



TO: General Hospitals
RE: Billing Requirements for Urgent and Emergent Care

The purpose of this bulletin is to reiterate the Department’s definition of emergency and non-emergency visits to assist hospitals in distinguishing these visits to in order to submit claims to the Connecticut Medical Assistance Program.

The Department defines emergency and non-emergency visits as follows: [Sec. 17-134(d)-86 of the Regulations of Connecticut State Agencies].

Emergency Visit means:

An urgent encounter requiring immediate decision-making and medically necessary action to prevent death or further disability for patients in health crisis (including, but not limited to, labor and delivery). Such medical conditions are manifested by acute symptoms of sufficient severity (including severe pain) that the absence of immediate medical attention could reasonably be expected to result in placing the patient’s health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part. In order to be considered urgent, the encounter must occur within seventy-two (72) hours from the onset of the presenting medical condition.

Non-Emergency Visit means:

A medically necessary non-urgent encounter presenting a medical condition that does not meet the requirements for an emergency visit, as defined in this section but rather, requires a routine level of ambulatory health care. Such conditions may be distinguished by the fact that they may also be treated in an alternate health care setting such as: a community based physician’s office, a walk-in clinic, a

comprehensive health center, a neighborhood health center or other free-standing primary health care clinic, because such medical conditions do not require the skills, resources and equipment of a hospital emergency room. Such visits may include primary health care or the initial diagnosis and treatment of routine acute or chronic illnesses, whether on a scheduled or unscheduled basis.

The Current Procedural Terminology (CPT) descriptions of emergency department services are as follows:

CPT Code	Definition
99281	Emergency department visit...the presenting problem(s) are self-limited or minor.
99282	Emergency department visit...the presenting problem(s) are low to minor severity.
99283	Emergency department visit...the presenting problem(s) are of moderate severity.
99284	Emergency department visit...the presenting problem(s) are of high severity, and require urgent evaluation by the physician but do not pose an immediate significant threat to life or physiologic function.
99285	Emergency department visit...the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.

Based on the Department’s definitions of Emergency Visit and Non-Emergency Visit, CPT code 99283 can appropriately be cross

walked to either RCC 450 or RCC 456 based on the presenting problem, services rendered and clinical diagnosis.

The following table outlines RCCs 450 and 456 cross walked to the CPT Codes.

RCC	CPT Code
456-Urgent care (Includes professional component)	99281
	99282
	99283
450-Emergency room (Professional component separately billable)	99283
	99284
	99285

Services billed under RCC 450 and 456 will be subject to audit to determine if they were appropriately billed. If the documentation does not support circumstances consistent with an emergency, as defined in regulations, DSS may make an audit exception.

Posting Instructions: Provider bulletins can be downloaded from the Web site at www.ctdssmap.com.

Distribution: This provider bulletin is being distributed to providers enrolled in the Connecticut Medical Assistance Program Provider Manual by HP Enterprise Services.

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