Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:
Emergency Department Services

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products
☒ Tufts Health Plan Commercial products

Public Plans Products

☒ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
☒ Tufts Health Together – MassHealth Accountable Care Partnership Plans
☒ Tufts Health RITogether – A Rhode Island Medicaid Plan
☒ Tufts Health One Care – A dual-eligible product

Senior Products

☒ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
☒ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

Policy

Point32Health reimburses emergency services to facilities and providers who render care in an emergency department. This is based on the member's prudent layperson judgment to seek emergency care.

Prerequisites

Applicable Point32Health referral, notification, and authorization policies may apply. Refer to the appropriate sections within the Provider Manuals for more information.

General Benefit Information

Services are pursuant to the member's benefit plan documents and are subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible). Member eligibility and benefit specifics should be verified prior to initiating services.

Use of non-contracted labs may have the unintended consequence of subjecting the member to unnecessary services not ordered by the treating provider or other unreasonable financial exposure. In such circumstances, Point32Health may hold the ordering provider accountable for any inappropriate behavior on the part of the nonparticipating lab that has been selected.

Point32Health Reimburses

- Procedures performed in the ED setting including surgical procedures, physical therapy, and treatment room
- Room and facility charges directly related to the services provided as part of the ED care are reimbursed at a contracted rate, including incidentals (i.e., pharmacy and supplies billed under revenue codes 25X & 27X)
- Ancillary services (e.g., laboratory, pathology, radiology, etc.) are reimbursed separately from ED contracted rate

Emergency Department Services Resulting in Outpatient Surgery

- Surgical procedures performed exclusively in the ED setting will not be reimbursed separately; the reimbursement for these services is included in the ED contracted rate
- ED services provided in conjunction with surgical procedures performed outside of the ED setting (i.e., operating room, ambulatory surgery, clinic, treatment room) will not be reimbursed separately; these services are reimbursed according to the facility's all-inclusive surgical contracted rate

Emergency Department Services Preceding an Observation Stay

- When ED services precede an observation stay, the entire emergency episode is included in the observation reimbursement according to the contracted observation rate

Emergency Department Services Resulting in an Inpatient Stay

- ED services rendered immediately prior to a related inpatient admission are included in the contracted inpatient rate. The hospital must notify the plan of the inpatient admission according to the applicable notification and authorization policy (see Prerequisites)

*Please note that when emergency department services result in an outpatient surgery, observation stay or inpatient admission, the member's out of pocket costs may differ. Refer to the applicable benefit document.

Point32Health Does *Not* Reimburse

- Routine care services provided in the ED, including, but not limited to, physical exams, diagnostic tests, or preventive procedures
- Non-emergency follow up care that can be provided by the member's PCP or applicable specialist, unless the provider is unable to render the necessary follow-up care or appropriate continuity of care dictates it, and it is approved by the PCP
- Care a member could have foreseen before leaving the area

Provider Billing Guidelines and Documentation

Providers are reimbursed according to the applicable contracted rates and fee schedules.

Coding

These code tables may not be all inclusive.

Code	Description
036X	Operating room: Use to bill for surgical day care procedures; requires an applicable CPT code
045X	Emergency department
0762	Observation hours: Use to bill if emergency department services result in an observation stay; record observation hours in field locator 46 of the UB-04 form or in SV204 and SV205 of loop 2400 of the 837I

ED evaluation and management (E/M) codes do not differentiate between new or established patients and are typically reported once per day. All emergency department codes require all three key components (history, exam, and medical decision-making [MDM]) to be met and documented for the level of service rendered.

Emergency Department E/M codes- Professional

Professional codes should be selected based on complexity and work performed.

