

310-F EMERGENCY MEDICAL SERVICES

EFFECTIVE DATE: 10/01/1994, 10/01/18

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I. PURPOSE

This Policy applies to AHCCCS Complete Care (ACC), ALTCS/EPD, DCS/CMDP, DES/DDD, and RBHA Contractors; Fee-For-Services (FFS) Programs as delineated within this Policy including: Tribal ALTCS, TRBHAs, the American Indian Health Program (AIHP); and all FFS populations, excluding Federal Emergency Services (FES). (For FES, see AMPM Chapter 1100). This Policy establishes requirements regarding emergency medical services, including physical and behavioral health.

II. DEFINITIONS**EMERGENCY CONDITION
FOR NON-FES MEMBERS**

A medical or behavioral health condition, including labor and delivery, which manifests itself by acute symptoms of sufficient severity, including severe pain, such 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:

1. Placing the health of the person, including mental health, in serious jeopardy,
2. Serious impairment of bodily functions,
3. Serious dysfunction of any bodily organ or part, or
4. Serious physical harm to another person.

For the definition of Emergency Condition for FES, see AMPM Chapter 1100.

**TRIAGE/EMERGENCY
MEDICAL SCREENING
SERVICES FOR NON-FES
MEMBERS**

Services provided by acute care hospitals, IHS/638 facilities and urgent care centers to determine whether or not an emergency exists; assessment of the severity of the member's medical condition and determination of what services are necessary to alleviate or stabilize the emergent condition.

III. POLICY

As specified in A.A.C. R9-22-210, AHCCCS covers emergency medical services for managed care and FFS members, who are not FES. Emergency medical services are provided for the treatment of an emergent physical or behavioral health condition.

Emergency medical services are covered for members when there is a demonstrated need, and/or after triage/emergency medical assessment services indicate an emergency condition.

Triage/screening services must be reasonable, cost effective and meet the criteria for severity of illness and intensity of service.

A provider is not required to obtain prior authorization for emergency services. However, a provider shall comply with the notification and post-stabilization requirements in A.A.C. R9-22-210. Regarding emergency services, refer to A.A.C. R9-22-210 that describes general provisions for responsible entities, payment and denial of payment, notification requirements and post-stabilization requirements.

Contractors and Tribal ALTCS shall educate their members regarding the appropriate utilization of emergency room services. For non-emergency care needs that arise after regular office hours or on weekends, members should be encouraged to utilize nurse triage lines, crisis lines and/or to obtain services from non-emergency facilities (e.g., urgent care centers) as appropriate.

Refer to AMPM Chapter 500 for the policy regarding member transfers between facilities after an emergency hospitalization.

Refer to AMPM Chapter 800 for additional information regarding emergency medical services for FFS members who are not in FES.

Refer to A.A.C. R9-22-217 and AMPM Chapter 1100 for a complete discussion of covered emergency medical services for FES members.