



2022 Policy Memo 3

Outpatient Treatment of Accidental Injuries and Medical Emergencies

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The contracting provider agrees to submit claims for treatment related to accidental injuries and medical emergencies as covered under the member's contract (see Business Procedure Manual for coverage information).

I. Definitions

A. MEDICAL EMERGENCY

Medical emergency means a sudden and, at the time, unexpected onset of a health condition that a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect to require immediate medical attention, where failure to provide medical attention would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or would place the person's health in serious jeopardy.

B. ACCIDENTAL INJURY

Accidental injury means an injury to the body caused solely through external, violent and accidental means.

II. Content of Service (See also Policy Memo No. 1)

Usual fees are considered to include both professional fees and the following:

- A. All materials, dressings and medicinals (other than immunizations or injections) furnished by the provider.
- B. Topical or local infiltration anesthesia furnished by the provider.
- C. Evaluation of reports of tests or studies earlier referred to another provider for radiological or pathological opinion.

III. Critical Care Services

Critical care includes the care of critically ill patients in a variety of medical emergencies that require the constant attention of the physician. Critical care is usually, but not always, given in a critical care area such as the emergency room. Critical care billings beyond the initial care are to be submitted for individual consideration with records. Such reports include the specific nature of the patient's condition, details regarding the services rendered and documentation of the amount of time the physician was in direct patient attendance.

IV. How to Bill for Treatment of Accidental Injuries and Medical Emergencies in a Hospital Emergency Department

When the physician is billing for services other than surgery in the treatment of accidental/medical emergency services, reference should be made to the Emergency Department Services section of the CPT for proper code use.

V. Additional Policy Clarification

- A. Services in excess of specific payment limitations are subject to individual consideration if requested and supported by medical records.
- B. When made by the same provider, charges for initial non-surgical treatment followed by in-hospital medical care on the same date will not be eligible for payment. In such cases, the

hospital medical care charges are considered to include initial temporary palliative or stabilization services. The provider should select the admission code that best represents this combination of services. Contracting providers agree to accept the review process determination in questions of medical necessity.

- C. It is necessary to show the date of injury, the nature of accident, and ICD-10 diagnosis on all accident-related services. Please see our [CMS 1500 Tutorial](#) for specific information.
- D. It is necessary to show the date of onset on all services related to medical emergency care.