

# EMERGENCY ROOM VISITS (INCLUDING COVERAGE FOR MEMBERS OUTSIDE OF THE UNITED STATES)

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**Related Policy**

- [Transportation Services](#)

## INSTRUCTIONS FOR USE

This Clinical Policy provides assistance in interpreting Oxford benefit plans. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify its policies as necessary. This Clinical Policy is provided for informational purposes. It does not constitute medical advice. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document [e.g., Certificate of Coverage (COC), Schedule of Benefits (SOB), and/or Summary Plan Description (SPD)] may differ greatly from the standard benefit plan upon which this Clinical Policy is based. In the event of a conflict, the member specific benefit plan document supersedes this Clinical Policy. All reviewers must first identify member eligibility, any federal or state regulatory requirements, and the member specific benefit plan coverage prior to use of this Clinical Policy. Other Policies may apply.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

## CONDITIONS OF COVERAGE

Applicable Lines of Business/ Products	This policy applies to Oxford Commercial plan membership.
Benefit Type	General benefits package
Referral Required (Does not apply to non-gatekeeper products)	No
Authorization Required (Precertification always required for inpatient admission)	No
Precertification with Medical Director Review Required	No
Applicable Site(s) of Service (If site of service is not listed, Medical Director review is required)	Emergency Room

## BENEFIT CONSIDERATIONS

Please refer to the Member's certificate of coverage, summary of benefits, and/or health benefits plan documentation for specific details regarding benefit coverage, exclusions, limitations and/or maximums.

## **NJ Plans and Products**

Mobile Intensive Care Units must be treated the same as an emergency room visit (cost sharing, notification requirements, etc.).

## **Essential Health Benefits for Individual and Small Group**

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs, the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this policy, it is important to refer to the member specific benefit plan document to determine benefit coverage.

## **PURPOSE**

The purpose of this policy is to describe Oxford's policy for emergency room visits and any medical treatment performed on a Member or a Member's dependent outside of the United States, Mexico, Canada and the U.S. Territories.

## **DEFINITIONS**

**Emergency Condition – Connecticut Products:** A medical or behavioral condition, the onset of which is sudden, that manifests itself by symptoms of sufficient severity, including severe pain, that a prudent layperson, possessing an average knowledge of medicine and health, could reasonably expect the absence of immediate medical attention to result in (i) placing the health of such person, or others in serious jeopardy, or (ii) serious impairment to such person's bodily functions; or (iii) serious dysfunction of any bodily organ or part of such person; or (iv) serious disfigurement of such person.

**Emergency Condition – New Jersey (NJ) Products:** A medical condition manifesting itself by acute symptoms of sufficient severity including, but not limited to, severe pain, psychiatric disturbances and/or symptoms of substance abuse such that a prudent layperson, who possess an average knowledge of medicine and health, could reasonably expect the absence of immediate medical 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; or serious dysfunction of a bodily organ or part. With respect to a pregnant woman who is having contractions, an emergency exists where: there is inadequate time to effect a safe transfer to another hospital before delivery; or the transfer may pose a threat to the health or safety of the woman or the unborn child.

**Emergency Condition – New York (NY) Products:** A medical or behavioral condition, that manifests itself by acute symptoms of sufficient severity, including severe pain, such that a prudent layperson, possessing an average knowledge of medicine and health, could reasonably expect the absence of immediate medical attention to result in (i) placing the health of such person, or others in serious jeopardy, or (ii) serious impairment to such person's bodily functions; or (iii) serious dysfunction of any bodily organ or part of such person; (iv) serious disfigurement of such person; or a condition described in clause (i), (ii), or (iii) of section 1867 (e)(1)(A) of the Social Security Act.

**Emergency Services – NY Products:** A medical screening examination which is within the capability of the emergency department of a hospital, including ancillary services routinely available to the emergency department to evaluate such emergency medical condition; and (ii) within the capabilities of the staff and facilities available at the hospital, such further medical examination and treatment to stabilize the patient.

