

<h2>Reimbursement Policy</h2>	
Subject: Emergency Services: Non-Participating Providers and Facilities	
Policy Number: G-06092	Policy Section: Administration
Last Approval Date: 09/06/2024	Effective Date: 09/06/2024

**** Visit our provider website for the most current version of the reimbursement policies. If you are using a printed version of this policy, please verify the information by going to <https://providers.anthem.com/va>. ****

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if HealthKeepers, Inc. covered the service for the member's Anthem HealthKeepers Plus benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence.

You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology® (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes, and/or revenue codes. These codes denote the services and/or procedures performed and, when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, HealthKeepers, Inc. may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. HealthKeepers, Inc. strives to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

Policy

HealthKeepers, Inc. allows reimbursement for emergency services provided by nonparticipating professional providers and facilities unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise. Unless otherwise required by federal and/or state regulation or contract, reimbursement is based on the following:

- For Medicaid product lines only: The amount that would have been reimbursed to the provider according to Virginia's State Fee-for-Service (FFS) Medicaid Program
- For all other product lines: The applicable out-of-network emergency rate for nonparticipating providers and facilities

HealthKeepers, Inc. adheres to the requirements of the Emergency Medical Treatment and Labor Act (EMTALA) and the Federal Medicaid Managed Care Regulations.

HealthKeepers, Inc. will act in accordance with the Deficit Reduction Act (DRA) of 2005, Section 6085, with an effective date of January 1, 2007, that states:

“Any provider of emergency services that does not have in effect a contract with a Medicaid managed care entity that establishes payment amounts for services furnished to a beneficiary enrolled in the entity's Medicaid managed care plan must accept as payment in full no more than the amounts (less any payments for indirect costs of medical education and direct costs of graduate medical education) that it could collect if the beneficiary received medical assistance under this title other than through enrollment in such an entity. In a State where rates paid to hospitals under the State plan are negotiated by contract and not publicly released, the payment amount applicable under this subparagraph shall be the average contract rate that would apply under the State plan for general acute care hospitals or the average contract rate that would apply under such plan for tertiary hospitals.”

HealthKeepers, Inc. shall develop and maintain a record, pursuant to DRA stipulations, for its payment methodology according to Virginia's FFS Medicaid Program.

HealthKeepers, Inc. will not limit consideration of reimbursement for emergency services on the basis of lists of diagnoses or symptoms; however, additional medical record documentation may be required in order to clearly identify and determine appropriate reimbursement of emergency services.

Claims for emergency services are subject to the Eligible Billed Charges, Code and Clinical Editing Guidelines, and Claims Requiring Additional Documentation reimbursement policies of HealthKeepers, Inc.

Related Coding

Standard correct coding applies

Policy History

09/06/2024	Review approved: no changes
04/29/2022	Review approved and effective
09/30/2019	Review approved: policy template updated

05/01/2017	Review approved: policy template updated
11/09/2015	Review approved and effective: policy template updated
11/01/2013	Initial approval and effective

References and Research Materials

This policy has been developed through consideration of the following:

- CMS
- Deficit Reduction Act of 2005 (Pub.L. No. 109-171)
- Emergency Medical Treatment and Labor Act (EMTALA)
- State contract
- State Medicaid

Definitions

General Reimbursement Policy Definitions

Related Policies and Materials

Claims Requiring Additional Documentation

Claims Submissions — Required Information for Facilities

Claims Submissions — Required Information for Professional Providers

Code and Clinical Editing Guidelines

Eligible Billed Charges

Sanctioned and Opt-Out Providers