



July 22, 2010

Dear Administrator:

Thank you for providing quality services and continuing to help our members develop strong relationships with their Primary Care Physicians for continuity of care, early detection and preventive services. We understand that this is a continuous process and we are consistently developing and revising all activities including disease management, case management, medical outreach, education and the use of technology to reduce unnecessary ER visits. We also plan to partner with hospitals to develop collaborative pilot projects covering ER utilization. All these efforts focus on ensuring that VPHP members only use the Emergency Rooms for unavoidable, emergency situations.

As part of this process we will continue to monitor and revise our billing guidelines for submitting claims for emergency services. Our policy is to compare the principal diagnosis to a **Primary Emergent Diagnosis Choose Not to Review List** in order to select those claims to be reviewed using prudent layperson definitions and criteria. In addition, we have reduced the administrative burden for submitting medical documentation and will use hospital submitted data for coordinating our reviews. Below are the revised billing guidelines.

- Facility claims billed using a primary diagnosis found on the Primary Emergent Diagnosis Choose Not to Review List will be approved for payment at the emergent level, but subject to periodic review for coding accuracy.
- Facility claims billed with **99281 - 99284** CPT codes using a primary diagnosis not found on VPHP's Primary Emergent Diagnosis Choose Not to Review List, will be reviewed and must be accompanied by medical documentation/notes. A claim that is billed without medical documentation with a primary diagnosis not appearing on VPHP's Primary Emergent Diagnosis Choose Not to Review List will be assumed to not meet the prudent layperson standards and reimbursed at triage.
- Facility claims submitted with a **99285** CPT code with dates of service effective June 1, 2010 and after do not require medical documentation and will be automatically approved for payment at the emergent level, but subject to periodic review for coding accuracy.
- Professional claims submitted with **99281 - 99285** CPT codes do not require medical documentation as we will utilize the medical documentation and coding provided by the Hospital to process and review Physician claims. Professional claims will initially be automatically approved for payment at the emergent level but may be matched and reviewed with the facility claim and adjusted accordingly.

Virginia Premier Health Plan, Inc.

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- Determinations that the prudent layperson definitions were not met and the visit was not emergent, the providers can request a reconsideration of the triage payment by providing the claims with the accompanying document to the claims department, Attention: Appeals for Reconsideration.

The above billing revisions are not a guarantee of payment. Payment is determined when claims are received and are subjected to various checks including, but not limited to, eligibility checks, coding checks, etc.

The VPHP Primary Emergent Diagnosis Choose Not to Review List can be found on the Virginia Premier web site at www.vapremier.com. Please distribute this notice to your billing personnel and/or companies. Should you have any questions, please contact the Network Development Department at 800-727-7536.

Sincerely,

A handwritten signature in black ink, appearing to read 'P. McMahon', is written over a light blue horizontal line.

Patrick McMahon
Vice President, Network Development

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