**Stabilize – NY Products:** To provide such medical treatment of the condition as may be necessary to assure, within reasonable medical probability that no material deterioration of the condition is likely to result from or occur during the transfer of the insured from a facility or to deliver a newborn child (including the placenta).

## **POLICY**

### **Emergency Room Visits**

Oxford covers emergency services necessary to screen and stabilize Members without prior approval or notification in cases where a **prudent layperson** would have believed that an emergency medical condition existed or an authorized representative, acting for Oxford, has authorized the provision of emergency services.

## **Members Outside the United States**

### ***NY and CT Members***

Coverage of Members receiving treatment outside of the United States, Mexico, Canada, or the U.S. Territories is limited to emergencies only. Exceptions may apply as outlined under [Procedures and Responsibilities](#) below.

### ***All NJ Members***

Coverage of Members receiving treatment outside of the United States, Mexico, Canada, or the U.S. Territories is limited to emergencies and urgent care. Exceptions may apply as outlined under [Procedures and Responsibilities](#) below.

## **PROCEDURES AND RESPONSIBILITIES**

### **Emergency Room Visits**

Emergency room treat and release services are covered both in and out of the service area and are payable upon claim submission, minus the Member's applicable emergency room cost share as determined by their Member Certificate of Coverage.

## **Members Outside the United States**

### ***Out of Country Providers***

#### **For NY and CT Members**

- Claims received for services performed outside of the United States do not require an authorization if the services are emergent in nature. For specific guidelines, refer to [Transportation Services](#).
- Members who reside in the United States will not be covered for elective procedures outside of the United States, Mexico, Canada, or the U.S. Territories unless an authorization exists that specifically states to pay the procedure. This includes prenatal care and delivery.
- All claims from out of country providers must be translated and the amount billed calculated in American dollars using the conversion rate as of the processing date.

#### **All NJ Members**

- Claims received for services performed outside of the United States do not require an authorization if the services are emergent or urgent in nature. For specific guidelines, refer to [Transportation Services](#).
- Members who reside in the United States will not be covered for elective procedures outside of the United States, Mexico, Canada, or the U.S. Territories unless an authorization exists that specifically states to pay the procedure. This includes prenatal care and delivery.
- All claims from out of country providers must be translated and the amount billed calculated in American dollars using the conversion rate as of the processing date.

### ***Out of Country Resident Members***

#### **NJ Small Group/PPO FP and Liberty**

Services provided outside of the United States are excluded unless the covered Member is outside of the United States for one of the following reasons:

- Travel, provided the travel is for a reason other than securing healthcare diagnosis and/or treatment, and the travel is for a period of six months or less, **or**
- Business assignment, provided the covered Member is temporarily outside of the United States for a period of six months or less; **or**
- Subject to pre-approval, eligibility for full-time student status, provided the covered Member is either enrolled and attending an accredited school in a foreign country; or is participating in an academic program in a foreign country, for which the institution of higher learning at which the student matriculates in the United States grants academic credit. Charges in connection with full-time student status in a foreign country, which are not pre-approved, will be denied as non-covered charges.

## **REFERENCES**

NCQA 2011 HP Standards and Guidelines; UM 12 Emergency Services.

New York: SB 5800, Sections 2-6, 8-10, 12-17, 24, 59 and 60, Bulletin NY1113.

Oxford Certificate of Coverage and Member Handbook.

Social Security Act of 1965, clause (i), (ii), or (iii) of section 1867 (e)(1)(A).

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
02/01/2017	<ul style="list-style-type: none"><li>Removed language pertaining to New Jersey (NJ) Individual Plans (<i>NJ individual benefit plans transitioned to UnitedHealthcare Oxford Navigate effective Jan. 1, 2017</i>)</li><li>Archived previous policy version EMERGENT 004.13</li></ul>