



An Independent Licensee of the Blue Cross and Blue Shield Association

Kansas City

Emergency Care

Policy Number: 10.01.522
Origination: 3/2000

Last Review: 1/2024
Next Review: 1/2025

Blue KC has developed medical policies that serve as one of the sets of guidelines for coverage decisions. Benefit plans vary in coverage and some plans may not provide coverage for certain services discussed in the medical policies. Coverage decisions are subject to all terms and conditions of the applicable benefit plan, including specific exclusions and limitations, and to applicable state and/or federal law. Medical policy does not constitute plan authorization, nor is it an explanation of benefits.

When reviewing for a Medicare beneficiary, guidance from National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) supersede the Medical Policies of Blue KC. Blue KC Medical Policies are used in the absence of guidance from an NCD or LCD.

NCDs

<https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=&keywordType=starts&areaId=s29&docType=NCD&contractOption=all>

LCDs

<https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=&keywordType=starts&areaId=s29&docType=F,P&contractOption=all>

Policy

Emergency medical care does not require prior authorization.

Emergency medical care, including directly related diagnostic procedures, is medically necessary when severe symptoms, including inadequately controlled pain, occur suddenly and unexpectedly and the condition is sufficiently severe to cause a prudent layperson, possessing an average knowledge of health and medicine to believe that immediate medical care is required regardless of the hour of the day or night.

Treatment of a chronic condition in which subacute symptoms have existed over a period of time may not qualify as a medical emergency unless the symptoms suddenly became severe enough to require immediate medical care.

Considerations

Emergency medical services will be paid if an authorized representative of the plan directs the member to seek emergency room (ER) services. If Blue Cross and Blue Shield of Kansas City (BlueKC) has information that an authorized representative directed the member to the ER at the time the claim is paid, then the claim will be paid. Administrative exclusions such as pre-ex will not be paid even if the member was directed by an authorized plan representative.

An authorized representative may include a contracted network provider, internal staff such as customer service or medical services, or vendor representatives, such as 24 hour nurse line, disease management vendor staff, etc.

For all BlueKC HMO business, the electronic claims payment system is configured to pay for all emergency visits except those related to a condition that represents an exclusion or limitation as outlined in the member's contract (e.g., hearing aides, dental, pre-existing conditions).

Emergency medical care may be subject to co-pays, deductibles and co-insurance as described in the member's contract. Approval may also be subject to any other limitations or exclusions outlined in the member's contract (e.g., hearing aids, dental, pre-existing conditions).

PPO members seeking emergency care from an out of network provider will be reimbursed at the out of network rate unless otherwise stipulated in the member's contract.

Any appeal of a previous denial determination (such as for a contract exclusion issue) will be reviewed by a medical director according to the standard operating procedure for appeals. If the denial is upheld, it will be based on the medical record documentation and not solely on the diagnosis and procedure codes submitted on the claim.

Description of Procedure or Service

Emergency Care is the immediate specialized treatment of a medical emergency. A medical emergency is the sudden and unexpected onset of a medical condition requiring immediate medical attention, where failure to provide that medical attention would result in serious impairment to bodily functions or serious dysfunction of a body organ or part, or would place the person's health in serious jeopardy.

An emergency medical condition includes, with respect to a pregnant woman who is having contractions, any situation where there is inadequate time to effect a

safe transfer to another hospital before delivery or that transfer to another hospital may pose a threat to the health or safety of the woman or unborn child.

Billing Coding/Physician Documentation Information

Multiple codes may be used

Additional Policy Key Words

N/A

Policy Implementation/Update Information

- 3/1/00 New policy. Added to Emergency Care section. Considered medically necessary for:
1. Severe symptoms must occur suddenly and unexpectedly. The condition must be sufficiently severe to cause a prudent layperson to seek medical assistance regardless of the hour of the day or night.
 2. Treatment of a chronic condition in which subacute symptoms have existed over a period of time would not qualify as a medical emergency unless the symptoms suddenly became severe enough to require immediate medical care.
 3. Immediate care was secured, usually within 24 hours of the appearance of severe symptoms. However, benefits will be subject to the time period specified in the member's contract.
 4. A medical emergency determination will be made based on the severity of signs or symptoms shown by the patient at the time of initial treatment and not on the basis of final diagnosis.
- 3/1/01 No policy statement changes.
- 3/1/02 Policy statement revised to read:
Emergency medical care, including directly related diagnostic procedures, is medically necessary when severe symptoms, including inadequately controlled pain, occur suddenly and unexpectedly and the condition is sufficiently severe to cause a prudent layperson, possessing an average knowledge of health and medicine to believe that immediate medical care is required regardless of the hour of the day or night.
- Treatment of a chronic condition in which subacute symptoms have existed over a period of time may not qualify as a medical emergency unless the symptoms suddenly became severe enough to require immediate medical care.
- 3/1/03 No policy statement changes.
- 3/1/04 No policy statement changes.
- 1/1/05 No policy statement changes. Definition of authorized representative added to the considerations section.
- 3/1/06 No policy statement changes. Service ID changed from Emergency Care to Administrative.
- 3/1/07 No policy statement changes.
- 3/1/08 No policy statement changes.

3/1/09	No policy statement changes.
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8/29/19	No policy statement changes.
1/1/21	No policy statement changes.
1/1/22	No policy statement changes.
1/1/23	No policy statement changes.
1/1/24	No policy statement changes.

State and Federal mandates and health plan contract language, including specific provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage. The medical policies contained herein are for informational purposes. The medical policies do not constitute medical advice or medical care. Treating health care providers are independent contractors and are neither employees nor agents Blue KC and are solely responsible for diagnosis, treatment and medical advice. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, photocopying, or otherwise, without permission from Blue KC.

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