Code	Key Components	Example
99281	• Problem-focused history • Problem-focused exam • Straightforward medical decision management (MDM) *Presenting problem(s) are self-limited or minor conditions*	• Uncomplicated insect bite • Reading of a TB test • Routine wound check • Routine blood pressure check
99282	• Expanded problem-focused history • Expanded problem-focused exam • Low complexity MDM *Presenting problem(s) are of low to moderate severity*	• Skin rash, lesion, or sunburn • Minor viral infection • Eye discharge (painless) • Urinary tract infection (simple) • Ear pain • Minor bruises, sprains (w/o testing)
99283	• Expanded problem-focused history • Expanded problem-focused exam • Moderate complexity MDM *Presenting problem(s) are of moderate severity*	• Headache (resolving after initial treatment) • Head injury (w/o neurological symptoms) • Cellulitis • Abdominal pain w/o advanced imaging • Minor trauma requiring imaging or medical procedures • Eye pain • Non-confirmed overdose • Mental health (anxiety, simple treatment) • Mild asthma not requiring oxygen

Code	Key Components	Example
		• Gastrointestinal (GI) bleed, fissure, or hemorrhoid • Chest pain (GI or muscle related) • Localized infection requiring intravenous (IV) antibiotics with discharge
99284	• Detailed history • Detailed exam • Moderate complexity MDM *Presenting problem(s) are of moderate severity*	• Headache w/advanced imaging • Head injury w/brief loss of conscience • Chest pain that requires testing • Intermediate trauma w/limited diagnostic testing • Dehydration that requires treatment and admission • Dyspnea requiring oxygen • Abdominal pain w/advanced imaging • Kidney stone w/intervention
99285	• Comprehensive history • Comprehensive exam • High complexity MDM *Presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function*	• Chest pain that is unstable or myocardial infarction • Active GI bleed (excludes fissure & hemorrhoid) • Severe respiratory distress that requires diagnostic testing • Epistaxis requiring complex packing and/or admission • Critical trauma • Suspected sepsis that requires IV or intramuscular antibiotics • Uncontrolled diabetes • Severe burns • Hypothermia • Acute peripheral vascular compromise of extremities • Toxic ingestion • Suicidal or homicidal • New onset of neurological symptoms

Emergency Department E/M codes- Facility

Facility codes should be selected based on the volume and intensity of resources used by the facility to provide care. Point32Health will review facility ED claims to determine the appropriateness of the E/M level to be reimbursed. Three factors will be utilized to determine that the facility level of care billed is supported:

- Presenting problems, which is identified by the ICD-10 reason for visit diagnosis.
- Diagnostic services performed, based on the intensity of the diagnostic workup and measured by the submitted CPT codes (e.g., lab work, x-ray, EKG, CT/MRI/ultrasound)
- Patient complexity and co-morbidity, which is based on the complicating condition as defined by the principal, secondary, or external cause of injury ICD-10 diagnosis codes.

ED facility claims may experience a denial. Any denied claim will need to be resubmitted with a supported code for reprocessing.

Code	Complexity/Typical Presenting Problem	Example
99281	Straightforward *Presenting problem(s) are self-limited or minor conditions with no medication or home treatment required*	• Uncomplicated insect bite • Reading of a TB test • Routine wound check • Routine blood pressure check
99282	Low *Presenting problem(s) are of low to moderate severity*	• Skin rash, lesion, or sunburn • Minor viral infection • Eye discharge (painless) • Urinary tract infection (simple) • Ear pain • Minor bruises, sprains (w/o testing)
99283	Moderate *Presenting problem(s) are of moderate severity*	• Headache (resolving after initial treatment) • Head injury (w/o neurological symptoms) • Cellulitis • Abdominal pain w/o advanced imaging • Minor trauma requiring imaging or medical procedures • Eye pain • Non confirmed overdose • Mental health (anxiety, simple treatment) • Mild asthma not requiring oxygen

Code	Complexity/Typical Presenting Problem	Example
		• Gastrointestinal (GI) bleed, fissure, or hemorrhoid • Chest pain (GI or muscle related) • Localized infection requiring intravenous (IV) antibiotics with discharge
99284	Moderate-high *Presenting problem(s) are of moderate severity and require urgent evaluation*	• Headache w/advanced imaging • Head injury w/brief loss of conscience • Chest pain that requires testing • Intermediate trauma w/limited diagnostic testing • Dehydration that requires treatment and admission • Dyspnea requiring oxygen • Abdominal pain w/advanced imaging • Kidney stone w/intervention
99285	High *Presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function*	• Chest pain that is unstable or myocardial infarction • Active GI bleed (excludes fissure & hemorrhoid) • Severe respiratory distress that requires diagnostic testing • Epistaxis requiring complex packing and/or admission • Critical trauma • Suspected sepsis that requires IV or intramuscular antibiotics • Uncontrolled diabetes • Severe burns • Hypothermia • Acute peripheral vascular compromise of extremities • Toxic ingestion • Suicidal or homicidal • New onset of neurological symptoms

*The examples above are not an all-inclusive list.

