HEALTH PLAN POLICY	
Policy Title: Emergency Medical and Urgently Needed Services Claims	**Number:** OPC24 **Revision:** F
Department: Operations	**Sub-Department:** Claims
Applicable Lines of Business: ☐ Children's Health Insurance Plan ☒ Medicare ☐ Commercial Insured ☐ Non Insured Business ☒ Health Insurance Exchange ☒ USFHP ☐ Medicaid	
Effective Date: 09/28/2017	
Revision Date(s): 02/27/2019, 03/25/2020, 03/24/2021, 03/21/2022, 10/27/2022, 10/24/2023	

PURPOSE:

The purpose of this policy is to outline how CHRISTUS Health Plan (CHP) 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.
- **Cost Sharing –** The share of out of pocket costs paid by a CHP health plan member, including deductibles, coinsurance, and copayments, or similar charges, but not including premiums, balance billing amounts for non-network providers, or the cost of non-covered services.
- **Emergency Medical Condition –** 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 even 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, or
    - Psychiatric screening, examination, evaluation, and treatment by a physician, or other personnel to the extent permitted by applicable law and within the scope of their licensure and privileges.
    - Care and treatment necessary to relieve or eliminate the psychiatric emergency medical condition within the capability of a facility.
- **Non-Participating Provider –** A provider with whom CHP does not have a written contract to furnish plan covered services to its members.
- **Participating Provider –** A provider with whom CHP has a written contract to furnish plan covered services to its members.

- **Primary Care Physician (PCP)**
- **Uniformed Services Family Health Plan (USFHP)** – A U.S. Department of Defense-sponsored healthcare program that services military family members exclusively and delivers full TRICARE Prime benefits to active-duty, activated Guard and Reserve, and military retires and their family members.
- **Urgently Needed Services** – Covered services that are not emergency services as defined in this section – provided when the member is temporarily absent from CHP's service (or, if applicable, continuation) area (or provided when the member is in the service or continuation area but CHP's provider network is temporarily unavailable or inaccessible) when the services are medically necessary and immediately required:
    - As a result of an unforeseen illness, injury, or condition.
    - It was not reasonable for the member to wait to obtain needed services from CHP.

POLICY:

Prior Authorization:

As required by the Affordable Care Act, prior authorization for emergency and urgently needed covered services is not required for any CHP health plan member.

Financial Responsibility:

- Participating provider emergency and urgently needed covered services are reimbursed pursuant to the network agreement between the provider(s) and CHP. Providers shall accept as payment in full the reimbursement rates as defined in the network agreement for emergency services provided to CHP members to treat an emergency medical condition.
- Non-participating providers of emergency and urgently needed covered services are reimbursed pursuant to the CHP Out of Network Payment Policy for the applicable health plan.
- Covered services are subject to applicable member Cost Sharing.
- Emergency department Cost Sharing is waived if the member is admitted to the hospital.
- Emergency Medical Services Cost Sharing is assigned to the facility claim only.
    - Deductibles and coinsurance/copayments 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 (e.g., pharmacy and supplies billed under revenue code 25x & 27x).
    - Other services (e.g., surgical procedures, physical therapy, and treatment room)
- Ancillary services are reimbursed separately from emergency services.
- Physician/professional services are reimbursed separately from emergency services.
- CHP is financially responsible for post-stabilization care services when obtained within or outside of the Plan that are not pre-approved, but are:

- Administered to maintain the member's stabilized condition within one (1) hour of a request to the Plan for pre-approval of further post-stabilization care services;
- Administered to maintain, improve, or resolve the member's stabilized condition if: -

  (A) CHP does not respond to a request for pre-approval within one (1) hour;

  (B) CHP cannot be contacted; or

  (C) A CHP representative and the treating physician cannot reach an agreement concerning the member's care and a plan physician is not available for consultation.

- CHP does **not** pay for claims related to follow-up care after emergency department treatment unless such care is approved by the member's PCP or when provided by the member's PCP.
- CHP 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. Claims for 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
- Federal Regulations:
  - 42 CFR § 422.100 - General requirements.
  - 42 CFR § 422.113 - Special rules for ambulance services, emergency and urgently needed services, and maintenance and post-stabilization care services
  - Affordable Care Act - 42 U.S. Code § 300gg–19a (Patient Protections)
- 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 3.1
  - https://manuals.health.mil/pages/DisplayManualHtmlFile/2022-12-05/AsOf/TPT5/C2S3_1.html

- Tricare Operations Manual, Chapter 8, Section 5
  - https://manuals.health.mil/pages/DisplayManualHtmlFile/2022-12-05/AsOf/TOT5/C8S5.html

RELATED DOCUMENTS:

- Participating Provider Agreement
- Out of Network Payment Policy for Health Insurance Exchange Policy (OPC48)
- Out of Network Payment Policy for Medicare Advantage Policy (OPC49)
- Out of Nework Payment Policy for USFHP Policy (OPC50)

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
C	03/24/2021	Yearly review. No change to policy content.	Executive Leadership
D	03/21/2022	Yearly review. Removed language on Health Exchange.	Executive Leadership
E	10/27/2022	Quality review. Added new definitions, verbiage, and references.	Executive Leadership
F	10/24/2023	Annual review. Updated formatting, definitions, references, related documents, and verbiage throughout policy.	Executive Leadership