

## Emergency Department (ED) Professional Claim Coding

### Scope

This policy applies to:

- |   |   |                                   |
|---|---|-----------------------------------|
| <input checked="" type="checkbox"/> Kaiser Permanente Health Plan of Washington | <input checked="" type="checkbox"/> Kaiser Permanente Health Plan of Washington Options, Inc. | <input type="checkbox"/> Medicaid |
| <input checked="" type="checkbox"/> Commercial                                  | <input checked="" type="checkbox"/> Medicare  |                                   |

### Policy

Original Effective Date: 12/01/2023

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) will reimburse emergency department claims based on the level of acuity, complexity, and severity.

Emergency claims billed with high level E&M codes may be reviewed when billed with Low Acuity Non-Emergent (LANE) diagnosis codes to determine if high complexity or severity is supported.

### Billing/Coding Guidelines

All claims must be billed according to Centers for Medicare & Medicaid Services (CMS) guidelines.

Providers should code the level of service based on medical complexity.

If requested, supporting documentation must be provided to avoid claim denial. Required documentation may include:

- Detailed description of the procedure or service
- Complexity and/or severity
- Presenting problems
- Diagnostic procedure(s) ordered
- Supporting clinical documentation

### Policy Definitions

Low Acuity Non-Emergent (LANE) – these are generally defined as ER visits in which a delay of several hours would not increase the likelihood of an adverse outcome.

### Prerequisite(s)

Not applicable

## References

[Emergency Department \(ED\) Facility Evaluation and Management \(E/M\) Coding Policy](#)

[CMS Correct Coding Policy](#), Medicare Processing Manual, Chapter 12

[Approach to Emergency Department Coding](#), American College of Emergency Physicians

## Frequently Asked Questions

Not applicable

## Revision History

07/17/2023 – New policy

Note: This information is intended to serve only as a general reference resource regarding reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, we may use reasonable discretion in interpreting and applying this policy to services being delivered in a particular case. Further, the policy does not cover all issues related to reimbursement for services rendered to our enrollees as legislative mandates, the provider contracts, the enrollee's benefit coverage documents, and the Provider Manual all may supplement or in some cases supersede this policy. This policy may be modified from time to time by publishing a new version of the policy on Kaiser Permanente provider website; however, the information presented in this policy is believed to be accurate and current as of the date of publication.