

Member PCP as Attending Provider in an ER setting

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plans supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

Policy Overview

This policy outlines reimbursement guidelines when a PCP (Primary Care Physician) is listed as the attending provider in an ER facility.

Reimbursement Guidelines

Provider Documentation on ER Facility Claims:

- When a member receives ER care, the facility claim (billing statement) should accurately reflect the provider who evaluated and treated the patient.
- It is crucial that the ER facility claim does not list the Primary Care Physician (PCP) as the provider who saw the member.
- Instead, the claim should correctly identify the ER physician, nurse, or other qualified personnel who provided emergency care.
- Incorrectly listing the PCP can lead to confusion, billing errors, and potential delays in insurance processing.

Examples:

Let us consider a scenario:

- Patient A arrives at the ER with severe chest pain.
- The ER performs a medical screening exam and identifies a potential heart attack.
- The ER physician administers necessary treatments and stabilizes the patient.
- the facility claim should accurately reflect the ER physician as the provider who evaluated and treated Patient A, not their PCP.

A member's Primary Care Physician (PCP) should not be listed as the provider who saw the member in an ER facility. Instead, the claim should correctly identify the ER physician, nurse, or other qualified personnel who provided emergency care.

Molina Healthcare retains the authority to deny, review, audit, and recover claims based on medical necessity as outlined in the above policy.

Supplemental Information

Definitions

Term	Definitions
CMS	The Centers for Medicare & Medicaid Services. It is a federal agency within the United States Department of Health and Human Services that administers the Medicare program and works in partnership with state governments to administer

	Medicaid, the Children's Health Insurance Program (CHIP), and health insurance portability standards.
PCP	Primary Care Physician
ER	Emergency Room

State Exceptions

State	Exception
ID	Excluded from policy.
UT	Excluded from policy.

Documentation History

Type	Date	Action
Initial Creation Date	04/26/2024	New Policy
Revised Date	12/16/2024	Updated Template
Revised Date	08/04/2025	Updated Template
Revised Date	09/08/2025	Revised Policy Overview and Reimbursement Guidelines.
Revised Date	09/10/2025	Changed Initial Creation Date from 04/26/2025 to 04/26/2024.
Revised Date	10/24/2025	Excluded Utah and Idaho from policy

References

This policy was developed using:

- CMS
- State Medicaid Regulatory Guidance
- State Contracts

Reference	Link
NIHCR (National Institute for Health Care Reform)	COORDINATION BETWEEN EMERGENCY AND PRIMARY CARE PHYSICIANS
ACEP (American College of Emergency Physicians)	FIGHTING FOR PHYSICIAN-LED CARE

***CODING DISCLAIMER.** Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.