



Troy Medicare Policy and Procedure

Title: Post-Stabilization Policy		Policy Number: UM - 005	
Primary Department: Utilization Management	LOB: Medicare Advantage and DSNP		Author: J Murphy
Effective Date: 11/1/2022	Original Date: 11/1/2022	Review Date(s): 4/26/2023, 12/7/2023	Archive Date:
Interactive Related Department(s)			
<input type="checkbox"/> All Departments <input type="checkbox"/> Compliance <input checked="" type="checkbox"/> Medical Management <input type="checkbox"/> Provider Operations <input type="checkbox"/> Sales and Marketing	<input type="checkbox"/> Appeals and Grievances <input type="checkbox"/> Pharmacy <input type="checkbox"/> Member Services <input type="checkbox"/> Quality Management <input checked="" type="checkbox"/> Utilization Management	<input type="checkbox"/> Care Management <input type="checkbox"/> Enrollment <input type="checkbox"/> Plan Administration <input type="checkbox"/> Claims <input type="checkbox"/> Other _____	

Disclaimer: Troy Utilization Management applies CMS criteria and guidelines, National Coverage Determinations (NCD), Local Coverage Determinations (LCD), Troy Policies, and MCG for determining medical necessity. Troy Health Policies are intended to provide a standard guideline but are not used to preempt providers' judgment in rendering services. Providers are expected to provide care based on best practices and use their medical judgment for appropriate care.

POLICY PURPOSE

The purpose of this policy is to state Troy Medicare's compliance with CMS post-stabilization requirements.

Troy Health, Inc. is committed to complying with all regulations and requirements for Medicare Advantage Plans, and applicable federal and state laws.

SCOPE

The following policy applies to requests for authorization of post-stabilization care/services provided to a Troy Medicare plan member after emergency services have been rendered.

REFERENCES

- 42 CFR §§422.105(a), 422.113
- CMS Medicare Managed Care Manual, Chapter 4, Sections 20 and 160

RESPONSIBLE PARTIES

- Vice President, Health Services
- Chief Medical Officer

DEFINITIONS

1. **Post-stabilization care services:** Covered services that are provided are:
 - a. Related to an emergency medical condition
 - b. Provided after a member is stabilized
 - c. Provided to maintain the stabilized condition, or under certain circumstances (see below), to improve or resolve the member's condition
2. **Peer to Peer:** A consultation held by phone between a Troy Medicare physician and physician advisor or treating physician at the treating facility
3. **Pre (Prior) Authorization:** Authorization that was granted in advance of the rendering of a service after appropriate medical review. When related to an inpatient admission, this process may also be referred to as pre-certification.
4. **Urgent and Emergency care/services:** Hospital services necessary to prevent the death or serious impairment of the health of the recipient.

POLICY

Troy Medicare follows CMS post-stabilization requirements for all urgent and emergency hospital admissions

PROCEDURE

Troy will cover all urgent and emergency care/services without prior authorization when a Troy member experiences a medical condition with 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:

- Serious jeopardy to the health of the individual or, in the case of a pregnant woman, the health of the woman or her unborn child
- Serious impairment to bodily function
- Serious dysfunction of any bodily organ or part
- Troy cannot be held responsible for coverage of care provided for an unrelated non-emergency problem during treatment of an emergent condition.

Once emergency care has been provided and the member's condition is stabilized, authorization for post-stabilization care is required. Post-stabilization care services are covered services that are:

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

Providers should submit an authorization request for post-stabilization care to Troy Medicare's Utilization Management department within 1 hour, but no later than 24 hours of stabilizing the

member's condition. Prior authorizations cannot be submitted to Troy for review after the member has been discharged. Troy does not require out-of-network facilities to transfer members to in-network facilities, however Troy will assist hospitals in making a transfer if requested by the member or provider and if medically necessary.

Troy Health will cover post-stabilization services that are medically necessary when the services:

- Are pre-approved by Troy Medicare
- Although not pre-approved by Troy Medicare, are administered to maintain the member's stabilized condition within one hour of the submission of a request for prior authorization of further post-stabilization care
- Although not pre-approved by Troy, services are administered to maintain, improve, or resolve the member's stabilized condition when:
 - Troy does not respond to a request for pre-approval same day
 - Troy cannot be contacted

ATTACHMENTS/RELATED POLICIES/STANDARD OPERATING PROCEDURES

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APPROVALS

Jen Murphy

Vice President, Medical Management

12 / 21 / 2023

Date:

S. Scott

Utilization Management Committee

12 / 20 / 2023

Date

Revision History

Revision Date	Revised by Whom	Revisions Made
10.31.2022	J Murphy	Initial policy
4.26.2023	J Murphy	Review by Policy Committee
12.7.2023	J Murphy	Annual review by Utilization Management Committee