

Clinical Policy: Urgent and Emergent Care

Reference Number: IL.CP.MP.530

Last Review Date: 11/2021

[Coding Implications](#)

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Description

Emergency Medical Condition	A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in placing the patient's health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part. With respect to a pregnant woman who is having active contractions, a medical emergency is defined as a circumstance that demands time sensitive clinical intervention, such that a transfer to another hospital prior to delivery would result in an increased risk to the life/health of the mother and/or unborn child. In summary, a medical emergency is a circumstance that poses an immediate threat to a patient's life, limb, bodily function, or body parts (including eyesight, etc.) or will result in significant unnecessary suffering (severe acute pain).
EMTALA	The Emergency Medical Treatment and Active Labor Act (42 U.S.C. 1395dd)

This policy will define the difference between urgent and emergent conditions to be used in the determination of medical necessity.

Policy/Criteria

- I. It is the policy of MeridianHealth affiliated with Centene Corporation® that urgent and emergent care is **medically necessary** for the following indications:
 - A. Meridian follows the applicable requirements and definitions of the federal Emergency Medical Treatment and Active Labor Act (EMTALA). Examples of emergency situations include, but are not limited to, the following:
 - i. No pulse
 - ii. Inability to breathe/respiratory distress
 - iii. Spinal cord or back injury
 - iv. Severe eye injuries
 - v. Broken bones
 - vi. Uncontrollable bleeding
 - vii. Head/brain injury
 - viii. Poisoning or overdose, verified or suspected
 - ix. Seizure, loss of consciousness, or acute alteration of mental status
 - x. Persistent chest or abdominal pain or pressure
 - xi. Acute onset of numbness, paralysis, or paresis of an arm and/or leg
 - xii. Sudden slurred speech, visual changes or weakness
 - xiii. Major thermal, chemical, or electrical burns
 - xiv. Intense pain
 - xv. Severe allergic/anaphylactic reaction to an insect bite, medication or food

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- xvi. Premature labor
 - xvii. Septic shock
- B. Emergency care to the point of stabilization does not require prior authorization. The provider must inform the health plan as soon as possible that emergency services were provided. Post-stabilization treatment requires prior authorization before rendering the service.
- C. Urgent care services are medically necessary services which are required for an illness or injury that would not result in further disability or death if not treated immediately, but require professional attention and have the potential to develop such a threat if treatment is delayed longer than 24 hours. Examples of urgent care situations include, but are not limited to, the following:
- i. Minor lacerations
 - ii. Urinary tract infections
 - iii. Earaches
 - iv. Migraine headaches
 - v. Sprains
 - vi. Rising fever
- D. If the medical findings from the screening indicate the beneficiary's condition does not meet the definition of an emergency medical condition, but requires additional, follow-up treatment, the beneficiaries should be referred to their primary care provider to obtain treatment which will require prior authorization before rendering services. However, treatment may be rendered in the ED and does not require prior authorization.

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2019, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT®*	Description

HCPCS®*	Description

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HCPCS ^{®*} Codes	Description

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

+ Indicates a code(s) requiring an additional character

ICD-10-CM Code	Description

Reviews, Revisions, and Approvals	Revisions Date	Approval Date
Original approval date		12/17/20
Last Revision	12/2021	12/2021

References

1. Emergency Medical Treatment and Active Labor Act-- 42 USC § 1395DD
2. Illinois Department of Healthcare and Family Services. Handbook for practitioners Rendering Medical Services. Section 220.6 Version Date: June 16, 2021.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

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This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members/enrollees and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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