performed in the ED, the claim will be compensated in accordance with the provider's contracted rates.

CarePartners of Connecticut applies multiple surgical procedures reduction logic when the same provider performs two or more surgical procedures, including procedures performed bilaterally, on the same member within the same operative session.

E&M services and ancillary services performed in the ED in conjunction with a surgical procedure are not compensated separately, as they are included in the compensated rate for the surgical procedure performed.

Additional Resources

- Inpatient Facility Payment Policy
- Observation Services Payment Policy
- Behavioral Health and Substance Use Disorder
- Noncovered/Nonreimbursable Services Payment Policy
- Oral Surgery Payment Policy
- Surgery Professional Payment Policy
- Outpatient Payment Policy

Document History

- July 2024: Annual policy review; administrative edits
- October 2023: Annual policy review: administrative updates
- July 2022: Annual policy review; added existing billing guidelines for ED E&M codes
- December 2020: Added applicable CarePartners Access PPO content, effective for dates of service on or after January 1, 2021
- May 2019: Reviewed by committee; combined Professional and Facility policies
- January 2019: Document created

Audit and Disclaimer Information

CarePartners of Connecticut reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that an office/facility did not comply with this payment policy, CarePartners of Connecticut will expect the offices/facility to refund all payments related to noncompliance. For more information about CarePartners of Connecticut's audit policies, refer to the CarePartners of Connecticut public Provider website.

This policy provides information on CarePartners of Connecticut claims adjudication processes. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the CarePartners of Connecticut products identified by the checkboxes on page one. CarePartners of Connecticut reserves the right to amend a payment policy at its discretion.