Physician Emergency Room Charges

This serves as a reminder to all providers that bill for emergency room charges. Per Medicaid Policy Bulletin 04-03 and Section 1.2 of the Practitioner Chapter within the Medicaid Provider Manual, 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.

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email ProviderSupport@Michigan.gov.