Reimbursement Policy

Subject: **Emergency Services: Nonparticipating Providers and Facilities**	
Policy Number: **G-06092**	Policy Section: **Administration**
Last Approval Date: **04/29/2022**	Effective Date: **04/29/2022**

**** 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/ny**. ****

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if Anthem Medicare Advantage covered the service for the member's 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, Anthem Medicare Advantage may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.
- Adjust the reimbursement to reflect the appropriate services and/or procedures performed.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. Anthem Medicare Advantage strives to minimize delays in policy

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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

Anthem Medicare Advantage 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 regulation and/or contract, reimbursement is based on no more than the amount that would have been reimbursed to the provider if the beneficiary were enrolled in original Medicare.

Anthem Medicare Advantage adheres to the requirements of the Emergency Medical Treatment and Labor Act (EMTALA). Anthem Medicare Advantage 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 Anthem Medicare Advantage.

Related Coding
Standard Correct Coding Applies

Policy History	
04/29/2022	Biennial review approved and effective
09/30/2019	Biennial review approved**:** Policy template updated
05/01/2017	Biennial review approved: Policy template updated
11/09/2015	Biennial review approved: Policy template updated
01/01/2015	Initial policy approved

References and Research Materials

This policy has been developed through consideration of the following:

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

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