Member PCP (Primary Care Provider) as Attending Provider in an ER setting

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plan document supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

Policy Overview

1. **Emergency Medical Treatment and Labor Act (EMTALA):**
   ❖ EMTALA is a federal law in the United States that ensures patients' rights in emergency rooms.
   ❖ It applies to hospitals that receive Medicare funds, which includes most hospitals in the U.S.
2. **Key protections under EMTALA include:**
   ❖ Medical Screening Exam: Upon arrival at the ER, a qualified professional must perform an appropriate medical screening exam for any emergency medical condition. This exam must be offered to all patients, regardless of insurance status.
   ❖ Treatment Until Stable: If an emergency medical condition is identified, the hospital must offer treatment until the patient's condition stabilizes. This prevents the condition from materially worsening.
   ❖ Transfer if Necessary: If the hospital lacks the capability to stabilize the condition, they must offer to transfer the patient to another facility that can provide appropriate care.
   ❖ EMTALA ensures that ERs cannot refuse treatment based on insurance status or ability to pay
3. **Provider Documentation on ER Facility Claims:**
   ❖ When a member receives ER care, the facility claim (billing statement) should accurately reflect the provider who evaluated and treated the patient.
   ❖ It is crucial that the ER facility claim does not list the Primary Care Physician (PCP) as the provider who saw the member.
   ❖ Instead, the claim should correctly identify the ER physician, nurse, or other qualified personnel who provided emergency care.
   ❖ Incorrectly listing the PCP can lead to confusion, billing errors, and potential delays in insurance processing.
4. **Examples:**
   ❖ Let us consider a scenario:
      o Patient A arrives at the ER with severe chest pain.
      o The ER performs a medical screening exam and identifies a potential heart attack.
      o The ER physician administers necessary treatments and stabilizes the patient.
      o The facility claim should accurately reflect the ER physician as the provider who evaluated and treated Patient A, not their PCP.

Reimbursement Guidelines

Molina Healthcare retains the authority to deny, review, audit, and recover claims based on medical necessity as outlined in the above policy.

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Supplemental Information

Definitions

Term	Definition
CMS	the Centers for Medicare & Medicaid Services. It is a federal agency within the United States Department of Health and Human Services that administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children's Health Insurance Program (CHIP), and health insurance portability standards.
PCP	Primary Care Physician
ER	Emergency Room

State Exceptions

State	Exception

Documentation History

Type	Date	Action
Published		
Revised Date		

References

This policy was developed using.

- CMS
- State Medicaid Regulatory Guidance
- State Contracts
- NIHCRCoordination Between Emergency and Primary Care Physicians |
- Fighting for Physician-led Care | ACEP

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