



How to Identify Emergency Room Services in the Medicare Claims Data

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Regardless of whether a Medicare beneficiary seen in the emergency room (ER) is admitted to the hospital or not, the hospital submits the claim on a UB-92 form (CMS-1450) and it is processed by a Fiscal Intermediary (FI). However, emergency room claims are found in two Medicare data files, depending on whether the Medicare beneficiary was admitted, or not admitted, to the hospital within a *'specified time period'.

For those Medicare beneficiaries seen in the ER, but NOT admitted to the hospital, services appear in CMS's Outpatient Standard Analytical File (SAF). To find these claims in the Outpatient SAF, use revenue center code values of 0450-0459 and 0981.

Claims for those Medicare beneficiaries seen in the ER AND admitted to the hospital appear in CMS's Inpatient SAF (or MedPAR File). To find these claims, use revenue center code values of 0450-0459 and 0981. The diagnostic emergency room details are put on the inpatient claim.

Other charges associated with emergency rooms, including labs, non-staff physicians, and radiologists may be billed using form CMS-1500. These Emergency rooms services can be identified in CMS's Carrier SAF by Place of Service code (23=Emergency room-hospital) and/or HCPCS codes associated with ER use (e.g., 99281, 99282, 99283, 99284, 99285).

In summary, emergency room care is found in both the Medicare Outpatient and Inpatient (or MedPAR File) SAF, depending on admission status. In order to find all emergency room visits it is necessary to have both files.

* The 'specified time period' varies among fiscal intermediaries. For example, according to the Minnesota Fiscal Intermediary the 'specified time period' is 23 hours, but according to the FI provider manuals it can be within 3 days of the ER visit for PPS hospitals and within one day of ER visit for non-PPS hospitalizations.

If you have any questions or comments, ResDAC staff can be contacted at 1-888-ResDAC or resdac@umn.edu

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