

Policy Number: CP-MCR21-001A

Effective Date: January 1, 2025

## Post Stabilization Care-Medicare

The purpose of this policy is to provide clarity and specificity for post-stabilization care services that are covered services: Related to an emergency medical condition, provided after a member is stabilized, and provided to maintain the stabilized condition, or under certain circumstances (see below) to improve or resolve the member's condition.

### DISCLAIMER

Coverage Policies are developed to assist in identifying coverage for UCare benefits under UCare's health plans. They are intended to serve only as a general reference regarding UCare's administration of health benefits and are not intended to address all issues related to coverage for health services provided to UCare members.

These services may or may not be covered by all UCare products (refer to product section of individual coverage policy for product-specific detail). Providers are encouraged to have their UCare patient refer to their UCare plan documents (Evidence of Coverage/Member Handbook/Member Contract) for specific coverage information. If there is a conflict between a coverage policy and the UCare plan document, the UCare plan document is used to determine coverage.

Medical Assistance (Medicaid) products may provide different coverage for certain services, which may be addressed in different policies. For Minnesota Health Care Program (MHCP) policies, please consult the MHCP Provider Manual website.

Medicare products may provide different coverage for certain services, which may be addressed in different policies. For Medicare National Coverage Determinations (NCD), Local Coverage Determinations (LCD), and/or Local Coverage Articles, please consult CMS, National Government Services, or CGS websites.

Coverage Policies do not constitute medical advice. Providers are responsible for submission of accurate and compliant claims.

### Product Summary

This coverage policy applies to the following UCare products:

UCare product	Applies to
UCare Individual & Family Plans (IFP), UCare IFP with M Health Fairview	
UCare Medicare Plans, UCare Medicare with M Health Fairview & North Memorial Health, UCare Advocate Plus (HMO I-SNP), EssentiaCare	✓
UCare's Minnesota Senior Health Options (MSHO) (HMO D-SNP)	✓
UCare Connect + Medicare (HMO D-SNP)	✓
UCare Connect (SNBC)	
Prepaid Medical Assistance Program (PMAP), MinnesotaCare	
Minnesota Senior Care Plus (MSC+)	

### Benefit category:

Emergency Care

## Definitions or summary

### **Post-stabilization care services** are:

- Related to an emergency medical condition.
- Provided after a member is stabilized; **and**
- Provided to maintain the stabilized condition, **or** under certain circumstances, to improve or resolve the member's condition (see below).

*\*For purposes of cost-sharing, post-stabilization care services begin when the patient is stabilized and the emergency ends.*

*\*Member cost share for post-stabilization care services may not be greater than what the member's responsibility would be if s/he had obtained the services through a contracted provider.*

### **Emergency**

- An emergency medical condition exists when acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, with an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:
  - Jeopardy to the health of the individual or, in the case of a pregnant woman, the health of the woman or her unborn child; **or**
  - Serious impairment to bodily functions; **or**
  - Serious dysfunction of any bodily organ or part; loss of limb or loss of function of limb;**or**
  - Injury, illness, severe pain, or medical condition that is worsening; **or**
  - To prevent loss of life.

### **Emergency Services**

- Emergency services are inpatient and outpatient services that are:
  - Furnished by a provider qualified to furnish emergency services; and
  - Needed to evaluate, treat, or stabilize an emergency medical condition

### **Stabilization of an Emergency Medical Condition**

- The physician treating the member must decide when the member may be considered stabilized for transfer or discharge, and that decision is binding on the health plan.
- Decision may be based on distance or member's post discharge need for care
- For transfers from one inpatient setting to another inpatient setting, a member or person authorized to act on his or her behalf who disagrees with the decision and believes the member cannot safely be transferred may request that the health plan pay for continued out-of-network services. If the health plan declines to pay for the services, appeal rights are available to the member.

### **Clinically Stable**

- The point in a member'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.

### **Post Stabilization Services**

- Services related to an emergency medical condition that are provided after a member is stabilized to maintain the stabilized condition, or, in some circumstances to improve or resolve the condition.

**End of Post Stabilization**

Financial responsibility for post-stabilization care services not pre-approved by the health plan ends when:

- A plan (in-network) physician with privileges at the **treating hospital** assumes responsibility for the member's care.
- A plan (in-network) physician assumes responsibility for the member's care through transfer.
- A health plan representative and the treating physician reach an agreement concerning the member's care; **or**
- The member is discharged.

**Coverage policy****Covered**

- Cost sharing for necessary emergency services furnished out-of-network is the same as for such services furnished in-network
- Emergency care and post-stabilization care is **only** covered in the U.S. and its territories.
- **If a member needs inpatient care at an out-of-network hospital after their emergency condition is stabilized, they must return to a network hospital for their care to continue to be covered.**

**Not-covered**

- Post discharge care unless authorized by UCare

**Worldwide emergency care** for all UCare Medicare plans **except** Advocate Choice and Advocate Plus

- Applies to emergency care **outside** the United States and its territories.
- Services furnished by a provider qualified to furnish emergency services and needed to evaluate or stabilize an emergency medical condition.
- Services provided after stabilization that are required to maintain the condition.
- Post-stabilization services end at discharge.
- Ground ambulance for emergency transportation to the nearest appropriate hospital for emergency care.

**Exclusions that apply to Worldwide emergency care:**

- Air ambulance (fixed wing or rotary wing) outside the U.S. & its territories is not covered.
- Transportation back to the United States or its territories is not covered.
- Prescriptions that are filled by pharmacies outside the United States, even if for a medical emergency.

**NOTE: For Emergency Services Outside the U.S.**

- Services received out of the country may need to be paid for at the hospital at the time of discharge.
- For reimbursement of emergency and post stabilization charges incurred outside the United States and its territories, members need to submit an itemized bill translated into English and US Dollars to UCare Claims Reimbursement.

### Prior Authorization

**Not required**

### Related policies and documentation

*References to other policies or documentation that may be relevant to this policy*

#### Policy Number

None

#### Policy Description

### References and source documents

*Links to the UCare contracts, Center for Medicare and Medical Assistance (Medicaid) Services (CMS), MHCP, Minnesota statute and other relevant documents used to create this policy*

[Medicare Managed Care Manual-Chapter 4, Section 20.2-20.5.4](#)

[Evidence of Coverage \(EOC\) UCare Medicare Individual Plan](#)

Centers for Medicare & Medicaid Services: 42 cfr 438.114 Emergency and post-stabilization services

Centers for Medicare & Medicaid Services: 42 cfr 422.113 Special Rules for emergency, maintenance, and post-stabilization care

### Coverage policy development and revision history

Version	Date	Note(s)
V1	Dec.14,2021	New policy, original effective date
	Nov.30,2022	Annual review; no changes
	Oct 28,2023	Annual review; no changes
V2	Oct. 4, 2024	Annual review, updated disclaimer, bulleted info update, USD changed to US Dollars.
	April 15, 2025	March 2025, DHS guideline requirement