

**Administrative Simplification**  
**Policy Statement**

**Simplification Area:** Claims Processing

**Topic:** Clinical Notes Do Not Need to be Submitted for ANY Emergency Room Visit

**Objective:** Streamline the adjudication of claims

**Expected Impact:** *Hospitals* – Assembling and submitting ER visit notes in support of a claim can require staff to spend 10-80 hours per month on a routine basis, depending upon the number of ER visits, or 2 hours per request if a provider waits until the notes are requested. And, since the entire transaction cannot be electronic, payment turnaround typically requires an additional 17 days. This administrative burden can be eliminated if ER visit notes are no longer submitted.

**Background:**

For a number of care situations, health plans require clinical notes/medical records to be submitted along with claims for service. These notes assist the health plan in determining medical necessity in accordance with a member's contracted benefits. Copying and mailing clinical notes creates additional work for providers and delays the adjudication of claims.

Providers and health plans are working to identify situations where the submission of clinical notes are no longer required. Participating health plans will revise their policies as appropriate.

**Policy Statement:**

Clinical notes and/or medical records do not need to accompany claims for ANY ER visit in hospital settings. However, these notes should be available to health plan representatives upon request during prearranged audits.

Health plans will ensure that appropriate personnel within their organizations fully understand this policy and communicate it to the providers appropriately.

On very rare occasions, a health plan may request clinical notes/medical records for an ER visit. However, if a health plan makes this request with any frequency, providers are encouraged to contact appropriate Plan Provider Representatives so they can investigate, clarify the issues and take appropriate action.