GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance

Office of the Deputy Director – Medicaid

Transmittal No. 12-21

TO: All District of Columbia Emergency Medicaid Hospital Providers

FROM: Linda Elam, Ph.D.
Deputy Director/Medicaid Director

DATE: AUG 15 2012

SUBJECT: Emergency Medicaid Hospital Services Policy for Alliance Beneficiaries

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The purpose of this transmittal is to establish policy and procedures governing the submission and reimbursement of hospital claims for Medicaid-reimbursable emergency medical services for District of Columbia Health Care Alliance beneficiaries. This policy is in accordance with the District of Columbia State Plan for Medical Assistance- Section 4, Attachment 4.19B Part1; and Section 5112(c) of the Fiscal Year 2013 Budget Support Emergency Act of 2012, PR 19-796, effective June 20, 2012.

Effective October 1, 2012 through September 30, 2013, Medicaid-reimbursable emergency medical services will no longer be included in the Alliance benefit package and will not be paid to network hospital providers by managed care organizations participating in the Alliance program. Accordingly, hospitals providing Medicaid-reimbursable emergency medical services to Alliance beneficiaries must cease billing the beneficiary's health plan and, instead, submit claims for these services directly to the Department of Health Care Finance for reimbursement under Medicaid pursuant to the procedures set forth in Section 8 of the hospital billing manual. This benefit change should have no impact on Alliance beneficiaries' access to emergency medical services.

If eligibility for the Alliance Program or Medicaid Program cannot be verified and the patient otherwise meets eligibility criteria for Emergency Medicaid, the hospital must complete a 780 Emergency Medicaid request and submit it, with all required documentation, to the Department of Human Services' (DHS) Economic Security Administration pursuant to established policy and procedures. In addition, a hospital that participates in the Medicare Program and has an emergency room must continue to comply with all requirements of the Emergency Medical Treatment and Active Labor Act (EMTALA).

Medicaid-reimbursable emergency medical services are services that are necessary to treat the sudden onset of an emergency medical condition. An emergency medical condition is defined as a medical condition (including labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such 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 function, or serious dysfunction of any bodily organ or part. For purposes of this section, all labor and delivery is considered an emergency medical condition.

To be eligible for emergency Medicaid, the Alliance beneficiary must:

- Meet Medicaid financial and non-financial eligibility requirements (with the exception of citizenship and alien status);
- Be a resident of the District of Columbia;
- Require treatment for a condition after the sudden onset of an emergency medical condition as defined in Section 4.b.

A claim for a Medicaid-reimbursable emergency medical condition is allowable if all of the following criteria are met:

- Services were provided to an eligible and enrolled Alliance beneficiary;
- Services were provided to treat a medical condition that meets the requirements set forth in Section 4;
- Services are not related to an organ transplant procedure;
- The principal diagnosis code is an emergent diagnosis with a positive emergency room diagnosis indicator value and is either a hospital outpatient claim with revenue codes of 0450-0459 or a hospital inpatient claim with an emergency room admission based on the presence of revenue code 0450-0459.

Prior to submitting a claim the provider should verify through the DC Medicaid web portal (www.dc-medicaid.com) or the interactive voice response system (202-906-8319) that the beneficiary is eligible for and enrolled in the Alliance program on the dates the emergency medical services are rendered. Once eligibility is determined, claims should be submitted following the claims submission procedures currently used for DC Medicaid fee-for-service claims via electronic transmission, the DC Medicaid web portal, or the paper UB-04 Claim form. Claims must meet the DHCF criteria for timely filing.

Questions regarding this policy should be directed to Claudia Schlosberg, Director, Health Care Policy and Research Administration at (202) 442-9107 or via email Claudia.schlosberg@dc.gov.

Questions regarding claims submission should be directed to Provider Services at (202) 906-8319 (inside DC Metro) or (866) 752-9233 (outside DC metro area).

Questions regarding the Alliance program and billing for Alliance services should be directed to Lisa Truitt at (202) 442-9109 or via email lisa.truitt@dc.gov.