Important hospital update regarding ER claims processing

West Virginia | Mountain Health Trust

Wellpoint appreciates the compassion and dedication with which you care for our members. We also know that the provision of high quality and timely health services for Wellpoint members requires successful collaboration with you — the professionals who care for them. Because timely notifications and detailed information are an important part of successful collaboration, we encourage you to review the following information.

Wellpoint reviews claims for emergency services to determine appropriate ER use and whether an emergency medical condition existed. The following five codes are appropriate to bill for ER services:

99281 — emergency department visit for the evaluation and management (E&M) of a patient which requires the following key components: 1. A problem focused history 2. A problem focused examination 3. Straightforward medical decision making
99282 — emergency department visit for the E&M of a patient which requires the following key components: 1. An expanded problem focused history 2. An expanded problem focused examination 3. Medical decision making of low complexity
99283 — ER visit for the evaluation and management (E&M) of a patient which requires the following key components: 1. An expanded problem focused history 2. An expanded problem focused examination 3. Medical decision making of moderate complexity
99284 — ER visit for the E&M of a patient which requires the following key components: 1. A detailed history 2. A detailed examination 3. Medical decision making of moderate complexity
99285 — ER visit for the E&M of a patient which requires the following key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: 1. A comprehensive history 2. A comprehensive examination 3. Medical decision making of high complexity Counseling and/or coordination of care with other providers or agencies is provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

The information in this bulletin may be an update or change to your provider manual.
Find the most current manual at:

provider.wellpoint.com/wv

Usually, the presenting problem(s) is of **high severity and poses an immediate significant threat to life or physiologic function.**

These codes are meant to identify the level of severity of a patient's condition. The more severe the condition, the higher level of reimbursement.

Effective October 1, 2017, Wellpoint is reimbursing claims based on the level of severity as determined by the patient's diagnosis and presenting symptoms. Therefore, all ER claims **MUST** include clinical documentation. Specifically, Wellpoint will process ER claims in the following manner:

- ER claims submitted without clinical documentation will be processed at the payment level of CPT code 99282.
- ER claims submitted **with** clinical documentation that **do not meet** the prudent layperson standard will be processed at the payment level of CPT code 99282.
- ER claims submitted **with** clinical documentation that meet the prudent layperson standard will be processed at the payment level of the CPT code submitted.

For more information or if you have questions regarding this change, please contact your Provider Relations representative or call our Customer Care Center at **800-782-0095**.