Emergency Department Services Professional Payment Policy

The following payment policy applies to Tufts Health Plan contracting providers who render professional services in an emergency department. This policy applies to Commercial¹ (including Tufts Health Freedom Plan), Tufts Medicare Preferred HMO, and Tufts Health Plan Senior Care Options (SCO).

In addition to the specific information contained here, providers must adhere to the policy information outlined in the professional payment policies for Commercial and Tufts Medicare Preferred HMO/Tufts Health Plan SCO products, located in the Provider Resource Center or on the Payment Policies page.

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.

DEFINITION OF EMERGENCY
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 mental health; or
- Serious impairment to bodily functions; or
- 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 our secure Provider website or by contacting Provider Services.

Note: There is no member responsibility for Tufts Health Plan SCO members.

AUTHORIZATION REQUIREMENTS
Emergency services do not require a prior authorization or referral. All inpatient admissions require inpatient notification prior to services being rendered. The admitting physician or facility should submit an inpatient notification for the patient at the time of admission.

BILLING INSTRUCTIONS
ED physicians who perform pre-operative and surgical services only should append modifier 54 to the surgical procedure code(s) to indicate that a different physician will perform the post-operative services.

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 in a timely fashion, or appropriate continuity of care dictates it, it is appropriate for the ED physician to perform post-operative 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.

¹ Commercial products include HMO, POS PPO, Tufts Health Freedom Plan, and CarelinkSM when Tufts Health Plan is the primary administrator.
**Consultative Services**
Physicians called into the ED to perform consultative or operative services should submit the appropriate CPT, HCPCS or ICD-CM code to indicate the services performed. Consultative procedure codes are within CPT procedure code range 99241-99245.

**COMPENSATION/REIMBURSEMENT INFORMATION**
Tufts Health Plan compensates only for one E&M procedure code for the same member, same provider specialty, on the same date of service.

**Critical Care Services**
When a provider bills both critical care services 99291-99292 and an ED visit 99281-99285, only the critical care services will be compensated. Tufts Health Plan may consider compensation for the ED service if the appropriate modifier is appended to the procedure code.

**Inpatient Admission or Consultation**
Tufts Health Plan does not routinely compensate for emergency department services when billed with initial hospital care.

**Intravenous Infusion Services in the ED**
Tufts Health Plan does not compensate for ED E&M services when billed with an intravenous infusion service, 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.

**Cardiopulmonary Resuscitation (CPR) in the ED**
Tufts Health Plan does not compensate for ED E&M services when billed with a CPR service, 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.

Refer to CMS for additional information.

**DOCUMENT HISTORY**
- January 2017: Template updates
- September 2015: Template conversion
- 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 Senior Care Options, 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
- 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
- November 2007: Added intravenous infusion services in the Emergency Department information

**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 your office/facility did not comply with this payment policy, Tufts Health Plan will expect your office/facility to refund all payments related to non-compliance. For more information about Tufts Health Plan’s audit policies, refer to our website.

This policy provides information on Tufts Health Plan claims adjudication processing guidelines. As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction 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 guidelines when applicable, adherence to plan policies and procedures and claims editing logic.

This policy does not apply to Tufts Health Public Plans or the Private Health Care Systems (PHCS) network (also known as Multiplan). This policy applies to CareLink for providers in the 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.