

Emergency Room Services: Florida, Facility

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement. This reimbursement policy applies to all health care services billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.

Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the facility or other provider contracts, the enrollee's benefit coverage documents, and/or other reimbursement, medical or drug policies.

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication. CPT Copyright American Medical Association. All rights reserved.

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Application

This reimbursement policy applies to UnitedHealthcare Community Plan of Florida M*Plus Managed Medical Assistance (MMA) Medicaid products.

This reimbursement policy applies to services reported using the UB-04 form or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network facilities including, but not limited to, non-network authorized and percent of charge contract facilities.

Policy

Overview

This policy describes how Florida facilities will be reimbursed for non-emergent services to UnitedHealthcare Community Plan Florida M*Plus Managed Medical Assistance (MMA) members who seek services at the Emergency Room.

Reimbursement Guidelines

An Emergency Medical Condition is defined as:

- (a) A medical condition manifesting itself by acute symptoms of sufficient severity, which may include severe pain or other acute symptoms, such that the absence of immediate medical attention could reasonably be expected to result in any of the following:
 1. Placing the health of the individual (or, with respect to pregnant women, the health of the woman or her unborn child) in serious jeopardy.
 2. Serious impairment to bodily functions.
 3. Serious dysfunction of any bodily organ or part.

(b) With respect to a pregnant woman:

1. That there is inadequate time to effect safe transfer to another hospital prior to delivery.
2. That a transfer may pose a threat to the health and safety of the patient or fetus.
3. That there is evidence of the onset and persistence of uterine contractions or rupture of the membranes.

For a list of diagnoses that the health plan considers to be emergent, please reference the [Florida ER Emergent Diagnosis Codes List](#). This policy identifies non-emergent claims based upon the diagnosis code in the first position of UB-04 Field Locator 67 (Principal Diagnosis) and UB-04 Field Locator 70, a-c; (Patient's Reason for Visit Code(s)).

For claims with date of service 04/22/2019 and after, when UnitedHealthcare Community Plan determines services provided in the emergency department/room are non-emergent, the room fee (identified by a CPT code from the 99281-99285 code range) will be reimbursed at 40 percent (40%) of the allowable rate.

Ancillary services will be processed according to the United Healthcare Community Plan Emergency Room Ancillary Services Facility Policy. Please see that policy for additional details.

Attachments

[Florida ER Emergent Diagnosis Codes List](#)

A list of diagnosis codes that are considered emergent for Florida. One of the diagnosis codes on the list must appear in any one of the following:
The first position of UB-04 Field Locator 67 (Principal Diagnosis) or UB-04 Field Locator 70, a-c (Patient Reason for Visit).

Resources

American Medical Association, *Current Procedural Terminology (CPT®) Professional Edition* and associated publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

National Uniform Billing Committee (NUBC)

History

4/1/2023	Annual Anniversary Date and Version Change Attachment Section: Florida ER Emergent Diagnosis Code List updated to add decimals History Section: History prior to 4/1/2021 archived
4/1/2022	Annual Anniversary Date and Version Change
8/22/2021	Policy Version Change Attachments section: Updated Florida ER Emergent Diagnosis Codes list
4/22/2019	Policy Implemented by UnitedHealthcare Community Plan