



PROVIDER BULLETIN
#07-2013

TO: Participating facilities in Pennsylvania and Delaware

FROM: David M. Lamb
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DATE: May 31, 2013

SUBJECT: Emergency Room Follow-Up Care Denials

The purpose of this bulletin is to inform you of a change in the processing of claims for routine (nonemergent) follow-up care provided in the Emergency Room/Department (ER) setting effective July 1, 2013.

In the June 2012 edition of *Partners in Health Update*SM, we reminded you that follow-up care in the ER setting is *not* a covered benefit.

Effective July 1, 2013, claims billed for routine (nonemergent) follow-up care provided in the ER setting that contain a routine follow-up diagnosis code will be automatically denied.

As per the terms of your participating provider agreement, when follow-up care provided in the ER setting is denied as a noncovered service, commercial members may be billed for such noncovered services. In order to bill members for these services, you must provide the member with prior written notice indicating that follow-up care in the ER setting is not covered and that they will be financially responsible for any follow-up care given in the ER setting.

In addition to automatic denials, we will continue to review and retract inappropriately paid claims for ER follow-up care.

If you have any questions regarding this change, please contact your Network Coordinator.

We encourage you to share this information with appropriate members of your staff.
