

## Medical Coverage Policy | Out of Network Services



**EFFECTIVE DATE:** 11/18/2016

**POLICY LAST UPDATED:** 11/18/2016

### OVERVIEW

This policy documents the review process and criteria when a member is requesting services from a non-contracted/out of network provider. This policy is only applicable to those plans that have provider network restrictions. This policy is applicable to Commercial Products only.

### MEDICAL CRITERIA

#### Commercial Products

Covered services from non-contracted healthcare providers are medically necessary when one of the following criteria are met:

- Services are urgent or emergent
- There is not a contracted provider within the plan network that has the expertise and training needed to provide the services that are requested
- Newly enrolled member is in 24 weeks of pregnancy and obstetrical provider is non-contracted provider
- Newly enrolled member is in an active course of treatment\* with a non-contracted provider.

\*Active treatment is defined as member is receiving active treatment for an acute condition in which provider continuity may prevent a recurrence of worsening of the condition under treatment and interfere with anticipated outcomes. Treatment typically involves regular visits with a practitioner to monitor the status of an illness or disorder, provider direct treatment, prescribe medication or other treatment or modify treatment protocol.

- a. An example of a qualifying condition may be treatment for an acute exacerbation of chronic asthma requiring ongoing treatment whereas monitoring for chronic asthma may not meet the above definition.
- b. Members who are post-operative post-treatment or have begun a staged cycle of surgical procedures (e.g. cleft palate repair)
- c. Oncology request: Members engaged in an ongoing course of treatment (e.g. radiation therapy or chemotherapy).

### PRIOR AUTHORIZATION

Prior authorization is recommended for Commercial Product

### POLICY STATEMENT

#### Commercial Products

Covered services rendered by a non-contracted/non-participating provider are payable at the in network benefit when the criteria above is met

### COVERAGE

Benefits may vary between groups/contracts. Please refer to Subscriber Agreement for the applicable out of network coverage.

### BACKGROUND

Not applicable

**CODING**

Not applicable

**RELATED POLICIES**

None

**PUBLISHED**

Provider Update, January 2017

**REFERENCES**

n/a

**CODING**

Not applicable

**RELATED POLICIES**

Medical Necessity

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