

Aetna Better Health® of Michigan
 1333 Gratiot Avenue, Suite 400
 Detroit, MI 48207
 1-866-316-3784



Provider Bulletin No 162

AETNA BETTER HEALTH® OF MICHIGAN

TO: Aetna Better Health of Michigan Providers
FROM: Provider Experience Team
DATE: October 8, 2019
SUBJECT: Emergency Room Facility (UB92) Claims

Emergency Department services are to be billed as follows:

EMTALA Screen	The hospital must bill the appropriate NUBC Emergency Department (ED) revenue code with the appropriate ED Evaluation and Management (E&M) code/CPT/HCPCS procedure code when billing the EMTALA screen without follow-up treatment/stabilization services. (Refer to the General Information for Providers and the Emergency Services Only Medicaid chapters for additional information.)
Emergency Department Stabilization/ Emergency Treatment Services	<ul style="list-style-type: none"> ▪ Use the appropriate ED revenue code or combination of codes. ▪ Use the appropriate ED E&M code/CPT/HCPCS code to indicate the level of service provided. ▪ The principle diagnosis code field must reflect the emergency diagnosis resulting from the EMTALA screen. The Admitting Diagnosis Code field should reflect the beneficiary's reason for the emergency room visit. ▪ Hospitals must apply current guidelines designated by the appropriate ED HCPCS code to reasonably relate the intensity of hospital resources to the different E&M levels represented by the codes. <p>Exception: The reason the encounter was considered an emergency must be entered in the Remarks Section if the principal diagnosis or the admitting diagnosis does not reflect the definition of an emergency as stated in the Balanced Budget Act of 1997 and its regulations. Information in the Remarks Section should include vital signs, medical problems or conditions noted during the ED visit, if an IV was started, and medications administered during the visit. This information must be adequate to confirm the emergent condition.</p> <ul style="list-style-type: none"> ▪ All outpatient hospital charges for ED services resulting in an inpatient admission must be billed on the inpatient claim. Payment is made through the inpatient reimbursement system (as part of the DRG).

Emergency Department Non-Emergency Treatment Services	<p>Medicaid covers all appropriate hospital charges for ED services, provided that the diagnosis supports procedures billed and/or documentation supports the facility charges.</p> <ul style="list-style-type: none">▪ Hospitals must bill the appropriate NUBC ED revenue code.▪ Use appropriate ED E&M code/CPT/HCPCS code to indicate level of service provided.▪ All other services (e.g., laboratory, x-ray, etc.) must be billed consistent with Medicaid's FFS policy. <p>For MHP enrollees, authorization must be obtained prior to provision of non-emergency services in the ED.</p>
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Version

Billing & Reimbursement for Institutional Providers

Date: October 1, 2019

<http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>