

PROVIDER NOTICE

Provider Relations Department: 888-895-4998 (Option 4)

Emergency Department Facility Claims Review

Health Plan(s) Affected: Advantage MD, Employer Health Programs (EHP), Priority Partners

Type of Change: Claims review

Explanation of Change:

Beginning in early 2025, Johns Hopkins Health Plans will work with Performant, a healthcare payment integrity company, to conduct retrospective post-payment reviews of Emergency Department (ED) medical records.

- Performant will review for appropriate Evaluation and Management (E&M) coding (99281-99285), including critical care charges (99291-99292).
- This post-service review will be applicable to **facility claims only**.

Per the current CMS guidelines, hospitals must bill the visit level that **most reasonably relates to the intensity of hospital resources used** in the treatment of the patient (Federal Register, Nov. 27, 2007, 66579-67226). Johns Hopkins Health Plans follows guidance from the American Academy of Emergency Physicians regarding [ED Facility Level Coding Guidelines](#).

Performant Review Process

- Performant will send a letter to the facility requesting medical records for review.
- Upon medical record review, if a possible overpayment is identified, Performant will send a notification letter with details to the facility.
- Performant will allow 30-days for dispute or questions to be communicated and reviewed directly by Performant.
- A second level appeal with Performant may also be granted if requested.
- Once retractions are processed, providers may follow the [Johns Hopkins Health Plans provider payment dispute process](#)* for EHP and Priority Partners. Please use [this form for Advantage MD](#)* payment disputes.
- In addition, you can send in payment disputes and clinical appeals for EHP and Priority Partners electronically through [Availity](#), our secure online portal. Access instructions for this process [here](#)*.

*If the link to this PDF breaks, please visit our [Communications Repository](#).