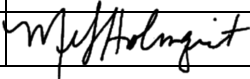


<b>Subject</b>	Emergency Department Professional Visit Leveling		
<b>Policy Index #</b>	HP_BP2025012_V1	<b>Distribution</b>	In-network hospitals
<b>Effective Date</b>	4/15/2025	<b>Issued</b>	3/12/2025
<b>Line of Business</b>	Medicare, Medicaid	<b>Revised Date</b>	
<b>Authorized By</b>	Melissa Holmquist, CEO	<b>Signature</b>	

**Disclaimer**

This policy does not address all issues related to reimbursement for services provided to enrollees. All items and services are subject to review for medical necessity, member eligibility, member plan benefits, and provider eligibility for payment at the time of service.

**Policy**

This policy will address appropriate levels of service based on the complexity of the condition rendered in the emergency department (ED) for professional claims. Diagnoses of low-level complexity or severity deemed as Low Acuity Non-Emergent (LANE) ED visits are generally defined as visits for which a delay of several hours would not increase the likelihood of an adverse outcome. Upper Peninsula Health Plan will cover low acuity nonemergent care based on the following criteria:

- When a physician bills an Evaluation and Management (E/M) code of Level 4 (99284) or Level 5 (99285) with a LANE diagnosis indicating a lower level of complexity or severity, UPHP will reimburse the provider at a Level 3 (99283) reimbursement rate.

**Reimbursement Guidelines**

Emergency department (ED) evaluation and management (E/M) services are reimbursed based on the level of acuity, complexity, and severity. Reimbursement determinations are based on the patient's primary diagnosis.

When a Level 4 (99284) or Level 5 (99285) emergency room E/M service is submitted with a diagnosis indicating a lower level of acuity, complexity, or severity, the service will automatically be reimbursed at the Level 3 (99283) reimbursement rate.

The line item will be processed with the following explanation code:

- CARC 150: Payer deems the information submitted does not support this level of service.
- RARC M26: The information furnished does not substantiate the need for this level of service.

Please note that "...the billed level of service..." and "...this level of service..." in the explanation code, CARC, and RARC refers to the Level 4 (99284) or Level 5 (99285) emergency room E/M service submitted on the incoming claim and not the Level 3 (99283) emergency room E/M procedure code used for processing and pricing the line item.

Determining level of acuity and risk for ED visit medical complexity (risk) is evaluated during adjudication by using the primary discharge diagnosis code. A list of diagnosis codes that have been deemed to represent low acuity non-emergent conditions is used for the adjudication analysis during claims processing. This list of diagnosis codes has been developed by a group of emergency

department physicians, state Medicaid chief medical officers, and other clinical medical professional providers through the New Jersey Medicaid Management Information System (NJMMIS).

When submitting your claim, ensure to bill the patient’s primary discharge diagnosis in the first diagnosis position on the emergency room visit claim form (Item Number 21A).  
For reconsiderations, submit a written appeal, including medical records for review in addition to the appeal letter summarizing the basis for appeal Information on the UPHP claim appeal process is located here: <https://www.uphp.com/providers/provider-appeals/>

**Attachments**

**Resources**

LANE – Low Acuity Non-Emergent (NJMMIS)  
[https://test.njmmis.com/downloadDocuments/ICD10 Non Emergent Listing 2024.pdf](https://test.njmmis.com/downloadDocuments/ICD10%20Non%20Emergent%20Listing%202024.pdf)

**History**

Review Date	Action Taken