



Payment Policy

Subject: CPT Codes Not Covered in an Emergency Room Setting

Programs Covered: OH Medicaid, KY Medicaid, OH Special Needs Program, OH MyCare, and Just4Me (all states)TM

Policy

CareSource will not reimburse claims for CPT Codes 93308, 93971, or 95992 when submitted with a Place of Service code 23 ("Emergency Room-Hospital"), as set forth in this policy. This policy is not new and therefore has no specific effective date; rather, it's purpose is to clarify any misunderstandings among our providers around these procedure codes.

Definitions

"Current Procedural Terminology" ("CPT") codes are numbers assigned to every task, medical procedure, and service a medical practitioner may provide to a patient. CPT codes are developed, maintained and updated annually, and copyrighted by the American Medical Association. *(From ama-assn.org)*

"Healthcare Common Procedure Coding System (HCPCS)" is a set of health care procedure codes based on the American Medical Association's Current Procedural Terminology (CPT). HCPCS currently includes two levels of codes: Level I consists of the American Medical Association's Current Procedural Terminology (CPT) and is numeric. Level II codes are alphanumeric and primarily include non-physician services such as ambulance services and prosthetic devices, and represent items and supplies and non-physician services, not covered by CPT-4 codes (Level I). *(from www.wikipedia.org)*

"Medically necessary" services are those health services that are necessary for the diagnosis or treatment of disease, illness, or injury and meet accepted standards of medical practice. *(from OAC 5160-10-02)*

"Place of Service Codes", ("POS") means codes which are regularly published by the Centers for Medicare & Medicaid Services, and which are used on reimbursement claims submitted for professional services rendered by healthcare providers. These codes specifically indicate where a service or procedure was performed. *(from www.cms.gov)*

Provider Reimbursement Guidelines

CPT Codes Addressed

93308: Follow-up or limited transthoracic echo (no Doppler or colorflow).

93971: Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study.

95992: Standard canalith repositioning procedures (e.g., Epley maneuver, Sermont maneuver), per day. (Note: audiologists cannot bill Medicare for this procedure, as canalith repositioning procedures are not diagnostic tests)

Prior Authorization

No prior authorization from CareSource is required before providing these services to its members.

Reimbursement

It is CareSource policy to reimburse providers for the procedures defined by these CPT codes, unless these procedures are performed in the setting of an Emergency Room or freestanding emergency room (POS 23).

When performed in an ER setting, the results of these procedures are generally referred to and read by the appropriate on-call specialist (a cardiologist, is one likely example) and the code is billed by that specialist. If the code is also billed by the emergency room unit, that means that CareSource is processing two separate claims for the same procedure, when only one procedure was rendered to the CareSource member. CareSource does not reimburse multiple providers for a single procedure, and on that basis, CareSource will deny claims for these procedures when performed in an ER setting.

Related Policies & References

State Exceptions

NONE

Document History
