



Payment Policy

Subject: Post Stabilization Care Services

Policy

CareSource will be responsible for medically-necessary post-stabilization care provided by any participating or non-participating emergency room for eligible members. Prior authorization is not required for any emergency department services or for services by a participating provider in an observation setting.

Definitions

"Emergency medical condition," means 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, could reasonably expect the absence of immediate medical attention to result in any of the following: 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 any bodily organ or part. *(from OAC 5101:3-26-01 (W, X))*

"Post-stabilization care services" are covered services related to an emergency medical condition that a treating physician views as medically necessary and that are provided to the patient after an emergency medical condition has been stabilized. Post Stabilization Care Services are rendered to maintain, or under certain circumstances to improve or resolve the member's stabilized condition. *(from www.cms.gov/Regulations-and-Guidance/Guidance/Manuals.pdf)*

Provider Reimbursement Guidelines

The purpose of this policy is to explain CareSource coverage for Post-Stabilization Care Services when provided in an emergency department.

Prior Authorization

Prior authorization is not required for coverage of Post-Stabilization Services when these services are provided in any emergency department or for services by a participating provider in an observation setting.

To request prior authorization for observation services as a non-participating provider or to request authorization for an inpatient admission please call 1-800-488-0134. When calling, follow the prompt for Post Stabilization. During regular business hours, the call will be answered by the CareSource Medical Management Department. If calling after regular business hours, the call will be answered by the CareSource Nurse Triage Line.

If there is mutual agreement about a non-participating facility providing observation services, the non-participating facility must sign a negotiated rate form to attest that they will accept Medicaid reimbursement. Refer to the *CareSource Medical Management – Out of Network Referrals and Negotiations* policy for additional information.

Coverage

Post-stabilization care services are covered services that are:

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

CareSource's financial responsibility for post-stabilization care services ends when:

- A non-participating emergency room at the treating hospital assumes responsibility for the member's care;
- A non-participating hospital assumes responsibility for the member's care through transfer;
- A CareSource representative and the non-participating treating physician reach an agreement concerning the member's care; or
- The member is discharged.

Related Policies & References

OAC Chapter 5160-26-3, "Managed Care Plan, Managed health care programs, Covered services."

CMS Medicare Managed Care Manual - Chapter 4 - Benefits and Beneficiary Protections; 20.5 Post-Stabilization Care Services

CareSource Emergency Department Services Policy

State Exceptions

NONE

Document History

10/31/2013 – OAC Rule renumbered from "5101:3-26-3," per Legislative Service Commission Guidelines.