

Medical Coverage Policy | Out of Network Services



EFFECTIVE DATE: 11/18/2016

POLICY LAST UPDATED: 09|05|2017

OVERVIEW

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

MEDICAL CRITERIA

Commercial Products

Covered services from non-contracted/out of network healthcare providers are medically necessary when one of the following criteria is 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 that are at 24 weeks of pregnancy or greater and obstetrical provider is with non-contracted/out of network 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). Determinations may be approved through the current course of treatment.

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, November 2017

Provider Update, January 2017

REFERENCES

Not applicable

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