COMMUNITY HEALTH CHOICE

Dear Community Health Choice Provider,

This notice confirms the implementation date for the Emergency Department (ED) Outpatient Facility Evaluation and Management (E/M) coding policy originally announced on October 31, 2025.

Implementation Date: August 24, 2026

This policy applies to outpatient facility ED claims submitted with level 1 (99281, G0380), level 2 (99282, G0381), level 3 (99283, G0382), level 4 (99284, G0383), or level 5 (99285, G0384) E/M codes for the following plans:

- Medicaid (as defined below)
- Medicare
- Marketplace Plans

The policy applies to all facilities, including freestanding facilities, that submit ED claims with these E/M codes for members of the affected plans, regardless of whether the facility participates in the Community Health Choice provider network.

How Claims Will Be Evaluated

Claims will be reviewed and paid based on the information contained in the claim submission, so providers must include all information necessary to establish and support the ED level billed. Claims billed at an ED level that is not supported by the claim information will be paid at the appropriate level or denied, as applicable. If the level paid is lower than the level billed, or if the claim is denied, the provider may submit a request for reconsideration or an appeal in accordance with the terms of their contract. The provider may also submit additional information and medical records that may support a higher ED level. Community will address such requests or appeals in accordance with the provider's contract.

Claims Excluded from Level Adjustment

The following claims are excluded from level adjustment, including but not limited to:

- Claims for patients admitted from the emergency department or transferred to another health care setting, such as a skilled nursing facility or long-term care hospital
- Claims for patients who received critical care services (99291, 99292)
- Claims for patients under 2 years of age
- Claims with certain diagnosis codes that, when treated in the ED, typically require greater-than-average resource utilization, including significant nursing time
- Claims for patients who expired in the ED

COMMUNITY HEALTH CHOICE

Upcoming Policy Change — Effective October 18, 2026

Please note that Community Health Choice has already published a further revision to this policy, dated July 20, 2026. Beginning October 18, 2026, the policy will narrow in scope to apply only to level 4 (99284) and level 5 (99285) E/M codes. That revision also refines the health plans in scope to Medicaid (STAR, STAR+PLUS, CHIP, and CHIP Perinate), Medicare Advantage, and Marketplace. Providers should refer to the separate notice for full details on the October 2026 changes.

If you need additional information, please contact your Provider Relations Representative at ProviderRelationsInquiries@CommunityHealthChoice.org or 713.295.2295.