CareSource

ADMINISTRATIVE POLICY STATEMENT
Georgia Medicaid

Policy Name & Number	Date Effective
Emergency Services-GA MCD-AD-1064	09/01/2025-07/31/2026
Policy Type	
ADMINISTRATIVE	

Administrative Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Administrative Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Administrative Policy Statement. If there is a conflict between the Administrative Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

Archived

Table of Contents

A. Subject 2
B. Background 2
C. Definitions 2
D. Policy 3
E. Conditions of Coverage 3
F. Exclusions 3
G. Related Policies/Rules 3
H. Review/Revision History 3
I. References 4

A. Subject
Emergency Services

B. Background
In 2022, Emergency Department (ED) visits totaled approximately 155 million, while 18.3 million resulted in a hospital admission. Reasons for ED visits (2019) include seriousness of the medical problem (77%), doctor's office not being open (12%), and a lack of access to other providers (7%).

CareSource bases coverage decisions for emergency services on the severity of the symptoms at the time of presentation and covers emergency services when the presenting symptoms are of sufficient severity to be an emergency medical condition in the judgment of a prudent layperson.

C. Definitions
- **Emergency Medical Condition** – A medical or mental health condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in the following:
  - placing the physical or mental health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy
  - serious impairment to bodily functions
  - serious dysfunction of any bodily organ or part
  - serious harm to self or others due to an alcohol or drug abuse emergency
  - injury to self or bodily harm to others
  - with respect to a pregnant woman having contractions
    - that there is inadequate time for a safe transfer to another hospital before delivery or
    - that transfer may pose a threat to the health or safety of the woman or the unborn child.
- **Emergency Services** – Covered inpatient and outpatient services furnished by a qualified Provider needed to evaluate or stabilize an emergency medical condition that is found to exist using the prudent layperson standard.
- **Prudent Layperson** – A person with average knowledge of health and medicine who could reasonably expect the absence of immediate medical attention to result in an emergency medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, that could cause:
  - 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 functions or
  - serious dysfunction of any bodily organ or part

Archived

D. Policy

I. A pre-payment review of the claim may be completed using the “prudent layperson” standard to determine if the service provided met the emergency services definition.

A. The severity of the symptoms at the time of presentation must be of sufficient severity to constitute an emergency medical condition in the judgement of a prudent layperson.

1. In processing the claims for emergency services, at least ALL the following are considered (this list in not all inclusive):
   a. the age of the member
   b. the time and day of the week member presented for services
   c. the severity and nature of the presenting symptoms
   d. the member’s initial diagnosis

B. If by the “prudent layperson” standard, the emergency services are determined

1. To meet the emergency services definition, the claim will be reimbursed at an emergency rate per provider contract.
2. Not to meet the emergency services definition, the claim will be reimbursed at a triage rate.

II. If a provider believes that the claim was processed incorrectly due to incomplete, incorrect, or unclear information, then a corrected claim should be submitted.

III. A provider may submit a clinical appeal for a medical necessity decision. Examples for consideration include either of the following:

A. emergency Department visits that are ordered by a physician for evaluation of a potential emergency medical condition

B. if, after contacting CareSource, the member was instructed to obtain emergency services

E. Conditions of Coverage

NA

F. Exclusions

Providers who are contracted with ED case rates will be excluded from this review and claims will continue to be reimbursed as contracted.

G. Related Policies/Rules

State of Georgia Contract Between the Georgia Department of Community Health and CareSource Georgia for provision of Services to Georgia Families

H. Review/Revision History

	DATES	ACTION
Date Issued	03/03/2021	
Date Revised	07/21/2021 04/27/2022	Added exclusions (F) Annual Review; No changes.

The ADMINISTRATIVE Policy Statement detailed above has received due consideration as defined in the ADMINISTRATIVE Policy Statement Policy and is approved.

Archived

	05/10/2023 05/08/2024 4/23/2025	Annual Review; Updated references. No changes. Approved at committee. Annual Review; Updated references. No changes. Approved at committee. Annual Review; Updated references. Approved at Committee
Date Effective	09/01/2025	
Date Archived	07/31/2026	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

I. References

1. Cairns C, Ashman JJ, Kang K. *Emergency Department Visit Rates by Selected Characteristics: United States, 2022*. Centers for Disease Control and Prevention; 2022. NCHS Data Brief. 2024;(503):10.15620/cdc/159284. doi:10.15620/cdc/159284
2. Ohaiba MM, Anamazobi EG, Okobi OE, Aguda K, Chukwu VU. Trends and Patterns in Emergency Department Visits: A Comprehensive Analysis of Adult Data From the National Center for Health Statistics (NCHS) Database. Cureus. 2024;16(8):e66059. Published 2024 Aug 3. doi:10.7759/cureus.66059
3. Weis AJ, Jiang HJ. *Most Frequent Reasons for Emergency Department Visits, 2023*. AHRQ; 2021. Statistical Brief # 286. Accessed April 11, 2025. www.hcup-us.ahrq.gov

Archived