



## Clover Health Prepayment Emergency Department Claim Review Reimbursement Policy

Policy # RP-003

<b>Policy Title</b>	Prepayment Emergency Department Claim Review Reimbursement Policy
<b>Policy Department</b>	Payment Strategy and Operations
<b>Effective Date</b>	1/1/2022
<b>Revision Date(s)</b>	1/1/2022
<b>Next Review Date</b>	

### **Disclaimer:**

Clover Health applies CMS criteria and guidelines, National Coverage Determinations (NCD), Local Coverage Determinations (LCD), Clover Policies, and MCG for determining medical necessity. Clover Policies are intended to provide a standard guideline but are not used to preempt providers' judgment in rendering services. Providers are expected to provide care based on best practices and use their medical judgment for appropriate care.

### **Description:**

This policy addresses the review of facility outpatient Emergency Department (ED) claims for incorrect billing. Clover reviews these claims for the appropriate level of care on a prepayment basis, and adjusts any claims that are overbilled.

### **Definitions:**

- **Healthcare Common Procedure Coding System (HCPCS)**
  - A set of healthcare procedure codes as defined by the American Medical Association



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### **Policy:**

It is the policy of Clover Health to pay for items and services at the appropriate level of care that was provided to our members. As such, Clover analyzes certain claims billed with Emergency Department (ED) codes for the correct level of care. Using the information billed on the claim, including the diagnosis codes submitted as well as the procedures/services performed, Clover determines the appropriate ED visit level to ensure proper reimbursement that aligns with the facility's resource utilization, as required per CMS Guidelines.

There are 5 levels of care when billing ED visits. Each level has a defined minimum criteria for billing, which must be met in order for the claim to qualify for that payment level.

Clover will analyze all facility outpatient claims billed with a level of care of three or higher with the exception of with following cases:

- Claims where the member was admitted to inpatient
- Claims with certain diagnosis codes
- Claims for members who expired in the emergency department
- Claims for patients who received critical care services
- Claims for children below the age of 2

Once a claim is reviewed, if it is determined that the level of care billed exceeds the appropriate, calculated level of care, the claim will be adjusted to pay the appropriate level of care. Notification of this adjustment and the level of care being reimbursed will be included on the provider's remittance advice. Clover Health's standard Appeal and Dispute rights apply to these payment adjustments.

<b>Claim Codes (if applicable)</b>	99281-99285 (ED CPT), G0380-G0384 (Type B ED HCPCS)
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### **References**

Centers for Medicare & Medicaid Services HCPCS Level II and additional publication and services



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American Medical Association's CPT coding guidelines