

**Distribution:** Practitioner 04-02  
Hospital 04-03  
Medicaid Health Plans 04-02

**Issued:** March 1, 2004

**Subject:** New Billing Instructions for Emergency Department Attending Physician Services

**Effective:** Upon Receipt

**Programs Affected:** Medicaid, Children's Special Health Care Services, Adult Benefit Waiver I, MOMS

Medicaid bulletin Practitioner 03-07, issued December 1, 2003, announced changes to the physician emergency department case rate policy. The purpose of this bulletin is to provide billing instructions for these services.

As described in the bulletin and Section 7.5 of the Practitioner Chapter, effective for dates of service on or after January 1, 2004, the two-tiered fee screen for emergency department (ED) attending physician services is based on whether the beneficiary is treated and released from the ED or treated and admitted to the hospital/transferred to another hospital.

### **Treated and Released**

When billing for the attending ED physician E/M service, the modifier **UD** must be used with the appropriate E/M procedure code to designate that the beneficiary was released (discharged) from the ED. This modifier must be placed in the first modifier position on the claim line to ensure correct processing. The UD modifier indicates the physician billing for the ED E/M service was the attending ED physician and allows the appropriate fee screen to be used.

E/M services provided by other physicians in the ED must not use the UD modifier. Services billed in addition to the E/M service by the attending ED physician must not use the UD modifier.

### **Treated and Admitted/Transferred**

When billing for the attending ED physician E/M service, the modifier **UA** must be used with the appropriate E/M procedure code to designate that the beneficiary was admitted to the hospital or transferred to another hospital from the ED. This modifier must be placed in the first modifier position on the claim line to ensure correct processing. The UA modifier indicates the physician billing for the ED E/M service was the attending ED physician and allows the appropriate fee screen to be used.

E/M services provided by other physicians in the ED must not use the UA modifier. Services billed in addition to the E/M service by the attending ED physician must not use the UA modifier.

### **Reminder**

The two-tiered fee screen applies only to the attending ED physician E/M service. The standard Medicaid fee screens continue to be applied to other separately billable attending ED physician services and the services of other physicians (e.g. specialists) who provide E/M or other services in the ED. When billing for these additional services, CPT/HCPCS coding conventions and Medicaid program guidelines must be followed.

County Health Plans (CHPs) that administer the Adult Benefit Waiver I program for beneficiaries in their county may have different reimbursement policies for ED physician services. Physicians rendering services to these beneficiaries must contact the CHP for information on its reimbursement policies and rates.

### **Manual Maintenance**

Retain this bulletin for future reference.

### **Questions**

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231 or e-mail [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll free 1-800-292-2550.

### **Approval**



Paul Reinhart, Director  
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