



		Reimbursement Policy
Subject: Emergency Department: Leveling of Evaluation and Management Services		
Effective Date: 01/01/21	Committee Approval Obtained: 01/01/21	Section: Facilities
<p>***** The most current version of our reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to https://www.bluecrossnc.com/provider-home.*****</p> <p>These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement by Blue Cross and Blue Shield of North Carolina (Blue Cross NC) if the service is covered for Healthy Blue + MedicareSM (HMO D-SNP) members. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with CPT[®] codes, HCPCS codes and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to participating providers and facilities; a non-contracting provider who accepts Medicare assignment will be reimbursed for services according to the original Medicare reimbursement rates.</p> <p>If appropriate coding/billing guidelines or current reimbursement policies are not followed, Blue Cross NC Medicare Advantage may:</p> <ul style="list-style-type: none"> • Reject or deny the claim. • Recover and/or recoup claim payment. • Adjust the reimbursement to reflect the appropriate services and/or procedures performed. <p>Blue Cross NC Medicare Advantage reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Blue Cross NC Medicare Advantage strives to minimize these variations.</p>		

<https://www.bluecrossnc.com/provider-home>

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Blue Cross NC Medicare Advantage reserves the right to review and revise its policies periodically when necessary. When there is an update, we will publish the most current policy to the website.	
Policy	<p>Blue Cross NC Medicare Advantage allows reimbursement for a facility emergency department (ED) providing emergency services unless contracts and/or requirements indicate otherwise. Reimbursement for emergent facility ED services is based on our classification of ED Evaluation and Management (E/M) code levels as outlined below.</p> <p>Blue Cross NC Medicare Advantage determines the level of ED E/M code by classifying the intensity and/or complexity of resources or interventions a facility utilizes to furnish all services indicated on the claim. Providers must utilize appropriate <i>HIPAA</i> compliant codes for all services rendered during the ED encounter.</p> <p>Based on this classification, if the E/M code level submitted is higher than the E/M code level supported on the claim, we reserve the right to perform one of the following:</p> <ul style="list-style-type: none"> • Deny the claim and request resubmission at the appropriate level or request the provider submit documentation supporting the level billed. • Adjust reimbursement to reflect the lower ED E&M classification. • Recover and/or recoup monies previously paid on the claim in excess of the E/M code level supported. <p>Exclusions</p> <ul style="list-style-type: none"> • Critical care or outpatient surgery performed during ED visit • Member expired in the ED • Member admitted inpatient or transferred to another facility • Member placed in observation status <p>Note: We adhere to the requirements of the Emergency Medical Treatment and Labor Act (EMTALA).</p>
History	<ul style="list-style-type: none"> • Initial approval and effective date: 01/01/21
References and Research Materials	<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> • CMS • State contract • Blue Cross NC Medicare Advantage contract(s) • 42 CFR § 422.113 — Special rules for ambulance services, emergency and urgently needed services, and maintenance and post-stabilization care services • Agency for Healthcare Research and Quality

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	<ul style="list-style-type: none"> • American College of Emergency Physicians ED Facility Level Coding Guidelines (ACEP) • American Health Information Management Association • Emergency Medical Treatment and Labor Act (EMTALA) • Optum360, 2019
Definitions	<ul style="list-style-type: none"> • Interventions: staff the facility utilizes and their work performed • Resources: Facility building, equipment and/or supplies utilized • Note: Professional provider services are not considered facility interventions or resources. • Intensity and/or Complexity: Quantity, type or specialization of interventions and/or resources used and the nature of the presenting problem, member age, acuity and diagnostic services performed, as indicated on the claim • Emergency Services: A medical condition manifesting itself by acute symptoms of recent onset and sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical care could result in (a) placing the health of an individual in serious jeopardy, (b) serious impairment to bodily function, (c) serious dysfunction of any bodily organ or part, (d) serious disfigurement, or (e) in the case of a pregnant woman, serious jeopardy to the health of the woman or her unborn child • General Reimbursement Policy Definitions
Related Policies	<ul style="list-style-type: none"> • Claims Requiring Additional Documentation • Claims Submissions — Required Information for Facilities • Documentation Standards for Episodes of Care • Preadmission Services • Sanctioned and Opt-Out Providers
Related Materials	<ul style="list-style-type: none"> • None

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Exhibit A: Related Coding

Code	Description	Comments
99281/G0380	Emergency department visit for the evaluation and management, level 1	The facility provides minor interventions that may include no medications or home treatment.
99282/G0381	Emergency department visit for the evaluation and management, level 2	The facility provides low complexity interventions and limited resources that may include over the counter medications, basic laboratory services and/or simple treatments.
99283/G0382	Emergency department visit for the evaluation and management, level 3	The facility provides moderate complexity interventions and moderate resources that may include low complexity prescription medications and/or bedside or minor invasive treatments.
99284/G0383	Emergency department visit for the evaluation and management, level 4	The facility provides highly complex interventions and minor intensive resources that may include specialized diagnostic services, moderate complexity prescription medications and/or moderate invasive treatments.
99285/G0384	Emergency department visit for the evaluation and management, level 5	The facility provides extremely complex interventions and intensive resources that may include, highly complex prescription medication that requires physician or other qualified health care professional work and/or clinical staff monitoring well beyond that of therapeutic drug agents, specialized testing resulting in a therapeutic procedure and/or advanced life-saving treatments.