



PROVIDER REIMBURSEMENT GUIDANCE		
Emergency and Post-Stabilization Services		
Original Date Approved	Effective Date	Revision Date
10/10/2024	11/01/2024	
<b>Scope:</b> Commonwealth Care Alliance (CCA) Product Lines <input checked="" type="checkbox"/> Senior Care Options MA <span style="margin-left: 200px;"><input checked="" type="checkbox"/> One Care MA</span>		

**PAYMENT POLICY SUMMARY:**

Commonwealth Care Alliance covers services for the evaluation and post-stabilization care services of an emergency medical condition provided in an emergency department. Emergency services are covered regardless of whether the provider that furnishes the services has a contract with CCA. CCA is responsible for coverage and payment of emergency services and post-stabilization care services and these services do not require prior authorization or prior approval, prior to services being rendered to the member

**Definitions**

- **Emergency medical condition:** An emergency is defined as an illness or medical condition, whether physical or mental, that manifests itself by symptoms of sufficient severity, including severe pain that in the absence of prompt medical attention could reasonably be expected by a “prudent layperson”, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in one of the following:
  - Placing the health of the individual (or, for 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
- **Emergency services:** covered inpatient and outpatient services that are as follows:
  - Furnished by a provider that is qualified to furnish emergency services
  - Needed to evaluate or stabilize an emergency medical condition.
- **Post-stabilization care services:** covered services, related to an emergency medical condition, which are provided after a member is stabilized in order to maintain the stabilized condition, or, under the circumstances to improve, or resolve the member’s stabilized condition.

**Emergency and/or Post Stabilization Services may include:**

Any services for Emergency Conditions as defined in 42 C.F.R 422.113(b)(1) and 438.114(a) (which includes emergency Behavioral Health care):

- Urgent Care sought outside of the Service Area.



- Urgent Care under unusual or extraordinary circumstances provided in the Service Area when the contracted medical provider is unavailable or inaccessible.
- Family planning services.
- Out-of-area renal dialysis services.
- Prescription drugs as required in Appendix F.
- Inpatient Substance Use Disorder Services (American Society of Addiction Medicine (ASAM) Level 4).
- Acute Treatment Services for Substance Use Disorders (ASAM Level 3.7) (ATS).
- Clinical Stabilization Services for Substance Use Disorders (ASAM Level 3.5) (CSS).
- Outpatient Services for covered substance use disorder treatment services
- Day Treatment Structured Outpatient Addiction Program (SOAP)
- Intensive Outpatient Program (IOP)
- Partial Hospitalization Program (PHP)
- Clinically Managed Population-Specific High Intensity Residential Services (ASAM Level 3.3)
- Transitional Support Services (TSS) for substance use disorders (ASAM Level 3.1) (Department of Public Health is the payer for this service type)
- Additional SUD Treatment Services
- The initiation or re-initiation of a buprenorphine/naloxone prescription of 32 mg/day or less, for either brand formulations (e.g. Suboxone™, Zubsolv™, Bunavail™) or generic formulations, provided, however, providers should refer to the CCA plan-specific formulary.

#### **AUTHORIZATION REQUIREMENTS:**

Applicable CCA notification and authorization policies and procedures apply. For more information on prior authorizations, please refer to the Prior Authorization Requirements in the plan specific Provider Manual.

#### **REIMBURSEMENT GUIDELINES:**

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Coverage and payment for urgent or emergent services:

- CCA may not deny payment for treatment obtained under either of the following circumstances:
  - A member had an emergency medical condition, including cases in which the absence of immediate medical attention would not have had the outcomes specified under emergency medical conditions.
  - A CCA representative instructs the member to seek emergency services.

Additional rules for emergency service:

- CCA may not limit what constitutes an emergency medical condition on the basis of lists of diagnoses or symptoms, and
- CCA may not refuse to cover emergency services based on the emergency room provider, hospital, or fiscal agent not notifying the member's primary care provider, provider of the member's screening and treatment within 10 calendar days of presentation for emergency services.



- A member who has an emergency medical condition may not be held liable for payment of subsequent screening and treatment needed to diagnose the specific condition or stabilize the patient.
- The attending emergency physician, or the provider actually treating the member, is responsible for determining when the member is sufficiently stabilized for transfer or discharge.

Coverage and payment for post-stabilization care services:

- CCA is financially responsible for post-stabilization care services obtained within or outside the CCA provider network that are not pre-approved by a plan provider, but administered to maintain, improve, or resolve the member's stabilized condition if
  - CCA does not respond to a request for pre-approval within 1 hour;
  - CCA cannot be contacted; or
  - A CCA representative and the treating physician cannot reach an agreement concerning the member's care and a plan physician is not available for consultation. In this situation, the MA organization must give the treating physician the opportunity to consult with a plan physician and the treating physician may continue with care of the patient until a plan physician is reached
- Must not charge members for post-stabilization care services.
- CCAs financial responsibility ends when:
  - a plan physician with privileges at the treating hospital assumes responsibility for the member's care;
  - a plan physician assumes responsibility for the member's care through transfer;
  - a CCA representative and the treating physician reach an agreement concerning the member's care;
  - or the member is discharged.

**BILLING and CODING GUIDELINES:**

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Unless otherwise stated, CCA follows industry-standard coding guidelines. Refer to current industry standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers, and their usage from the current CPT, HCPCS Level II, and ICD-10 CM manuals, as recommended by the American Medical Association (AMA), the Centers for Medicare and Medicaid Services (CMS), and the American Hospital Association.

**RELATED SERVICE POLICIES:**

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[Payment Policies](#)

- Ambulatory Surgery
- Evaluation and Management
- General Coding
- Laboratory and Pathology
- Modifier



- Non-Physician Provider
  - Observation Services
  - Overpayment
  - Oxygen
  - Prior Authorization
  - Revenue Codes Requiring Procedure Codes
  - Same Day/Same Service
  - Telemedicine-Telehealth
  - Unlisted Procedure Codes
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### **AUDIT and DISCLAIMER:**

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As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Please refer to CPT/HCPCS for complete and updated list of codes. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management guidelines when applicable and adherence to plan policies, procedures, and claims editing logic. CCA has the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, CCA has the right to expect your office/facility to refund all payments related to non-compliance.

### **REFERENCES:**

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- CMS: 438.114 Emergency and Post-Stabilization Services
- Payment Policies: [Massachusetts](#)
- Provider Manuals: [Massachusetts](#)
- Prior Authorization Forms: [Massachusetts](#)

### **POLICY TIMELINE DETAILS:**

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Effective: November 2024