



AmeriHealth Caritas[™]
District of Columbia

To: AmeriHealth Caritas District of Columbia Providers

From: AmeriHealth Caritas District of Columbia

Date: August 21, 2020

Subject: Emergency Services Level of Care Review Policy

Summary: Effective September 21, 2020, AmeriHealth Caritas District of Columbia (DC) will review and potentially recover reimbursement for professional Emergency Department (ED) claims billing 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.

Professional ED claim diagnoses will be considered for determination of consistency with the Level 4 or 5 ED services that were 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 AmeriHealth Caritas DC Medical Directors participating in clinical review.

Inconsistent claim billing is suspected when the supporting diagnoses would not require the three (3) key components necessary to support ED 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

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

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

Facility providers or practitioners contracting with any AmeriHealth Caritas DC Medicaid Plans using a bundled or case rate payment method for ED services will be exempt from the review and recovery process.

Reimbursement Guidelines

AmeriHealth Caritas DC will reimburse according to applicable State or Medicaid Fee Schedule(s) and the provider's contract.

Professional claims that meet defined requirements for claim submission (see AmeriHealth Caritas DC Provider Manual for detail) and that are appropriately coded based on all other applicable ICD-10, CPT or CMS standards, will be reimbursed to the provider. After reimbursement, professional 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, AmeriHealth Caritas DC 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 AmeriHealth Caritas DC Program Integrity recovery process.

Details of the corrected claim, claim dispute and AmeriHealth Caritas DC Program Integrity recovery processes can be found in the AmeriHealth Caritas DC Provider Manuals available at www.amerihealthcaritasdc.com.

Questions:

If you have questions about this communication, please contact your Provider Account Executive or the Provider Services department at 202-408-2237.