

## Hospital Local to National Code Desk for ER Support Components for Outpatient Hospitals

Local Code	Modifier	Description	Fee	National Code	Modifier(s)	Fee
W9045	None	ER Support Services – Special Nonemergency Services, Enrollment Approval Required	\$35.00	99281	U5/Q6	\$21.00
				99281	U5	\$21.00
				99282	U5/Q6	\$35.00
				99282	U5	\$35.00
				99283	U5	\$79.00
				99284	U5	\$123.00
				99285	U5	\$193.00
W9046	None	ER Support Services – Basic, Nonemergency Services	\$30.00	99281	U4/Q6	\$16.00
				99281	U4	\$16.00
				99282	U4/Q6	\$30.00
				99282	U4	\$30.00
				99283	U4	\$74.00
				99284	U4	\$118.00
				99285	U4	\$188.00
W9047	None	ER Support Services, Special Emergency Services, Enrollment Approval Required	\$105.00	99281	U5/Q6	\$21.00
				99281	U5	\$21.00
				99282	U5/Q6	\$35.00
				99282	U5	\$35.00
				99283	U5	\$79.00
				99284	U5	\$123.00
				99285	U5	\$193.00

*Continued on the back.*

## Hospital Local to National Code Desk for ER Support Components for Outpatient Hospitals

Local Code	Modifier	Description	Fee	National Code	Modifier(s)	Fee
W9048	None	ER Support Services, Basic Emergency Services		99281	U4/Q6	\$16.00
				99281	U4	\$16.00
				99282	U4/Q6	\$30.00
				99282	U4	\$30.00
				99283	U4	\$74.00
				99284	U4	\$118.00
				99285	U4	\$188.00

### Base Reimbursement *versus* Higher Reimbursement for Emergency Room Support Components

Hospitals are either approved for a base emergency room support component fee or higher emergency room support component fee. To review Medical Assistance (MA) policy for a base emergency room support component fee versus higher emergency room support component fee, please visit the Office of Medical Assistance Programs (OMAP) website at [www.dpw.state.pa.us/omap](http://www.dpw.state.pa.us/omap). Go to Provider Information, Medical Assistance Regulations. Go to **Chapter 1221 (Clinic and Emergency Room Services Regulations)** and review **Chapter 1221.43 – Participation Requirements for Hospital Clinics and Emergency Rooms for Higher Reimbursement Rate.**

#### Additional Notes:

- *Modifier U4 denotes that a hospital is approved for a base emergency room support component fee.*
- *Modifier U5 denotes that a hospital is approved for a higher emergency room support component fee.*
- **Modifier Q6 is used by a hospital to denote *non-emergency support component*. Please note that although his modifier is used by other payers for locum tenens billing, MA is solely using this modifier to identify non-emergency room support components.**
- *Procedure Codes 99281 and 99282 can be submitted by hospitals to indicate emergency support component **or** non-emergency support component. Please use Modifier Q6, in addition to either Modifier U4 or U5, when submitting claims for non-emergency room support components.*

**For additional information on hospital national codes and changes to the MA Program Fee Schedule, please refer to MA Bulletin 01-06-05 (Medical Assistance Program Fee Schedule Procedure Code Changes for Acute Care General Hospitals and Hospital Based Medical Clinics).**