



**Subject:** Unscheduled Admissions through the Emergency Department at Out of Network Facilities Policy

**Effective Date:** 01/2016

**Review Date:** 07/2018

## DESCRIPTION

Emergency care is the service or treatment provided in the outpatient emergency department (ED) of a hospital or other provider within 72 hours of the onset of the emergency medical condition. An emergency medical condition is defined as a medical condition that manifests itself by such acute symptoms of sufficient severity, including severe pain that a prudent layperson with 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 an individual, or with respect to a pregnant woman, the health of the woman or her unborn child in serious jeopardy;
- Serious impairment of bodily functions; or
- Serious dysfunction of a body organ or part.

## COVERAGE

Payments for covered emergency care services are based on the deductible and coinsurance shown on the Schedule of Benefits in The Ohio State University Faculty and Staff Health Plans Specific Plan Details Document (SPD).

If the member is traveling and requires emergency medical care outside Ohio or internationally, use the Ohio State Travel Assistance services for assistance in receiving emergency medical care. Refer to Ohio State Travel Assistance section of the SPD for details.

### Network-Only Plans (e.g., PrimeCare Advantage, PrimeCare Connect):

When receiving medical services it is important to understand that there are no benefits if services are rendered outside the statewide network (except for emergency care services).

Unscheduled inpatient hospitalizations at non-network facilities are covered at the In-Network benefit level if the member is admitted through the Emergency Department. This includes all covered ancillary and professional services. The facility claim must include an ED revenue code (0450 – 0459). If a covered person is transferred from an ED to another facility via ambulance, the receiving facility will also be covered as in-network. Medical necessity guidelines apply.

### Non-Network Plans (e.g., PrimeCare Choice):

A covered person may visit any physician or go to any recognized hospital and receive benefits for covered services. When seeking elective medical care services outside of the statewide network, and annual deductible will need to be met and the covered person will pay a greater percentage of the costs for the covered services received.

Unscheduled inpatient hospitalizations at non-network facilities are covered at the In-Network benefit level if the member is admitted through the Emergency Department. This includes all covered ancillary and professional services.

The facility claim must include an ED revenue code (0450 – 0459). If a covered person is transferred from an ED to another facility via ambulance, the receiving facility will also be covered as in-network. Medical necessity guidelines apply.

#### PRIOR AUTHORIZATION

If a covered person is admitted to a hospital for an emergency care admission, notice of the admission must be provided to OSU Health Plan as soon as possible after the admission, generally within one business day. The hospital, admitting physician, covered person, or friend/partner/family member of the covered person may give notice to OSU Health Plan.

#### CODES

Revenue Code	Description
0450 – 0459	Emergency Room
0981	Professional Fees – Emergency Room

#### REFERENCES

"Faculty and Staff Health Plans Specific Plan Details Document." The Ohio State University Office of Human Resources, 31 Dec. 2017. <https://hr.osu.edu/wp-content/uploads/oe-medical-spd.pdf>.