Emergency Department Services Payment Policy

Applies to the following Tufts Health Plan products:

☒ Tufts Health Plan Commercial
☒ Tufts Medicare Preferred HMO (a Medicare Advantage product)
☒ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)

Applies to the following Tufts Health Public Plans products:

☒ Tufts Health Direct (a Massachusetts Qualified Health Plan [QHP]; a commercial product)
☒ Tufts Health Together (a MassHealth MCO Plan and Accountable Care Partnership Plans)
☒ Tufts Health RITogether (a Rhode Island Medicaid Plan)
☒ Tufts Health Unify (OneCare Plan; a dual-eligible product)

The following payment policy applies to Tufts Health Plan contracting outpatient facilities and providers who render services in an emergency department.

In addition to the specific information contained in this policy, providers must adhere to the information outlined in the Professional Services and Facilities Payment Policy.

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

POLICY

Tufts Health Plan 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. Tufts Health Plan 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 Provider Services.

Note: There is no member responsibility for covered services for Tufts Health Plan SCO, Tufts Health Unify, Tufts Health Together, or Tufts Health RITogether members.

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.

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1 Commercial products include HMO, POS, PPO, and CareLinkSM when Tufts Health Plan is the primary administrator.
2 Tufts Medicare Preferred and Tufts Health Plan SCO are collectively referred to in this payment policy as Senior Products.


### Services Rendered vs. Copayment (when applicable)

<table>
<thead>
<tr>
<th>Services Rendered</th>
<th>Copayment (when applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED services</td>
<td>ED copayment</td>
</tr>
<tr>
<td>ED services and minor operating room services on the same date of service (DOS)</td>
<td>ED copayment</td>
</tr>
<tr>
<td>ED services and surgical services on the same date of service</td>
<td>No ED copayment</td>
</tr>
<tr>
<td></td>
<td>Surgical copayment may apply</td>
</tr>
<tr>
<td>ED services resulting in observation on the same DOS or next day</td>
<td>ED copayment^3</td>
</tr>
<tr>
<td>ED services resulting in an inpatient admission on the same DOS or the next day.</td>
<td>No ED copayment</td>
</tr>
<tr>
<td></td>
<td>Inpatient copayment may apply</td>
</tr>
</tbody>
</table>

### Referral/Prior Authorization/Notification Requirements

Certain procedures, items and/or services may require referral and/or prior authorization. While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you must confirm that prior authorization has been obtained. For more information, refer to the [Referral, Prior Authorization and Notification Policy](#).

Notification or prior authorization is not required for ED services. However, any ED visit resulting in a higher level of care is subject to the notification and/or authorization requirements of the highest level of care the member receives. Refer to the following for more information on authorization requirements:

- [Commercial, Senior Products, and Tufts Health Public Plans](#) provider manuals
- Inpatient facility payment policies for [Commercial, Senior Products, and Tufts Health Public Plans](#)
- [Referral, Prior Authorization, and Notification Policy](#)
- [Observation Services Facility Payment Policy](#)

### Billing Instructions

Unless otherwise stated, Tufts Health Plan 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. For more information, refer to the [Professional Services and Facilities Payment Policy](#).

Use of noncontracting labs may have the unintended consequence of subjecting the member to unnecessary services not ordered by the treating provider or other unreasonable financial exposure. In such circumstances, Tufts Health Plan may hold the ordering provider accountable for any inappropriate behavior on the part of the nonparticipating lab that has been selected.

- 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.

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^3 Members who have observation services in an ED may be responsible for an ED copayment. This only applies for members of employer groups that elect this option.
### Professional E&M Codes

