

# Medical Coverage Policy



**Blue Cross  
Blue Shield**  
of Rhode Island

## Emergency Room Reimbursement

Device/Equipment    Drug    Medical    Surgery    Test    Other

<b>Effective Date:</b>	<b>02/15/2011</b>	<b>Policy Last Updated:</b>	<b>2/15/2011</b>
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**Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.**

**Prospective review is not required.**

### NOTE:

- This policy is relevant for participating providers only.
- The effective date of this policy relates to the date BCBSRI created documentation to reflect reimbursement processes that are established and do not indicate a change in the payment process.

### Description:

The intent of this policy is to clarify those services which are included in an emergency room visit payment rate.

### Policy:

Emergency medical services reimbursed at a per visit rate include, but are not limited to:

- Durable medical equipment (e.g., Bandages, crutches, canes, collars, and other supplies)
- Laboratory services
- Medication
- Radiology services

### MRI's:

- MRA/MRI's are separately reimbursed and excluded from the emergency room visit rate.

### Observation Services:

- If the member goes to the Emergency Room and is later admitted for observation status, both the Emergency Room and Observation Rates are reimbursed (refer to Blue Cross' Observation Services payment policy for additional information).

### Professional Services:

- Professional services are separately reimbursed and not included in the facility rate.

### Surgical Procedures (Facility):

- If the surgical procedure is performed in the Emergency Room, then there is no separate surgical case reimbursement for the facility, and only the Emergency Room facility rate is paid.
- If the surgical procedure is performed in the Operating Room, then the surgical case rate is paid in addition to the Emergency Room payment rate.

### Other services:

- All other services are contract specific.

### Coverage:

Reimbursement for emergency medical services may vary between hospital contracts. Applicable co-payments will be applied.

**Coding:**

Emergency Department Services (99281-99288)

Critical Care Services (99291-99292)

**Related Topics:**

Not Applicable

**Publications:**

*Provider Update*, January 2011

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.