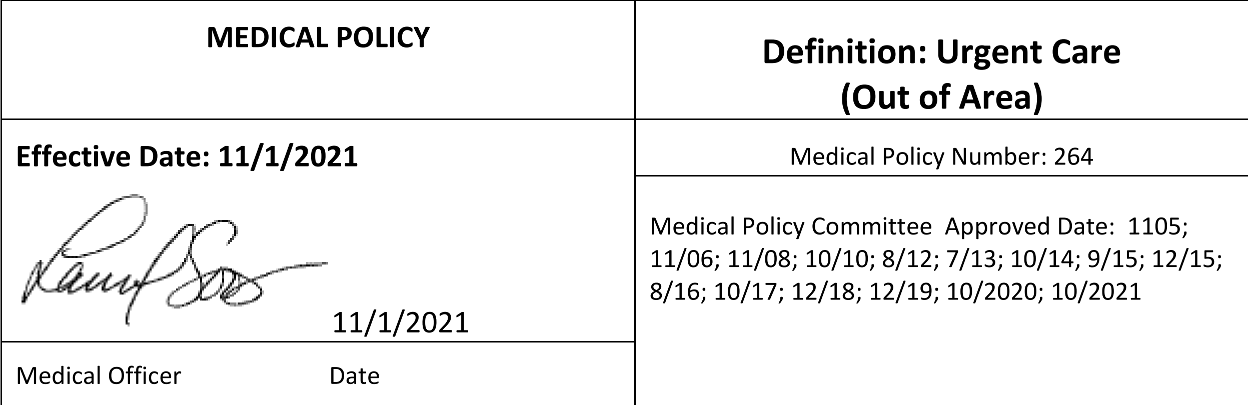

MEDICAL POLICY	Definition: Urgent Care (Out of Area)
Effective Date: 11/1/2021	Medical Policy Number: 264
11/1/2021	Medical Policy Committee Approved Date: 1105; 11/06; 11/08; 10/10; 8/12; 7/13; 10/14; 9/15; 12/15; 8/16; 10/17; 12/18; 12/19; 10/2020; 10/2021
Medical Officer Date	

See Policy CPT/HCPCS CODE section below for any prior authorization requirements

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

All lines of business

BENEFIT APPLICATION

Medicaid Members

Oregon: Services requested for Oregon Health Plan (OHP) members follow the OHP Prioritized List and Oregon Administrative Rules (OARs) as the primary resource for coverage determinations. Medical policy criteria below may be applied when there are no criteria available in the OARs and the OHP Prioritized List.

POLICY CRITERIA

Urgent care is when a member requires immediate care (within 24 hours) for an unforeseen illness or injury that is not serious enough to require an emergency department visit while out of area and it is not reasonable to return to receive medical care from a PCP or other plan providers. Care may be provided for a non-life-threatening condition, but it must be a sudden condition or change in condition which requires immediate medical attention. The care may be provided at a hospital, urgent care facility, or physician office, and the member must be medically unsafe to return to the service area.

I. Examples of medical conditions which may require urgent care services:

A. Sudden change in any condition as evidenced by:
   1. Severe pain which renders the individual immobile and/or prevents them from remaining in control
   2. Elevated temperature from an unexplained illness

3. Sudden edema, swelling, or redness (infectious process) which causes discomfort or is disabling

B. Minor lacerations/foreign body removal
C. Sprains or acute strains which cause severe limitation in mobility
D. Minor trauma (such as superficial burns, simple closed fractures, etc.)

II. Examples of medical conditions that do not require urgent care services:

A. Routine follow up of any condition if this follow up can be done in plan
B. Any care that can be predicted such as laboratory services or second opinions
C. Any investigational or other non-covered services

Out of Area Travel Benefits

Some medical plans may provide limited coverage for preventive services, routine follow-up and continuing care obtained from physicians and hospitals that do not contract with the plan. The benefit may have a maximum dollar amount per calendar year and is in addition to the out of area covered urgent care benefit.

INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

REGULATORY STATUS

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.