



Medical Policy Reference Manual Medical Policy Operating Procedure

10.01.011A Emergency Services: Auto Codes

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Description

Emergency services are defined in Health-General Article, §19-701(e), Annotated Code of Maryland, as those health care services that are provided in a hospital emergency facility after the sudden onset of a medical condition that manifests itself by symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected by a prudent layperson, who possesses an average knowledge of health and medicine, to result in:

- (1) Placing the patient's health in serious jeopardy;
- (2) Serious impairment to bodily functions; or
- (3) Serious dysfunction of any bodily organ or part.

In compliance with COMAR 31.10.11.13, if a third-party payor uses auto codes* to determine whether health care services provided in a hospital emergency facility are "emergency services" as defined in Health-General Article, §19-701(e), Annotated Code of Maryland, the third-party payor shall provide to all contracting health care practitioners or hospitals rendering emergency services, or to all health care practitioners or hospitals rendering emergency services that request them:

- (1) Auto codes used by the third-party payor to determine emergency services; and
- (2) Updated auto codes for emergency services at least 30 days before an update of the auto codes will be used, stating the date on which the updated auto codes for emergency services will be used.

* Pursuant to COMAR 31.10.11.02B(2), "auto code" means an ICD-10 code designated by a third-party as a diagnosis that is an emergency service.

In 2021, The CAA: Title 1 No Surprises Act – Sec 102: Surprise Billing regulation was implemented which states that the interim final rules require emergency services to be covered without any prior authorization, without regard to whether the health care provider furnishing the emergency services is a participating provider or a participating emergency facility with respect to the services, and without regard to any other term or condition of the plan or coverage other than the exclusion or coordination of benefits or a permitted affiliation or waiting period. <https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-B/part-149>.

Policy

There is no policy statement for this Operating Procedure.

Policy Guidelines

There are no policy guidelines for this Operating Procedure.

Benefit Applications

Benefits **are provided** for emergency services according to the terms of the member's contract.

Provider Guidelines

The attached lists represent the auto codes used by CareFirst BlueCross BlueShield (CareFirst) to determine emergency services for our Maryland-based Indemnity and National Account business. Auto-codes are used for auto payment of claims only. Each list contains the codes which became effective on the date indicated. See attached listing.

Emergency services include certain services in an emergency department of a hospital or an independent freestanding emergency department, as well as post-stabilization services in certain instances. Based on these requirements, CareFirst will continue to adhere to the “prudent person standard” before providing an initial denial for emergency services and cannot deny the claim based on the diagnosis code only. Plans that continue to use the Emergency Auto-codes for processing claims may use codes to automatically approve Emergency services claims, but we cannot use codes to automatically deny claims.

Cross References to Related Policies and Procedures

There are no Related Policies for this Medical Policy Operating Procedure.

References

The following were among the resources reviewed and considered in developing this policy. By reviewing and considering the resources, CareFirst does not in any way endorse the contents thereof nor assume any liability or responsibility in connection therewith. The opinions and conclusions of the authors of these resources are their own and may or may not be in agreement with those of CareFirst.

Health-General Article §§19-701(d). (2000). *Maryland Annotated Code*. Retrieved from the World Wide Web September 24, 2001: http://mlis.state.md.us/cgi-win/web_statutes.exe?ghg&19-701

Code of Maryland Regulations (COMAR) 31.10.11.

Code of Maryland Regulations (COMAR) 31.10.11.13. Last updated June 11, 2019.

Requirements Related to Surprise Billing PART 149 - SURPRISE BILLING AND TRANSPARENCY REQUIREMENTS (2021) FNT 51. 45 CFR § 149.110(b)(4). <https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-B/part-149>

This policy statement relates only to the services or supplies described herein. Coverage will vary from contract to contract and by line of business and should be verified before applying the terms of the policy.