How to Submit a Claim with Observation or Emergency Room Revenue Codes

Harmony Health Plan, a WellCare Company, requires providers to submit claims with the correct coding for claims and encounters for the state of Illinois.

It is important that you/your organization comply with these submission requirements in order for your claims/encounters to be processed in a timely manner and to avoid rejections.

STATE OF ILLINOIS BILLING REQUIREMENTS FOR EMERGENCY ROOM AND OBSERVATION ROOM CHARGES

www.hfs.illinois.gov/assets/h200a.pdf

For outpatient institutional claims submitted for APL payments, the submission must contain at least one procedure code or an emergency department or observation revenue code as listed in the APL. When any service listed in the APL is performed on a given day, all services provided on that day must be billed on a single outpatient institutional claim.

However, if during the same treatment span, subsequent to emergency department or observation services, the patient is admitted to the hospital as an inpatient, only the emergency room charge or the observation service may be billed on the outpatient claim.

It is up to the hospital to determine which outpatient service will provide greater reimbursement.

BILLING FOR OBSERVATION ROOM REVENUE CODES

www.hfs.illinois.gov/assets/a200.pdf
www.illinois.gov/hfs/MedicalProviders/Handbooks/Pages/Chapter200.aspx

Payment is not allowed for observation care for obstetrical cases in labor if the participant is admitted to the hospital from concurrent observation and delivers the same day.
Hospitals are required to code observation services with Revenue Code 0762 and an associated HCPCS Code as identified on the final page of the APL, and note the number of hours in observation in FL 46 – Service Units. Additionally, providers must code a second Revenue Code 0762 line and identify HCPCS Code G0378 in order for observation services to process correctly. The minimum billable observation time is one hour.

**BILLING CHANGES FOR EMERGENCY DEPARTMENT CLAIMS**


Effective for dates of service on and after July 1, 2004, hospitals must bill a specific CPT Code with the appropriate corresponding emergency department Revenue Code. Emergency department claims that are not completed in accordance with the following instructions will be rejected:

- Revenue Code 450 – Emergency Level 1 – Must be billed with corresponding CPT Codes 99284, 99285, 99291, G0383 or G0384
- Revenue Code 456 – Emergency Level II – Must be billed with corresponding CPT Codes 99282, 99283, G0381 or G0382
- Revenue Code 452 – Non-emergency/Screening Level – Must be billed with CPT Code 99281 or G0380

**BILLING CHANGES FOR OBSERVATION CLAIMS**


Effective for dates of service on and after July 1, 2004, hospitals must bill a specific CPT Code with corresponding Revenue Code 762:

- Revenue Code 762 – Observation Services – Must be billed with corresponding CPT Codes 99218, 99219, 99220, 99234, 99235 or 99236.
- Revenue Code 762 – Observation Services – Must be billed a second time with the HCPCS Code G0378.

For inquiries related to the submission requirements for observation and emergency room charges, please contact our Provider Services Department at 1-800-504-2766.