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Key Components</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>99281</td>
<td>• Problem-focused history</td>
<td>• Uncomplicated insect bite</td>
</tr>
<tr>
<td></td>
<td>• Problem-focused exam</td>
<td>• Reading of a TB test</td>
</tr>
<tr>
<td></td>
<td>• Straightforward MDM</td>
<td>• Routine wound check</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Routine blood pressure check</td>
</tr>
<tr>
<td>99282</td>
<td>• Expanded problem-focused history</td>
<td>• Skin rash, lesion, or sunburn</td>
</tr>
<tr>
<td></td>
<td>• Expanded problem-focused exam</td>
<td>• Minor viral infection</td>
</tr>
<tr>
<td></td>
<td>• Low complexity MDM</td>
<td>• Eye discharge (painless)</td>
</tr>
<tr>
<td></td>
<td>Presenting problem(s) are of low to moderate severity</td>
<td>• Urinary tract infection (simple)</td>
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<tr>
<td></td>
<td></td>
<td>• Ear pain</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Minor bruises, sprains (w/o testing)</td>
</tr>
<tr>
<td>99283</td>
<td>• Expanded problem-focused history</td>
<td>• Headache (resolving after initial treatment)</td>
</tr>
<tr>
<td></td>
<td>• Expanded problem-focused exam</td>
<td>• Head injury (w/o neurological symptoms)</td>
</tr>
<tr>
<td></td>
<td>• Low complexity MDM</td>
<td>• Cellulitis</td>
</tr>
<tr>
<td></td>
<td>Moderate-complexity MDM</td>
<td>• Abdominal pain w/o advanced imaging</td>
</tr>
<tr>
<td></td>
<td>Presenting problem(s) are moderate severity</td>
<td>• Minor trauma requiring imaging or medical procedures</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Eye pain</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Non-confirmed overdose</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Mental Health (anxiety, simple treatment)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Mild asthma not requiring oxygen</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Gastrointestinal (GI) bleed, fissure, or hemorrhoid</td>
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<tr>
<td></td>
<td></td>
<td>• Chest pain (GI or muscle related)</td>
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<tr>
<td></td>
<td></td>
<td>• Localized infection requiring intravenous (IV) antibiotics</td>
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<tr>
<td></td>
<td></td>
<td>• with discharge</td>
</tr>
<tr>
<td>99284</td>
<td>• Detailed history</td>
<td>• Headache w/advanced imaging</td>
</tr>
<tr>
<td></td>
<td>• Detailed exam</td>
<td>• Head injury w/brief loss of conscience</td>
</tr>
<tr>
<td></td>
<td>• Moderate-complexity MDM</td>
<td>• Chest pain that requires testing</td>
</tr>
<tr>
<td></td>
<td>Presenting problem(s) are of high severity and require urgent evaluation</td>
<td>• Intermediate trauma w/limited diagnostic testing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Dehydration that requires treatment and admission</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Dyspnea requiring oxygen</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Abdominal pain w/advanced imaging</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Kidney stone w/intervention</td>
</tr>
<tr>
<td>99285</td>
<td>• Comprehensive history</td>
<td>• Chest pain that is unstable or myocardial infarction</td>
</tr>
<tr>
<td></td>
<td>• Comprehensive exam</td>
<td>• Active GI bleed (excludes fissure &amp; hemorrhoid)</td>
</tr>
<tr>
<td></td>
<td>• High complexity MDM</td>
<td>• Severe respiratory distress that requires diagnostic testing</td>
</tr>
<tr>
<td></td>
<td>Presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function</td>
<td>• Epistaxis requiring complex packing and/or admission</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Critical trauma</td>
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<tr>
<td></td>
<td></td>
<td>• Suspected sepsis that requires IV or intramuscular antibiotics</td>
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<tr>
<td></td>
<td></td>
<td>• Uncontrolled diabetes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Severe burns</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Hypothermia</td>
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<tr>
<td></td>
<td></td>
<td>• Acute peripheral vascular compromise of extremities</td>
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<tr>
<td></td>
<td></td>
<td>• Toxic ingestion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Suicidal or homicidal</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• New onset of neurological symptoms</td>
</tr>
</tbody>
</table>
**Facility E&M Codes**
Facility codes should be selected based on the volume and intensity of resources used by the facility to provide care.

<table>
<thead>
<tr>
<th>Code</th>
<th>Complexity/Typical Presenting Problem</th>
<th>Example</th>
</tr>
</thead>
</table>
| 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 |
| 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**
Tufts Health Plan encourages members to be seen by their PCP or applicable specialist following an ED visit. In instances when a member’s PCP or specialty care provider is unable to render the necessary follow-up care (or appropriate continuity of care dictates it) it is appropriate for the ED provider to perform follow-up care.
Nasal Naloxone - Tufts Health Together
All claims submitted by acute outpatient hospital EDs for a nasal naloxone package distributed to a member must be submitted with the following per MassHealth Managed Care Entity Bulletin 25:

- Revenue code 636
- HCPCS code J3490
- Modifier HG

Behavioral Health Services Provided within Acute Care Hospitals for Emergency Psychiatric Inpatient Admission (EPIA) Patients (“ED Boarding”)

Commercial and Tufts Health Direct
Effective for dates of service on or after November 1, 2022, acute care hospitals should bill using the following information for members receiving appropriate behavioral health (BH) care to treat and/or stabilize their condition while awaiting appropriate inpatient psychiatric placement. Providers should submit one claim for medical services and another claim for BH boarding services, as follows:

- Submit services for BH boarding on a separate claim
- Commercial products: Submit revenue code 0169 (Room & Board, Other); units should be billed in days
- Tufts Health Direct: Submit HCPCS code S9485 (Crisis intervention mental health services, per diem)
- Ancillary services related to BH services should be included on the claim for boarding services; ancillary services related to the medical portion of the stay should be included on the medical claim

COMPENSATION/REIMBURSEMENT INFORMATION
Providers are compensated according to the applicable network contracted rates and applicable fee schedules, regardless of the address where the service is rendered. For additional information, refer to the Professional Services and Facilities Payment Policy.

