



Emergent Admissions

Policy

Oscar covers emergency services that are medically necessary to screen and stabilize members in a medical or behavioral health emergency. Members who believe they are having a medical or behavioral health emergency are encouraged to seek care at the nearest emergency facility. Neither a referral from the PCP nor prior authorization from Oscar are required. In compliance with the Affordable Care Act (ACA), Oscar covers out-of-network Emergency Health Services at an in-network equivalent benefit level.

An Emergent Admission is defined as an admission to the inpatient hospital level of care immediately subsequent to an Emergency Department (ED) Visit. An example of this may be a patient requiring emergency surgery (e.g. ruptured appendix, multiple trauma, etc.) who is taken to the operating room and admitted to the inpatient setting after discharge from the Recovery Room.

Medical Review:

1. A prior authorization is not required for an emergent admission.
2. All emergent admissions are subject to concurrent and retrospective review.
3. Admitting hospitals are responsible for notifying Oscar of an emergent/urgent inpatient admission **within two business days** following an emergent/urgent admission. Notification may be communicated by fax or phone to Oscar's Medical Operations Team. Phone: 855-OSCAR-55 or Fax: 844-965-9053
4. Oscar may elect to transfer the enrollee to a network facility as soon as medically appropriate. If the enrollee chooses to stay at the non-network facility after the date that it is determined a transfer is medically appropriate, non-network benefits may be applied for the remainder of the inpatient stay.
5. Emergent admissions at in-network facilities must meet the threshold of medical necessity. Emergent admissions at out-of-network facilities must meet the higher threshold of medical necessity and emergency care of sufficient acuity and severity that would not allow the member to have received equivalent care at a later date in an in-network facility

Reimbursement:

1. ED visit is inclusive of inpatient stay:
If the patient is admitted to the inpatient setting for a condition that the Plan agrees is medically necessary and is subsequent to an ED Visit, the ED visit is inclusive to the inpatient stay.
 2. Resubmission of a denied inpatient stay:
If an admission is denied upon concurrent or retrospective review as not meeting medical necessity criteria for admission to the inpatient setting, the provider may resubmit a claim at an alternate level of care or as an outpatient ER visit to allow payment of the ED visit portion.
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3. Itemized bills requested for partially denied inpatient stays:
If an emergent admission is determined to NOT meet medical necessity criteria for a portion of the stay, Oscar will deny the claim with a request for an itemized bill to split and pay a portion of the claim.
4. Claims denied if notification not provided:
If an emergent admission is not reviewed prior to claim submission, the claim will be denied with a request for medical records.

Publication History

Date	Action/Description
12/09/2015	Original Documentation
6/16/2016	Approval and inclusion in Oscar Provider Manual