

FOLLOW-UP CARE RENDERED IN AN EMERGENCY ROOM SITE OF SERVICE

Policy Number: ADMINISTRATIVE 260.2 T0

Effective Date: October 1, 2018

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Related Policies

None

INSTRUCTIONS FOR USE

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded members and certain insured products. Refer to the member specific benefit plan document or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.

APPLICABLE LINES OF BUSINESS/PRODUCTS

This policy applies to all Oxford Commercial plan membership.

APPLICATION

This policy applies to services reported using the UB-04 claim form, the 1500 Health Insurance Claim Form (a/k/a CMS-1500), or their electronic equivalents or their successor forms. This policy applies to, all network and non-network providers, including hospitals, ambulatory surgical centers, physicians and other qualified health care professionals including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

BENEFIT CONSIDERATIONS

Before using this policy, please check the member specific benefit plan document and any federal or state mandates, if applicable.

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 communicate Oxford's non-coverage of follow-up care when rendered in an emergency room (ER) site of service/setting.

POLICY

Follow-up care provided in an emergency room (ER) site of service is not a covered benefit.

DEFINITIONS

Emergency Medical Treatment and Labor Act (EMTALA): Federal labor law requires that if a patient is determined to have an Emergency Medical Condition then the Emergency Room Staff must screen and stabilize the patient, if possible, before asking about insurance.

APPLICABLE CODES

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies may apply.

Revenue Codes	Description
450	Emergency room – general
451	Emergency room – EMTALA emergency medical screening services
452	ER beyond EMTALA screening
459	Emergency room – other emergency room

ICD-10 Diagnosis Codes



Follow-Up Care in ER
ICD-10 Dx Codes

PROCEDURES AND RESPONSIBILITIES

Prior to a network provider/facility rendering follow-up care to any Oxford Member in an ER site of service/setting, the provider/facility must inform the Oxford Member that follow-up care provided in an ER site service/setting is not a covered benefit under their Oxford plan. Additionally, the Oxford Member must be informed that they will be held financially responsible for the cost of all follow-up and/or routine medical care they choose to receive in an ER site of service/setting rather than from their Primary Care Provider.

As a reminder, in-network providers may seek and collect payment from an Oxford Member for non-covered services only if the provider obtained the Member's written consent, in advance of rendering the services, to be financially responsible for the total cost of the non-covered services.

Out-of-Network providers may bill Members directly for the entire cost of non-covered services, without first obtaining written consent.

REFERENCES

Oxford Certificates of Coverage.

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
10/01/2018	<ul style="list-style-type: none">Updated list of applicable ICD-10 diagnosis codes to reflect annual code edits; revised description for S62.626D, S62.626G, S62.627D, S62.627G, S62.628D, S62.628G, S62.629D, S62.629G, S62.654D, S62.654G, S62.655D, S62.655G, S62.656D, S62.656G, S62.657D, S62.657G, S62.658D, S62.658G, S62.659D, and S62.659GArchived previous policy version ADMINISTRATIVE 260.1 TO