



## UR 53: Emergency and Post-Stabilization Care and Transfer Utilization Review Policy

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Department: KPNW Utilization Review

Applies to: KPNW Region

Review Responsibility: UROC

Number: UR 53

Issued: 8/09

Reviewed/Revised: 5/10; 9/10; 11/10

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### PURPOSE

To define policy regarding Kaiser Permanente Northwest Emergency and Post-stabilization Care and potential transfer from non-contracted to contracted inpatient facilities.

### POLICY

#### EMERGENCY SERVICES

- A. KPNW covers emergency services in contracted and non-contracted facilities necessary to screen and stabilize members without preauthorization in cases where a prudent layperson, acting reasonably, would have believed that an emergency medical condition existed. For purposes of applying this standard, a "prudent layperson" is considered to be a person who is without medical training and who draws on his or her practical experience when making a decision regarding whether emergency medical treatment is needed. A prudent layperson is considered to have acted "reasonably" if other similarly situated laypersons would have believed, on the basis of observation of the medical symptoms at hand, that emergency medical treatment was necessary<sup>1</sup>
  1. A written copy of "prudent lay person" definition is available upon request from Member Relations and is also included in the Medical Directory which is sent to all Members on an annual basis. The Medical Directory also includes:
    - a. Instructions for members to go to the nearest emergency facility if they believe they are having an emergent situation.
    - b. A list of 24/7 Emergency Care facilities with maps and phone numbers.
- B. Emergency services will be covered for all services provided by a licensed provider, acting within their scope of practice, without regard to whether the provider is a participating or non-participating provider.<sup>1</sup>
- C. Emergency services are paid without retrospective review. All claims for "place of service ER" are auto-paid unless the patient is determined to be a non-member at the time services were rendered. Applicable co-pays and coinsurance apply.

#### POST STABILIZATION SERVICES

- A. Emergent services don't require pre-authorization. Post-stabilization care is subject to the same pre-authorization requirements that apply to all non-emergent services. Examples of post-stabilization services that require pre-authorization are out-of-network services, non-emergent inpatient admissions; non-contracted hospital services; and skilled nursing facility admissions.
  - B. Transfer to a contracted facility may be pursued when
    - The attending physician at the non-contracted facility and the KPNW physician reviewer both agree that the member is clinically stable for transfer
    - Member is expected to remain stable during transfer
    - Appropriate services are available at the contracted facility
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- Contracted facility has a bed available at the appropriate level of care
- C. When medical necessity criteria are needed to determine clinical stability, they will be utilized by the KPNW physician reviewer as a guideline but the member’s attending physician is still required to concur regarding the member’s clinical stability and appropriateness to transfer to a contracted facility. The internally-developed clinical stability criteria are objective, are based on medical evidence and are developed, adopted and annually reviewed by practitioners with the knowledge and clinical expertise in the area being reviewed. **(See UR Policy #1- Utilization Review)**. Medical necessity criteria for clinical stability exist for the following:
- Cardiac conditions
  - Pulmonary conditions
  - Gastrointestinal bleeding
  - Neurological conditions
  - Orthopedic conditions
  - Trauma and Burns
  - Need for general or plastic surgery
  - Pediatrics
  - Psychiatric conditions
  - Renal conditions
  - Transportation considerations (air versus ground)
- D. The medical necessity review will acknowledge extenuating circumstances that may prevent providers from contacting the health plan prior to providing post-stabilization care. Examples of extenuating circumstances include:
- 1) “unable to know” situations, e.g. the patient is unable to tell the provider about their insurance coverage before treatment due to a physical or psychiatric condition; the patient is a child not attended by a parent; the patient is non-English speaking and a translator cannot be obtained in a timely manner; or,
  - 2) “not enough time” situations, e.g. the patient requires immediate medical services to diagnose and/or treat an acute, potentially life-threatening condition.
- In these situations, providers must contact the health plan to explain the extenuating circumstance prior to submitting a claim. If the provider contacts the health plan prior to submitting the claim and the services are determined to be medically necessary, the claim will not be automatically denied for lack of timely admission notification/authorization.

**DEFINITIONS**

Clinically stable: The point in a patient’s condition when no material deterioration of the condition is likely, within reasonable medical probability, to result from or occur during discharge or transfer from the hospital.

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Post stabilization services: services related to an emergency medical condition that are provided after a member is stabilized in order to maintain the stabilized condition, or, under some circumstances to improve or resolve the condition.<sup>1,2</sup>

**RESPONSIBILITIES**

Departmental Desk Procedures apply

**SPECIAL GROUP CONSIDERATIONS**

Commercial HMO; DHMO; HDHP:

Commercial POS; The post stabilization policy transfer provisions do not apply to POS products but POS members have the option to repatriate to a contracted facility.

Medicare:

Oregon Medicaid: KPNW does not manage Oregon Medicaid inpatient services.

Washington Medicaid:

FED:

Oregon PEBB:

Washington PEBB:

**REFERENCES:**

**NCQA:**

NCQA Standards and Guidelines, Utilization Management, updated annually and available by contacting Quality Resource Management at 503-813-3850.

**Medicare**

Medicare: 42 CFR 438.114 Emergency and post-stabilization services

Medicare: 42 CFR 422.113 Special rules for emergency, maintenance and post-stabilization care

**Oregon**

ORS 743.699 Coverage of emergency services

**Washington**

RCW 48.43.093 Health carrier coverage of emergency medical services-requirements-conditions.

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