

**To: AmeriHealth Caritas Pennsylvania/AmeriHealth Caritas
Northeast/AmeriHealth Caritas VIP Care Hospitals**

Date: November 13, 2020

Subject: Emergency Services Level of Care Review Policy

Summary: Effective January 12, 2021, AmeriHealth Caritas Pennsylvania and AmeriHealth Caritas VIP Care (the “Plan”) will review and potentially recover reimbursement for Emergency Department (ED) professional and facility claims billing Evaluation and Management (E/M) services classified as Level 4 (CPT Codes: 99284/G0383) or Level 5 (CPT Codes: 99285/G0384) when there is inconsistency between the level of services billed and the severity of diagnosis.

All claim diagnoses will be considered for determination of consistency with the Level 4 or Level 5 ED E/M service that was billed. Determinations of inconsistency between diagnosis severity and level of care will be made against the “NYU Emergency Room Algorithm” diagnosis list which is routinely evaluated and modified by the Plan’s Medical Director participating in the clinical review.

Inconsistent claim billing is suspected when the supporting diagnoses would not require the three (3) key components necessary to support ED E/M service Level 4 or Level 5 (as defined in the explanations for CPT codes 99281-99285 found in the CPT Manual maintained by the American Medical Association).

The emergency services claim is not being evaluated for lack of emergency criteria and can be rebilled with a more appropriate level of care.

Exceptions

ED claims will be exempt from recovery when any one of the following scenarios exist in the member’s claim history within three (3) days of the ED visit date of service:

- Any room board revenue code (100-219);
- Any Operating Room revenue code (360-369);
- Any trauma revenue code (681-689);
- Any observation revenue code (760-769);
- Any cardiology revenue code (480-489).

Facility providers or practitioners contracting with any Plan’s Medicare or Medicaid Plans using a bundled or case rate (non-tiered) payment method for ED services will be exempt from the review and recovery process.



Reimbursement Guidelines

The Plan will reimburse according to applicable State or Medicare Fee Schedule(s) and the provider's contract.

Both professional and facility ED claims billing Level 4 or Level 5 services will be reviewed against the "NYU Emergency Room Algorithm" diagnosis list for severity of diagnosis. If diagnosis severity is not consistent with the level of service billed, the Plan will pursue recovery of the claim payment. The provider will receive a standard recovery letter and may:

- Resubmit the claim for the services using a corrected claim, according to Plan-defined corrected claim process, coding the appropriate level of care.
- Dispute the recovery utilizing the Plan-defined provider dispute process.

If neither of the above actions occur, previously reimbursed funds will be recovered according to the existing the Plan's Program Integrity recovery process.

Details of the corrected claim, claim dispute and the Plan's Program Integrity recovery processes can be found in the Provider Manuals available at www.amerhealthcaritaspa.com or www.amerhealthcaritasvipcare.com.

Questions:

If you have questions about this communication, please contact your Provider Account Executive or the Provider Services department at 1-800-621-6007.