BlueCross BlueShield of Arizona
An Independent Licensee of the Blue Cross and Blue Shield Association

MEDICAL COVERAGE GUIDELINES
SECTION: MEDICINE

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EMERGENCY DEPARTMENT SERVICES

Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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EMERGENCY DEPARTMENT SERVICES (cont.)

Description:

Emergency care and services provided in the outpatient emergency department of a licensed inpatient facility.

Per Arizona Revised Statutes 20-2801 through 20-2804:

1. "Emergency services means health care services that are provided to an enrollee in a licensed hospital emergency facility by a provider after the recent onset of a medical condition that manifests itself by symptoms of sufficient severity that the absence of immediate medical attention could reasonably be expected to result in any of the following:

   - Serious jeopardy to the patient's health
   - Serious impairment to bodily functions
   - Serious dysfunction of any bodily organ or part".

2. "A health care services plan shall provide coverage for an initial medical screening examination and any immediately necessary stabilizing treatment [medical or dental] required by the emergency medical treatment and active labor act without prior authorization by the plan, subject to applicable copayments, coinsurance and deductibles".

3. Coverage within the statutes is defined as: "The contractual obligation of a health care services plan to pay its enrollees or a contracted or non-contracted provider for medically necessary emergency services rendered by the provider to an enrollee, as specified in the governing agreement, contract or policy between the plan and the enrollee, subject to applicable copayments, coinsurance and deductibles".

4. "A health care services plan engaging in utilization review to determine whether any emergency services rendered by a provider were medically necessary shall consider the following factors:

   - Current emergency medical literature and standards of care
   - Clinical information reasonably available to the provider at the time of the services".

5. "A health care services plan shall not deny a claim for emergency services on the basis that the services were not medically necessary without review by a physician of the plan's choosing".

6. "A health care services plan shall have the right to require as a condition of payment that each treating provider produce all the following:

   - Copies of all medical records pertaining to the emergency services provided to the enrollee
   - Copies of records pertaining to any prior authorization and specialty consultation requests made by the provider
   - A detailed and itemized billing statement".

EMERGENCY DEPARTMENT SERVICES (cont.)

Criteria:

CRITERIA MAY NOT APPLY TO SELF-FUNDED GROUPS. REFER TO THE MEMBER'S SPECIFIC BENEFIT PLAN BOOK.

- Emergency health care services provided in a licensed hospital emergency facility after the recent onset of a severe medical condition are considered ***eligible for coverage*** without prior authorization for the initial medical screening examination and any **immediately** necessary stabilizing treatments[1], medical or dental.

- Emergency services that may pertain to a condition(s) considered to be pre-existing, waivered, or complication of a non-covered condition, service or exclusion of the benefit plan, are considered ***eligible for coverage*** **ONLY** with documentation of the following:

    1. Absence of **immediate** medical attention could reasonably be expected to result in **ANY** of the following:

        - Serious jeopardy to the individual's health
        - Serious impairment to bodily functions
        - Serious dysfunction of any bodily organ or part

- When an individual is treated in the emergency department and transitioned to an inpatient level of care, professional services during the admission may be reviewed to determine whether stabilization has occurred and the emergency situation has resolved. If the emergency situation has been resolved, then reimbursement for out of network providers reverts to standard out of network level of benefits. Services provided after discharge from the inpatient level of care are subject to all benefit plan restrictions and limitations, including eligibility, pre-existing condition(s), waivered condition(s) and non-covered conditions(s) or services.

[1] A condition is considered 'stable' if, within reasonable medical probability, no immediate material deterioration of the condition is likely to occur.

EMERGENCY DEPARTMENT SERVICES (cont.)

Resources:

Literature reviewed 02/06/18. We do not include marketing materials, poster boards and non-published literature in our review.

1. Arizona House of Representatives. SB 1076. April 5, 2000.

2. Arizona Revised Statutes. §20-2801.

3. Arizona Revised Statutes. §20-2803.

4. Arizona Revised Statutes. §20-2804.

EMERGENCY DEPARTMENT SERVICES (cont.)

Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1–800–368–1019, 800–537–7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nílínigíí Blue Cross Blue Shield of Arizona haada yit'éego bína'ídíłkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yína'ídíłkidgo beehaz'áanii hóló díí t'áá hazaadk'ehjí háká a'doowołgo bee haz'ą doo bąąh íłínígóó. Ata' halne'ígíí kojį' bich'į' hodíilnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:
إن كان لديك أو لدى شخص تساعده أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة. للتحدث مع مترجم اتصل ب 877-475-4799.

EMERGENCY DEPARTMENT SERVICES (cont.)

Multi-Language Interpreter Services: (cont.)

Tagalog: Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 877-475-4799 로 전화하십시오.

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 877-475-4799.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Arizona, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

Japanese: ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Arizona についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、877-475-4799 までお電話ください。

Farsi:
اگر شما، یا کسی که شما به او کمک میکنید ، سوال در مورد Blue Cross Blue Shield of Arizona ، داشته باشید حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید 877-475-4799
.]تماس حاصل نمایید.

Assyrian:
ܒ ܫܟܚ، ܡ ܡ ܩܛܝܩܐ ܕܡܝܢ ܒܟ، ܫܐܠܬܐ ܥܠ Blue Cross Blue Shield of Arizona، ܫܟ ܫܐܠܬܐ ܥܠ ܫܘܬܦܘܬܟ ܐܢ ܐܢܬ ܥܒܕ ܥܡ ܡܢ ܕܐܢܬ ܥܒܕ ܥܠ ܕܝܠܗ، ܐܢ ܐܢܬ ܙܟܝ ܠܡܩܒܠ ܥܕܪܐ ܘܡܝܕܥܬܐ ܒܠܫܢܟ ܕܝܠܟ ܒܠܐ ܡܫܠܡ. ܕܡܬܡܠܠ ܥܡ ܡܬܪܓܡܢܐ، ܩܪܝ ܠܡܣܪ 877-475-4799.

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue Cross Blue Shield of Arizona, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 877-475-4799.

Thai: หากคณ หรอคนทคณกาลงชวยเหลอมคาถามเกยวกบ Blue Cross Blue Shield of Arizona คณมสทธทจะไดรบความชวยเหลอและขอมลในภาษา ของคณไดโดยไมมคาใชจาย พดคยกบลาม โทร 877-475-4799