Professional E/M services in a Facility-Based Urgent Care Location

Submit services on a CMS-1500 claim form or electronic 837P. Place of Service code 23: Emergency Room-Hospital is required.

ED Services Resulting in an Inpatient Stay

Bill using revenue codes representing the emergency care and inpatient services rendered.

ED Services Resulting in Surgical Day/Ambulatory Surgery

Bill the appropriate revenue code (045X) and CPT codes representing the services rendered in the emergency department and the appropriate revenue code series 036X and the CPT code(s) representing the services rendered (i.e., CPT code range 10021–69990) for the surgical day care procedure.

Behavioral Health Services Provided within Acute Care Hospitals for Emergency Psychiatric Inpatient Admission (EPIA) Patients ("BH Boarding")

Acute care hospitals should bill using the following information for members receiving appropriate behavioral health (BH) care to treat and/or stabilize their condition while awaiting appropriate inpatient psychiatric placement. Providers should submit one claim for medical services and another claim for BH boarding services, as follows:

Commercial products

- Submit Bill type 11X (claims submitted with other bill types will deny)
- Submit Revenue code 0169 (Room & Board Other, general classification) (units should be billed in days)
  - Ancillary services related to the medical portion should be included on the separate claim for the medical services
- Submit services for BH boarding on a separate claim
  - Ancillary services related to the BH boarding services should be included on the separate claim for boarding services

Tufts Health Direct

- Submit **one** claim with Bill type 13X
- Submit HCPCS code S9485 (Crisis intervention mental health services, per diem)
- All services should be included on one claim; it is not necessary to submit separate claims
- Claim must include admission type Urgent, Emergency, or Trauma Center, as applicable

Nasal Naloxone

Tufts Health Together

All claims submitted by acute outpatient hospital ED for a nasal naloxone package distributed to a member must be submitted with the following per MassHealth MCE Bulletin 25:

- Revenue code 0636
- HCPCS J3490
- Modifier HG

Other Information

- If an ED visit results in a higher level of care, providers must submit all services from initial contact through discharge on the same claim.
- ED physicians who perform preoperative and surgical services only should append modifier 54 to the surgical procedure code(s).
- Bill motor vehicle accidents or workers' compensation cases using diagnosis codes indicating accident, fire, etc. If applicable, enter other insurance information in Form Locator 50 of the paper UB-04.
- Refer to the 837 institutional implementation guide for completing the other insurance, other subscriber, and other coordination of benefits information for electronic claims.
- Providers must follow all state or federal rules when prescribing medications, including any mandate review through a Prescription Monitoring Program (PMP). Point32Health may review claims for medical appropriateness where there are concerns the PMP is not being used or the prescriptions given are not medically appropriate.

Related Policies and Resources

Payment Policies

- Behavioral Health and Substance Use Disorder
- Dental Care
- Evaluation and Management
- General Coding and Claims Editing
- Inpatient Hospital Admissions
- Non-Covered Services
- Observation Stay
- Oral Surgery
- Outpatient Facility
- Surgery
- Telehealth/Telemedicine
- Urgent Care

Clinical Policies

- Emergent/Urgent Admission Notification
- Behavioral Health Level of Care Determinations

Publication History

07/01/2026:	Annual review; updated Related Policies and Resources
08/01/2025:	Annual review; administrative edits
11/29/2024:	Clarified billing instructions for BH boarding for Commercial and Tufts Health Direct members
07/01/2024:	Annual review; administrative edits
05/31/2024:	Added effective DOS on or after Aug. 1, 2024, Point32Health will review facility ER claims to determine appropriate level of care
09/29/2023:	Policy moved to new template, includes all lines of business

Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the

provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management requirements (when applicable), adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.