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

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.