HEALTH PLAN POLICY		
Policy Title: Emergency Medical and Urgently Needed Services Claims		**Policy Number:** OPC24 **Revision:** B
Department: Operations	**Sub-Department:** Claims	
Applies to Product Lines: ☐Medicaid ☐Children's Health Insurance Plan ☒Health Insurance Exchange ☒Medicare		☒USFHP ☐Commercial Insured ☐Non Insured Business
Origination/Effective Date: 09/28/2017		
Reviewed Date(s):	**Revision Date(s):** 02/27/2019, 03/25/2020	

SCOPE:

The purpose of this policy is to determine how CHRISTUS Health Plan will reimburse members for emergency services rendered to treat an emergency medical condition.

DEFINITIONS AND ACRONYMS:

- **Ancillary services** -- services such as laboratory, pathology, radiology, etc., that support the emergency services provided.
- **Emergency Medical Condition** -- is a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, would reasonably expect the absence of immediate medical attention to result in:
  - Serious jeopardy to the health of the individual or, in the case of a pregnant woman, the health of the woman or her unborn child;
  - Serious impairment to bodily functions; or
  - Serious dysfunction of any bodily organ or part

** Emergency medical condition status is not affected if a later medical review found no actual emergency present.

- **Emergency Services** -- covered inpatient and outpatient services that are:
  - furnished by a provider that is qualified to furnish such services, and
  - needed to evaluate or stabilize an emergency medical condition
- **Non Participating provider** -- a provider with whom CHRISTUS Health Plan does not have a written contract to furnish plan covered services to its enrollees
- **Participating Provider** -- a provider with whom CHRISTUS Health Plan has a written contract to furnish plan covered services to its enrollees
- **Urgently Needed Services** – covered services that:
  - Are not emergency services as defined in this section but are medically necessary and immediately required as a result of an unforeseen illness, injury, or condition;
  - Are provided when:

    A. The enrollee is temporarily absent from the plan's service area and therefore, he/she cannot obtain the needed service from a network provider; or

B. When the enrollee is in the service or continuation area but the network is temporarily unavailable or inaccessible; and

- Given the circumstances, it was not reasonable, for the enrollee to wait to obtain the needed services from his/her regular plan provider after the enrollee returns to the service area or the network becomes available.

POLICY:

Prior Authorization:

Medicare Advantage and USFHP products:

- Prior authorization for emergency and urgently needed services is not required

Health Exchange products:

- Prior authorization for emergency services is not required
- Prior authorization for urgently needed services is not required when seeking care from a participating provider

Financial Responsibility:

- Participating provider emergency and urgently needed covered services are reimbursed pursuant to the network agreement between provider(s) and CHRISTUS Health Plan. Providers shall accept as payment in full, the reimbursement rates as defined in the agreement, for emergency services provided to members to treat an emergency medical condition.
- Non-participating provider emergency and urgently needed covered services are reimbursed pursuant to the CHRISTUS Health Plan Out of Network Payment Policy.
- Covered services are subject to applicable member out-of-pocket costs. (e.g., copayment, coinsurance, deductible)
- Emergency department copayment is waived if member is admitted to the hospital.
- Emergency Medical Services copayment is assigned to the facility claim only.
  - Deductible and co-insurance is assigned to the professional claim only.
- Emergency services care includes room and facility services directly related to the services provided as part of the emergency department care.
  - Incidentals (i.e., pharmacy and supplies billed under revenue code 25x & 27x).
  - Other services (i.e., surgical procedures, physical therapy, and treatment room)
- Ancillary services are reimbursed separately from emergency services.
- Physician/professional are reimbursed separately from emergency services.
- CHRISTUS Health Plan does **not** pay follow up care after emergency department treatment unless approved by the member's PCP or when provided by the member's PCP.
- CHRISTUS Health Plan does **not** pay for services if a member leaves against medical advice of their physician after being admitted through the emergency services department into inpatient

care. These services are denied and the member is financially responsible.

REFERENCES:

- Medicare Managed Care Manual, Chapter 4, Section 20
  - https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/mc86c04.pdf
- Texas Insurance Code § 1271.155
  - https://statutes.capitol.texas.gov/Docs/IN/htm/IN.1271.htm#1271.155
- Texas Insurance Code § 1301.155
  - https://statutes.capitol.texas.gov/Docs/IN/htm/IN.1301.htm#1301.155
- Texas Administrative Code, Title 28, Part 1, Chapter 3, Subchapter X, Division 2, Rule § 3.3725
  - https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=28&pt=1&ch=3&rl=3725
- Louisiana Department of Insurance, Title 22:1821
  - http://www.legis.la.gov/legis/Law.aspx?p=y&d=508988
- Louisiana Department of Insurance, Title 22:1826
  - http://www.legis.la.gov/legis/Law.aspx?d=727180
- Tricare Policy Manual, Chapter 2, Section 4.1
  - https://manuals.health.mil/pages/DisplayManualHtmlFile/TP15/57/AsOf/TP15/c2s4_1.html#FM67433
- Tricare Operations Manual, Chapter 8, Section 5
  - https://manuals.health.mil/pages/DisplayManualHtmlFile/TO15/61/AsOf/TO15/C8S5.html

RELATED DOCUMENTS:

- Participating Provider Agreement
- OPC30: Out-of-Network Payment Policy

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3/31/20
Date

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3/31/20
Date

REVISION HISTORY:

Revision	Date	Description of Change	Committee
New	09/28/2017	Initial release.	Quality Improvement
A	02/27/2019	Yearly review. Made miscellaneous format changes. Updated References. Added non-participating provider information.	Executive Leadership
B	03/25/2020	Yearly review. Changed title. Updated Lines of Business. Updated Definitions and Acronyms, and References. Made format changes. Removed verbiage.	Executive Leadership