

5.4 Emergency Services in a Licensed Hospital Emergency Room

The service allows for assessment and intervention for a consumer who is in an emergency room and appears to be in psychiatric distress. The consumer, because of a mental disorder, may present as dangerous to self or others, or is unable to care for themselves. The consumer's presentation at the emergency room may be voluntary or on the basis of a petition for emergency evaluation.

The individual is expected to have psychiatric symptoms addressed during an emergency room visit and a psychiatric diagnosis as a result of the assessment.

The PMHS does not cover services for individuals presenting at an emergency room whose primary diagnosis is not a PMHS covered diagnosis (see Chapter 6, Appendix A for excluded diagnoses).

For licensed mental health professionals, other than psychiatrists or nurse practitioners to be reimbursed in this venue, the requirements of Appendix K of the manual must be met.

Licensed providers requesting reimbursement from the PMHS will also need their own active Maryland MA individual or group number. The provider, NOT the hospital, will be paid for services rendered, using a 90801 CPT code.

Outpatient departments of hospitals should use revenue codes for emergency room services.

When Emergency Services are sought for a minor by an individual other than the parent or legal guardian, e.g., a foster parent, Department of Social Services caseworker, or a school counselor, permission must be obtained from the parent or legal guardian, or the court, if it is determined that the child or adolescent requires hospitalization. If the parent or legal guardian is unavailable to give permission and it is determined that the child or adolescent requires hospitalization, then the child must be certified by two physicians in order for him/her to be admitted to a hospital.

The mental health service provider is expected to collect history, exchange information, and coordinate care with the consumer's primary care physician and other treatment (i.e. substance abuse treatment, ACT teams, RRs, other mental health and DDA providers) when clinically appropriate. If the individual in emergency circumstances is thought or known to be eligible for DDA services, the appropriate regional office of DDA should be contacted to arrange rapid evaluation (where available) and to delineate service options.

This is a service reimbursable only for individuals with Medical Assistance (MA).

Hospitals regulated by the State of Maryland are eligible providers. Out of state hospitals must be active Maryland MA providers and have a signed provider agreement with DHMH in order to provide this service.

The rendering of medically necessary emergency service does not require preauthorization by ValueOptions[®] Maryland. Once the service has been delivered, claims should be sent to ValueOptions[®] Maryland.

Reimbursement for Emergency Services pertaining to medical or substance abuse diagnoses for individuals enrolled in HealthChoice is the responsibility of the MCO with which the individual is enrolled.