Code Editing for Facility High Level Emergency Room Services
(Effective July 1, 2024)

BlueCross BlueShield of Tennessee is continuing our commitment to correct coding and the implementation of programs that support nationally recognized and accepted coding policies and practices.

The considerations for coding facility Emergency Room (ER) levels differ from those for physician-level assignments. The American Medical Association (AMA) and Center for Medicare and Medicaid Services (CMS) address in detail the elements to be considered when assigning ER Evaluation & Management levels for physicians. However, CMS advises that the facility-level assignment should be based solely on resource utilization (nursing and ancillary staff and not medical decision-making of the ER physician). The American College of Emergency Physicians (ACEP) has published criteria and tools they developed for assigning ER levels for facilities. This methodology considers possible interventions and potential symptoms (with examples) that support these interventions. (ACEP // American College of Emergency Physicians;ED Facility Level Coding Guidelines;ACEP Facility Guidelines)

Beginning July 1, 2024, BlueCross BlueShield of Tennessee will begin to evaluate claims for the appropriateness of high-level ER services reported on facility claims. This pre-payment code editing evaluation will incorporate the ACEP guidelines. Based on the outcome of this evaluation, the submitted code may be down coded to the appropriate level and reimbursement will be changed accordingly.

If you disagree with a determination, you may file a corrected claim or an appeal with the appropriate documentation to support the level of the services billed. We'll review the submitted medical record to assess the intensity of service and complexity of medical decision-making.

For additional details on appeals, please refer to our Commercial Provider Administration Manual or contact customer service for details.