

Provider Bulletin

2011-2-01

Restricted Recipient Program (Payment for Emergency Department Services)

South Country Health Alliance (SCHA) members who are in the Restricted Recipient Program must receive services from their assigned health care provider; hospital, pharmacy, and primary care provider. Verification of Restricted Recipient Program status is listed on the eligibility record in MN-ITS.

SCHA currently denies medical claims when a member accesses care from a non-authorized provider, clinic or pharmacy. Effective September 1, 2011, SCHA will deny all medical claims for Emergency Room or Urgent care visits when at a hospital or clinic other than their designated provider.

SCHA will cover triage and stabilization services (codes 99201 and 99211) provided to a restricted recipient by a non-designated hospital. If the triage results in a determination that the restricted recipient does not require emergency department services or admission for inpatient services, refer the restricted recipient to his/her designated medical facility for services.

If the member was experiencing a life threatening medical emergency and needed to utilize the closest emergency room, the denial of payment may be appealed and reviewed for payment.

SCHA defines a medical emergency as : Medical Emergency means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in: placing the physical or mental health of the individual (or, with respect to a Pregnant Woman, the health of the woman or her unborn child) in serious jeopardy; continuation of severe pain; serious impairment to bodily functions; serious dysfunction of any bodily organ or part; or death. Labor and delivery is a Medical Emergency if it meets this definition. The condition of needing a preventive health service is **NOT** a Medical Emergency.

Hospital emergency rooms and urgent care centers should be used only for emergencies and not for routine care that members can get from their primary care provider during regular office hours.

To receive reimbursement for triage, bill using:

- Claim format 8371

- Revenue code 045X
- CPT codes 99201 or 99211 with modifier UD (If the enrollee/patient is triaged more than once on one date, modify the subsequent triage submissions with the CPT modifier for repeat procedure.)

One facility claim for triage will not conflict with another facility's claim for triage.