Emergent/Urgent Services, Post-Stabilization Care and Out-of-Area Services

Policy Number: MCS031.02
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Instructions for Use

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Related Policies
None

Coverage Guidelines

Emergency and urgent services rendered within the United States are covered when Medicare coverage criteria are met.

Medicare does not cover emergency and urgent services provided outside of the United States. Some UnitedHealthcare Medicare Advantage plans may provide coverage for out-of-area emergent/urgent services rendered outside the United States. To determine if coverage is available, refer to the member's Evidence of Coverage for coverage information, which may include specific location or other applicable limitations.
Note: UnitedHealth Passport Program - Members participating in the UnitedHealth Passport Program are eligible to use the Passport benefit for non-emergency care (routine and preventive care) benefit when traveling within the UnitedHealth Passport service area. Contact the Customer Service Department to determine member's UnitedHealth Passport Program eligibility and the UnitedHealth Passport service area at 877-842-3210.

Emergency Services

Emergency services are covered inpatient and outpatient services that are:
- Furnished by a provider qualified to furnish emergency services; and
- Needed to evaluate or treat an emergency medical condition.

An emergency medical condition is a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, with an average knowledge of health and medicine, could 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.

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

Refer to the Medicare Managed Care Manual, Chapter 4. §20.2 – Definitions of Emergency and Urgently Needed Services. (Accessed October 4, 2021)

Urgently-Needed Services

Urgently-needed services are 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 the member is temporarily absent from the plan's service (or, if applicable, continuation) area, or under unusual and extraordinary circumstances, 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 the plan network.

Refer to the Medicare Managed Care Manual, Chapter 4, §20.2 – Definitions of Emergency and Urgently Needed Services. (Accessed October 4, 2021)

Note: We note that an MA organization may choose to cover services outside the network at higher cost-sharing for non-emergency services obtained outside network providers' normal business hours (e.g., covering services at an urgent care center on weekends or holidays).

Post-Stabilization Care Services

Post-stabilization care services are covered services that are:

- Related to an emergency medical condition;
- Provided after a member is stabilized; and
- Provided to maintain the stabilized condition, or under certain circumstances (see below), to improve or resolve the member's condition.

Refer to the Medicare Managed Care Manual, Chapter 4, §20.5.1 – Definition of Post - Stabilization. (Accessed October 4, 2021)

Mandated emergency screening and post-stabilization services by a physician is covered.

Refer to the Medicare Transmittal 86, dated November 5, 2004 on Payment for Emergency Medical Treatment and Labor Act (EMTALA) - Mandated Screening and Stabilization Services; available at http://www.cms.hhs.gov/transmittals/downloads/r86pi.pdf. (Accessed October 4, 2021)

Follow-Up Care

While it is preferred that follow-up care be provided through deemed or contracted providers, follow-up care will be covered as long as the care required continues to meet the definition of either emergency services or urgently needed services. Refer to the guidelines for Emergency Services and Urgently-Needed Services above.

Ambulance Services

Ambulance for emergency transportation, including ambulance services dispatched through 911 or its local equivalent, when either an emergency situation exists as defined above or other means of transportation would endanger the member's health, are covered.

Refer to the Medicare Managed Care Manual, Chapter 4, §20.1 – Ambulance Services. (Accessed October 4, 2021)

Also refer to the Coverage Summary titled Ambulance Services.

Policy History/Revision Information

Date	Summary of Changes
10/19/2021	• Routine review; no change to coverage guidelines • Archived previous policy version MCS031.01

Instructions for Use

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The benefit information in this Coverage Summary is based on existing national coverage policy; however, Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence (Medicare IOM Pub. No. 100-16, Ch. 4, §90.5).

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