



EFFECTIVE DATE: 02|15|2011
POLICY LAST UPDATED: 02|15|2011

OVERVIEW

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

MEDICAL CRITERIA

Not applicable.

PRIOR AUTHORIZATION

Not applicable.

POLICY STATEMENT

Emergency medical services for participating providers, are 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
- CT Scans

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 copayments will be applied.

BACKGROUND

Not applicable.

CODING

Emergency Department Services (99281-99288)

Critical Care Services (99291-99292)

RELATED POLICIES

None

PUBLISHED

Provider Update, January 2011

REFERENCES

None

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