

Payment Policy | Emergency Department - Waiver of Copayment



EFFECTIVE DATE: 01|01|2015
POLICY LAST UPDATED: 07|05|2023

OVERVIEW

This policy documents when the copayment for an emergency room visit is waived. Plan deductibles still apply.

PRIOR AUTHORIZATION

Not applicable

MEDICAL CRITERIA

Not applicable

POLICY STATEMENT

Medicare Advantage Plans and Commercial Products

A member's copayment for Emergency Department Services is waived, if **one** of the following conditions are met:

1. The member is admitted to the hospital within 24 hours of treatment in the emergency department; **OR**
2. The member is dead on arrival (DOA) to the emergency department, or expires in the emergency department; **OR**
3. The member is admitted to the hospital under an observation status.

Note: For services that are not included in the reimbursement of the ER i.e. MRI or MRA, applicable copays for those services still apply.

BACKGROUND

An emergency department is defined as an organized hospital-based facility for the provision of unscheduled episodic services to patients who are present for immediate medical attention. The facility must be available 24 hours a day.

In 42 U.S.C. §300gg-111(a)(3)(C), the definition for Emergency Services includes "ancillary services routinely available to the emergency department to evaluate such emergency medical condition regardless of the department of the hospital in which such further examination or treatment is furnished" and "outpatient observation or an inpatient or outpatient stay with respect to the visit.

COVERAGE

Medicare Advantage Plans and Commercial

Benefits may vary between groups/contracts. Please refer to the appropriate member certificate/subscriber agreement for applicable Emergency Room Services benefits/coverage for the claim.

CODING

Medicare Advantage Plans and Commercial

Not Applicable

RELATED POLICIES

Emergency Room Reimbursement

PUBLISHED

Provider Update, September 2023

Provide Update September 2020

Provider Update, July 2018

Provider Update, March 2008

Policy Update, June 2007

REFERENCES:

Medicare Benefit Policy Manual, Chapter 6 (hospital outpatient), section 20.6 , as well as the Medicare Claims Processing Manual, Chapter 4 (hospital outpatient), section 290. et al.

<http://www.cms.gov/Manuals/IOM/list.asp>

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