Clarification for Hospital Facility Reimbursement for Non-emergent and Non-urgent Services Rendered in the Emergency Department

Information posted September 15, 2011

This is a clarification to an article titled “Reimbursement for Non-emergent and Non-urgent E/M Emergency Department Services to Be Reduced,” which was published on this website on July 18, 2011.

Clarification for Emergency Department Procedure Codes

The original article indicated that on claims that are submitted for dates of service on or after September 1, 2011, outpatient hospital facility providers must include the most appropriate evaluation and management (E/M) procedure code on the claim detail line next to the emergency department revenue code.

To clarify, the claims must include the most appropriate procedure code on the same claim detail line as the emergency department revenue code. The procedure code billed may include, but is not limited to, E/M, surgical or other procedure, or any other service rendered to the client in the emergency room. The procedure code must accurately reflect the services rendered in the hospital’s emergency department.

**Important:** The procedure code(s) that are submitted by the physician who rendered the services in the emergency department do not dictate the procedure code(s) that are submitted by the outpatient hospital facility. The physician must submit the procedure codes that accurately reflect services rendered by the physician, and the facility must submit the procedure codes that accurately reflect services rendered by the facility.

Clarification for Reimbursement of Outpatient Services

The original article indicated that the reimbursement to outpatient hospital providers for non-emergent and non-urgent E/M emergency department services would be reduced by 40 percent.

To clarify, the reduction will be applied to only non-emergent and non-urgent services that are rendered by the facility during the emergency room visit. Reimbursement will not be reduced for those services that were rendered to address conditions that meet any of the following criteria:

- Problems of high-severity
- Problems that require urgent evaluation by a physician
- Problems that pose immediate and significant threats to physical or mental function

Services that are rendered in the emergency department that do not meet the above criteria will be reduced by 40 percent.

Diagnostic services, such as laboratory and radiology, will not be reduced by 40 percent.

**Note:** Classification of an emergency situation is based on the procedure code definitions as published by the American Medical Association (AMA) and the Centers for Medicare & Medicaid Services (CMS).
For more information, providers may refer to the article titled “Clarification Concerning Revenue Code and Procedure Code Requirements for Outpatient Institutional Claims,” which was published September 2, 2011 on this website.

Physician providers can refer to the following related articles:

- “Information for Non-emergent and Non-urgent Physician E/M Emergency Department Services,” which was published on July 18, 2011.

- “Clarification for Physician Reimbursement for Non-emergent and Non-urgent Services Rendered in the Emergency Department,” which was published on September 15, 2011.

For more information, call the TMHP Contact Center at 1-800-925-9126.