



Non-Participating Provider Emergency Services Payment Guidance

Effective March 15, 2010, Keystone First will reimburse non-participating hospital providers for only those emergency room services that are rendered to treat an Emergency Medical Condition. An Emergency Medical Condition is defined as,

A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in: (a) placing the health of the individual (or with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, (b) serious impairment to bodily functions, or (c) serious dysfunction of any bodily organ or part. We consider this to include active labor and situations where the medical record indicates that the member was directed to the emergency room by a Keystone First representative or agent, including, but not limited to, a Keystone First participating provider.

Payment of Initial Claims Submitted With the Medical Record

An emergency room claim that is submitted by a non-participating hospital provider with a medical record attached will be paid automatically if the diagnosis on the claim is on the Keystone First Emergency Services Autopay List. If the diagnosis is not on the Emergency Services Autopay List, then Keystone First's clinical staff will review the medical record to determine whether an Emergency Medical Condition existed. If the record supports that an Emergency Medical Condition existed, the non-participating hospital provider will be notified via remittance advice that the claim has been paid. If the record does not support the existence of an Emergency Medical Condition, denial letters will be sent to the non-participating hospital provider and member.

Payment of Claims Submitted Without the Medical Record

An emergency room claim that is submitted by a non-participating hospital provider without a medical record attached will be paid automatically if the diagnosis on the claim is on the Keystone First Emergency Services Autopay List. If the diagnosis is not on the Emergency Services Autopay List, the claim will be adjudicated with a zero payment and a remittance advice will be issued advising the non-participating hospital provider to submit the medical record to Keystone First for review. Keystone First's clinical staff will review the medical record to determine whether an Emergency Medical Condition existed. If the record supports that an Emergency Medical Condition existed, the non-participating hospital provider will be notified via remittance advice that the claim has been paid. If the record does not support the existence of an Emergency Medical Condition, denial letters will be sent to the non-participating hospital provider and member.



Medical records should be submitted to the Claims Medical Review Department at the following address:

Claims Medical Review Department
Keystone First
PO Box 7180
London, KY 40742

Appeal Process for Denial Determinations

If a non-participating hospital provider disagrees with Keystone First's determination, the non-participating hospital provider may file a formal provider appeal with Keystone First. The formal provider appeal can be initiated by sending a letter explaining the reason for the appeal, along with the medical records and any other relevant information. The letter must be received by Keystone First within sixty (60) calendar days from the date of the denial letter.

Requests for a formal provider appeal should be mailed to the address below and contain the words "First Level Formal Provider Appeal" at the top of the request:

Attention: Provider Appeal Coordinators
Provider Appeals Department
Keystone First PO Box 7307
London, KY 40742

Please remember that you are not permitted to bill a member for services provided in the emergency room that have been denied for reimbursement by Keystone First.