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

Physician claims for emergency department services must include the most appropriate procedure code for the service provided in the outpatient hospital setting. The procedure code billed may include, but is not limited to, evaluation and management (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 outpatient hospital facility do not dictate the procedure code(s) that are submitted by the physician who rendered the services in the emergency department. 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.

Inpatient hospital providers can refer to the following related articles:

- “Reimbursement for Non-emergent and Non-urgent E/M Emergency Department Services to Be Reduced,” which was published on July 18, 2011
- “Clarification for Hospital Facility 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 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.