

## Emergency Department Services Payment Policy

Applies to the following Tufts Health Plan products:

- Tufts Health Plan Commercial (including Tufts Health Freedom Plan)
- Tufts Medicare Preferred HMO
- Tufts Health Plan Senior Care Options (SCO) products

Applies to the following Tufts Health Public Plans products:

- Tufts Health Direct – Health Connector
- Tufts Health Together – A MassHealth MCO Plan and Accountable Care Partnership Plans
- Tufts Health Unify – OneCare Plan
- Tufts Health RITogether – A RI Medicaid Plan

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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 emergency department (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 [website](#) or by contacting [Provider Services](#).

**Note:** There is no member responsibility 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.

<b>Services Rendered</b>	<b>Copayment (if applicable)</b>
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 <sup>1</sup>
ED services resulting in an inpatient admission on the same date of service or the next day.	No ED copayment Inpatient copayment may apply

### **AUTHORIZATION REQUIREMENTS**

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
- Tufts Health Public Plans inpatient [DRG](#) and [non-DRG](#) payment policies
- [Referral, Authorization and Notification Policy](#) for Commercial and Senior Products
- [Observation Services Facility Payment Policy](#)

### **BILLING INSTRUCTIONS**

Tufts Health Plan follows AMA CPT/HCPCS coding guidelines. Refer to current industry standard coding guidelines for a complete list of procedure codes, modifiers and their usage. For more information, refer to the [Professional Services and Facilities Payment Policy](#).

- 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).

### **Follow-Up Care**

Tufts Health Plan 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.

Providers should submit the same surgical procedure code billed by the ED physician with a modifier 55 appended to indicate only post-operative services were rendered or by submitting the appropriate evaluation and management (E&M) code.

### **Consultative Services**

Physicians called into the ED to perform consultative or operative services should submit the appropriate procedure code to indicate the services performed:

- Commercial and Tufts Health Public Plans: 99241-99245
- Tufts Health Plan Senior Products: 99201-99215

### **Nasal Naloxone - Tufts Health Together**

For dates of service on or after April 1, 2020, all claims submitted by acute outpatient hospital emergency departments for a nasal naloxone package distributed to a member must be submitted with the following per [MassHealth Managed Care Entity Bulletin 25](#):

- HCPCS code J3490
- Revenue code 636
- Modifier HG

<sup>1</sup> 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.

## COMPENSATION/REIMBURSEMENT INFORMATION

Facility and professional ED services are compensated according to the applicable contracted rates, regardless of the address where the service is rendered. Refer to the provider contract for more information.

Tufts Health Plan 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.

### **Critical Care Services**

When a provider bills both a critical care service (99291-99292) and an ED visit (99281-99285), only the critical care service will be compensated. Refer to the [Medicare Claims Processing Manual](#) for more information.

### **Special Services by Emergency Medicine Provider – Tufts Health Public Plans only**

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 (ER).

### **Inpatient Admission or Consultation**

Tufts Health Plan does not routinely compensate for ED services when billed with initial hospital care.

### **Cardiopulmonary Resuscitation (CPR)**

Tufts Health Plan does not routinely compensate for ED E&M services when billed with CPR services, as the ED E&M service is considered a component part of the CPR. Tufts Health Plan may consider compensation for the ED E&M service if the appropriate [modifier](#) is appended to the procedure code.

### **Intravenous Infusion Services**

Tufts Health Plan does not routinely compensate for ED E&M services when billed with intravenous infusion services, as the ED E&M service is considered a component part of the intravenous infusion. Tufts Health Plan may consider compensation for the ED E&M service if the appropriate [modifier](#) is appended to the procedure code.

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 <sup>2</sup>
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.

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. Refer to the CMS [NCCI Policy Manual](#) for more information.

### **Commercial and Tufts Health Public Plans Emergency Department Boarding**

Tufts Health Plan provides coverage and appropriate compensation for "specials" if a member's immediate care requires adjustments to a facility's usual staffing needs. Necessary services are

<sup>2</sup> 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.

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**

- [Observation Services Payment Policy](#)
- [Referral, Authorization and Notification Policy](#)
- [Diagnosis Related Group \(DRG\) Inpatient Payment Policy](#)
- [Non-Diagnosis Related Group \(DRG\) Inpatient Payment Policy](#)

#### **DOCUMENT HISTORY**

- 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
- September 2015: Template conversion, template updates
- July 2015: Added inpatient admission or consultation policy effective for dates of service on or after October 1, 2015
- June 2015: Template updates
- April 2015: Added information regarding Tufts Medicare Preferred HMO and Tufts Health Plan SCO, template updates
- December 2014: Added Revenue Codes 0681-0684, 0689, 1000-1002 accepted when submitted electronically without a corresponding CPT and/or HCPCS procedure code, template updates
- November 2013: Template updates
- September 2013: Template conversion
- April 2012: Template updates
- March 2012: Updated CareLink disclaimer language
- October 2011: Template updates, no content changes
- March 2011: Policy reviewed, no content changes
- February 2011: Reviewed policy, minor formatting changes, no content changes
- November 2008: Added that effective for dates of service on or after January 1, 2009, members who have observation services in an Emergency Department will be responsible for an Emergency Department copayment
- August 2008: Added that Tufts Health Plan may consider reimbursement for an ER service when billed with a critical care service if the appropriate modifier is appended to the procedure code
- June 2008: Revised content regarding intravenous infusion services in the ER, removed January 1, 2008 effective date and CPT procedure codes
- May 2008: Clarified that CPT procedure code, 92950, is for CPR services
- February 2008: Revised general benefit information with self-service channels information
- January 2008: Clarified that CPT procedure code, 92950, is for CPR services
- November 2007: Added intravenous infusion services in the Emergency Department information; revised content regarding intravenous infusion services in the ED
- August 2007: Updated policy to include critical care services
- May 2007: Added content regarding intravenous infusion services in the ED

## **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<sup>SM</sup> 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.