



Iowa Department of Human Services

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INFORMATIONAL LETTER NO.1753-MC-FFS

DATE: December 23, 2016

TO: Iowa Medicaid Hospitals (excluding Indian Health Service Providers)

APPLIES TO: Managed Care, Fee-for-Service

FROM: Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

RE: Reimbursement of Emergency Room (ER) Visits

EFFECTIVE: April 1, 2016

[Informational Letter 1025](#)¹ issued on July 29, 2011, describes changes to the reimbursement of non-emergent ER services*. As a reminder these changes continued with the transition to IA Health Link on April 1, 2016. The reimbursement for non-emergent ER services is as follows:

If the ER visit does not result in an inpatient hospital admission and does not involve any emergent* condition, the payment depends on the referral (if any):

1. Payment is made at 75 percent of the usual Ambulatory Payment Classifications (APCs) amount for Medicaid members who were referred to the ER by appropriate medical personnel.
2. Payment is made at 50 percent of the usual APC amount for Medicaid members who were not referred to the ER by appropriate medical personnel.

If the ER visit results in an inpatient hospital admission, the visit continues to be paid as part of the inpatient claim. If the ER visit does **not** result in an inpatient hospital admission but involved an emergent* condition, the ER claim will be paid at the full APC. Triage/assessment codes for any Medicaid member in an ER also continue to reimburse at the full (100%) fee schedule amount **in all cases**. Triage/assessment CPT codes are limited to 99211 and 99218.

**[A list of the ICD-10 diagnosis codes considered emergent](#)² is posted on the IME website and updated frequently.*

If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909, or by email at imeproviderservices@dhs.state.ia.us.

¹ http://dhs.iowa.gov/sites/default/files/1025_EmergencyRoomVisitsCopaymentandReimbursementChanges.pdf

² https://dhs.iowa.gov/sites/default/files/Emergency_Dx.xlsx