

Medical Coverage Policy | Emergency Department - Waiver of Copayment



EFFECTIVE DATE: 01|01|2015

POLICY LAST UPDATED: 05|01|2018

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

BlueCHiP for Medicare

A members 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

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.

Commercial

A members 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.

COVERAGE

BlueCHiP for Medicare and Commercial

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

CODING

BlueCHiP for Medicare and Commercial
Not Applicable

RELATED POLICIES

Emergency Room Reimbursement

PUBLISHED

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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