



January 9, 2020

Jeremy Jones Optum Consumer Affairs Corporate 11000 Optum Circle Eden Prairie MN, 55344

ACEP/EDPMA Concerns about Optum Payment Policies

Mr. Jones,

The American College of Emergency Physicians (ACEP) and the Emergency Department Practice Management Association (EDPMA) as requested have collected examples from our members of disputes with UHC/Optum over payment policy. These examples span 23 states, showing claims that were denied and fully worked through the appeals process. Therefore, we do not see benefit to submitting these claims examples again. But ACEP and EDPMA do believe that there is clearly an underlying systemic issue with the claim adjudication process and that the practices that you are using are inconsistent with the standards mandated by HIPAA transaction and code set standards set forth in regulations that require the use of CPT codes in electronic transactions. Your practices are also contrary to industry standard national policies.

Our issue is with your policy over emergency department (ED) claims adjudication, rather than individual claims.

Specifically, we disagree with your policy regarding ED payments for:

- Interpretations of 12 lead ECGs (CPT 93010);
- Evaluation and Management (E/M) services requiring urgent evaluation (CPT code 99284) and/or cases that pose significant threat to life or physiologic function (CPT code 99285);
- Federal and state prudent layperson laws; and
- Medical Decision Making and the practice of emergency medicine.

Our objections as stated more fully in our original letter dated Sept. 16, 2019 (also attached) are as follows:

Full denial or down-coded reimbursement for ED services by UHC and Optum is in direct opposition to federal and state regulatory language that mandates the provision of medical screening exams to all patients, including the beneficiaries or covered individuals of UHC and Optum. This regulatory language also provides for appropriate reimbursement to the hospitals and emergency physicians who provide these screening services.

Denials and reduced E/M code choice by UHC and Optum are entirely aberrant when compared to other Medicare, Medicaid, or commercial managed care or non-managed care organizations, who also have their constituents receive care in the ED but then follow with correct, timely, and appropriate payment for those emergency services provided.

Further, denial of payment for the interpretation of an ECG is inappropriate and directly opposed to language as presented in the present and prior CMS/AMA CPT Manuals that are used by all commercial payers. Medicare and Medicaid also reimburse for the interpretation of ECGs, as this service is recognized as being separate from the E/M services provided to the patient.

Denial of emergency services with non-payment, reduction of code choice with concomitant reduction in payment for services, and non-payment for interpretation of ECGs should immediately cease by UHC and Optum. For the reasons cited herein, ACEP and EDPMA believe that the UHC and Optum documentation and claims review practice violates federal and state prudent layperson (PLP) laws and regulations and may constitute unfair and deceptive trade practices. We are therefore strongly requesting again that you immediately cease and desist using this claims adjudication process.

As such, ACEP and EDPMA are advising their members to consult with legal counsel and consider pursuit of all necessary and appropriate legal remedies available, including litigation addressing non-payment for services rendered. The appropriate federal and state officials have been advised of these practices by copy of this letter.

We are open to engaging in meaningful dialogue with you about modifying your payment policies for emergency medicine services, but we will not participate in an endless loop of rehashing claims that were adjudicated using policies that deviate from national norms.

Sincerely,

William P. Jaquis, MD, FACEP, President American College of Emergency Physicians

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Bing Pao, MD, FACEP, Chair of Board Emergency Department Practice Management Association (EDPMA)