Tufts Health Plan compensates for one E&M procedure code per member per date of service (DOS) when billed by the same provider specialty or rendered at the same facility.

Special Services by Emergency Medicine Provider
Tufts Health Plan does not routinely compensate 99026, 99050, 99051, 99053, 99056, 99058, or 99060 when billed with an ED visit (99281-99285) by a provider with the specialty of Emergency Medicine and place of service 23 (ED).

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

<table>
<thead>
<tr>
<th>Services Rendered</th>
<th>Services Compensated</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED services only</td>
<td>ED services</td>
</tr>
<tr>
<td>ED and observation on the same date of service</td>
<td>Observation services only⁴</td>
</tr>
<tr>
<td>ED services resulting in an inpatient admission on the same DOS or the next day</td>
<td>Inpatient services only</td>
</tr>
<tr>
<td>ED and surgical services on the same date of service</td>
<td>Surgical services only</td>
</tr>
</tbody>
</table>

State and Federal Mental Health Parity Law
Under the mental health parity laws, benefits for mental/behavioral health services and substance use disorder services must be comparable to benefits for medical/surgical services. This means that copays, coinsurance and deductibles for mental/behavioral health and substance use disorder services must be at the same level as those for medical/surgical services. Also, Tufts Health Plan’s review and authorization of mental/behavioral health or substance use disorder services must be handled in a way that is comparable to the review and authorization of medical/surgical services.

⁴ ED and observation services are packaged under APC pricing methodology for Senior Products claims. APC pricing methodology is only for facilities that are priced under the OPPS system.
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.

Tufts Health Plan 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. For more information, refer to the Bilateral and Multiple Surgical
Procedures Professional and Facility Payment Policy.

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.

Behavioral Health Services Provided within Acute Care Hospitals for Emergency Psychiatric
Inpatient Admission (EPIA) Patients (“ED Boarding”)
Commercial and Tufts Health Public Plans
Tufts Health Plan provides coverage and appropriate additional compensation for behavioral health (BH)
boarding if a member’s immediate care requires adjustments to a facility’s usual staffing needs.
Necessary services are approved for up to 24 hours and may not be covered for more than 72 hours
without review by the Tufts Health Plan Behavioral Health Department or a Physician Reviewer. Refer
to the Medical Necessity Guidelines for Behavioral Health Level of Care Determinations or visit the
Department of Mental Health website for more information.

ADDITIONAL RESOURCES
- Inpatient facility payment policies for Commercial, Senior Products, and Tufts Health Public
  Plans
- Observation Services Payment Policy
- Referral, Prior Authorization, and Notification Policy

DOCUMENT HISTORY
- October 2022: Added information for ED boarding services provided during inpatient acute
  medical admissions for Commercial and Tufts Health Direct members, effective for DOS on or
  after November 1, 2022
- July 2022: Annual policy review; added existing billing guidelines for ED E&M codes; removed
  language for existing claim edits as they are included in NCCI coding information
- May 2020: Added billing guidelines for a nasal naloxone package for Tufts Health Together
  members per MassHealth Managed Care Entity Bulletin 25
- May 2019: Reviewed by committee; added Tufts Medicare Preferred HMO, Tufts Health Plan
  SCO, and Tufts Health Public Plans content
- June 2018: Template updates
- May 2018: Added information regarding ED boarding, effective February 1, 2018 per the
  Massachusetts DOI
- March 2018: Template updates
- October 2017: Updated to include RITogether; added previously communicated edit for special
  services by emergency medicine provider
- August 2017: Clarified existing copay structure and compensation methodology for ED and
  observation services billed on the same date of service
- March 2017: Policy reviewed; added Tufts Medicare Preferred HMO and Tufts Health Plan SCO
- February 2017: Template updates
- January 2017: Template updates

AUDIT AND DISCLAIMER INFORMATION
Tufts Health Plan 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 a
provider/facility did not comply with this payment policy, Tufts Health Plan will expect the
provider/facility to refund all payments related to noncompliance. For more information about Tufts
Health Plan’s audit policies, refer to the Provider website.

This policy provides information on Tufts Health Plan 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 Tufts Health Plan products, as identified in the checkboxes on the first page, and to CareLink℠ for providers in Massachusetts and Rhode Island service areas. Providers in the New Hampshire service area are subject to Cigna’s provider agreements with respect to CareLink members. This policy does not apply to the Private Health Care Systems (PHCS) network (also known as Multiplan). Tufts Health Plan reserves the right to amend a payment policy at its discretion.