Policy: **Urgent/Emergent Services**

Date of Implementation: **July 16, 2015**

Product: **Specialty**

DEFINITIONS

Credentialed Practitioner – A credentialed practitioner is an employee, independent contractor or is associated with a contracted provider in some way and in some instances; a contracted provider may be a credentialed practitioner. A credentialed practitioner is a practitioner who has been credentialed with American Specialty Health – Specialty (ASH) and is duly licensed, registered or certified, as required, in the state in which services are provided.

Contracted Practitioner – A contracted practitioner is a practitioner of health care services, a group practice, or a professional corporation which or who has both been credentialed by and contracted with ASH for the purpose of rendering professional services that are widely accepted, evidence based, and best clinical practice within the scope of the contracted practitioner's professional licensure.

Contracted Provider – A contracted provider is any legal entity that (1) has contracted with ASH for the provision of services to members; (2) operates facilities at which services are provided; (3) is a credentialed practitioner or employs or contracts with credentialed practitioners.

Member **-** A member or a member's authorized representative, and a practitioner or facility, if the practitioner or facility is acting on behalf of the member and with the member's written consent, collectively referred to as the "Member" throughout this policy.

EMERGENT/URGENT SERVICES

Emergent

Emergent health care services are those that are provided to manage an injury or condition with a sudden and unexpected onset, which manifests itself by acute symptoms of sufficient severity, including severe pain, such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate clinical attention to result in:

- Placing the health of the individual (or with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
- Serious impairment to bodily functions;
- Serious dysfunction of any bodily organ or part; or
- Decreasing the likelihood of maximum recovery.

Urgent

Urgently needed services are covered services that:

- Are not emergency services as defined in the section above but are medically necessary and immediately required as a result of an unforeseen illness, injury, or condition;
- Are provided when the member is temporarily absent from the ASH's service (or, if applicable, continuation) area or when the member is in the service or continuation area, and the network is temporarily unavailable or inaccessible; and
- It was not reasonable given the circumstances to wait to obtain the services through ASH's network.

ASH covers emergent/urgent services if an authorized representative, acting on behalf of ASH, authorized the provision of emergent/urgent services. ASH covers and does not require pre-authorization or prospective review of outpatient emergent/urgent services. ASH will perform medical necessity reviews to determine whether emergent/urgent claims meet the prudent layperson standard as defined.

ASH will perform medical necessity reviews, including a member's presenting symptoms, to determine whether emergent/urgent claims meet the prudent layperson standard as defined. The evaluation of emergent/urgent services takes into account those services necessary to evaluate and stabilize the member. Once stabilized, if additional services are provided to a member by a contracted provider/credentialed practitioner, all applicable medical necessity review (MNR) requirements will be implemented.

For members with an out-of-network benefit, the evaluation of emergent/urgent services takes into account those services necessary to evaluate and stabilize the member. Once stabilized, if a non-contracted practitioner provided the emergency services and the member chooses to seek additional services, the member may seek the additional services either from a contracted provider/credentialed practitioner or access their out-of-network benefit. Those additional services will be subject to any MNR requirements for member's in-network or out-of-network benefit depending on who provided the services.

For members without an out-of-network benefit, the evaluation of emergent/urgent services takes into account those services necessary to evaluate and stabilize the member. Once stabilized, if a non-contracted practitioner provided the emergency services and the member chooses to seek additional services, the member must seek the additional covered services from a contracted provider/credentialed practitioner in order for the services to be covered. If the member chooses to seek non-emergent/non-urgent services from a non-contracted provider/non-credentialed practitioner after the condition is stabilized, the member would be responsible for any costs associated with those additional services.

ASH will not deny payment of emergency health services up to the point of stabilization provided to a member because of either of the following:

- The final diagnosis;
- Prior authorization was not given by ASH before emergency health services were provided.

Reimbursement for emergency services will not be denied on retrospective review, provided that the emergency services are medically necessary to stabilize or treat an emergency condition.

When a claim is received by ASH that appears to be related to an emergent/urgent service, ASH requests medical records from the member and copies the practitioner on the request. In order to perform a medical necessity review, ASH allows the practitioner/member at least 90 calendar days (unless otherwise specified by state laws or regulations or benefit requirements) to provide the requested information before denying the claim based on lack of information. For members without an out-of-network benefit, services that are determined to be non-emergent/non-urgent in nature are not approved for payment.

Where state laws or regulations conflict with this policy, state laws or regulations shall apply in support of the state-specific requirements on the payment of emergency services requirements.