

HEALTH PLAN OF SAN JOAQUIN		
Subject: Emergency Department Services		
Department: Medical Management - Utilization		Policy #: UM 04
Applies to: MC, HF, Commercial		Scope: UM
Effective Date: 2/1/96	Revised Date: 5/1/07, 6/24/08	Approved by: <i>QIUM Committee 11-6-08</i>

DEFINITIONS

- A. **Emergency Medical Condition** is defined as a condition which is manifested by acute symptoms of sufficient severity, including severe pain, such that a prudent lay person who possess an average knowledge of health and medicine could reasonably expect that the absence of immediate medical attention could result in:
- Placing the health of the individual (or, in the case of 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 impairment to mental/physical function.
- B. **Emergency Medical Service and Care** – A medical screening, examination, and evaluation by a physician, or, to the extent permitted by applicable law, by other appropriate personnel under the supervision of a physician, to determine if an emergency medical condition, or active labor exists and, if it does, the care, treatment, or surgery by a physician necessary to relieve or eliminate the emergency medical condition, within the capability of the facility.
- C. **Emergency Mental Health Service and Care** – An additional screening, examination, and evaluation by a physician, or other personnel to the extent permitted by applicable law and within the scope of their licensure and clinical privileges, to determine if a psychiatric emergency medical condition exists, and the care and treatment necessary to relieve or eliminate the psychiatric emergency medical condition, within the capability of the facility.
- D. **Triage** evaluation is defined as a screening examination performed on a member where emergency or urgent services are not required in order to determine the appropriate location and time for the definitive evaluation of that member’s problem.

POLICY

- A.** Emergency service and care performed by a hospital emergency departments (ED) for evaluation, treatment and stabilization of an emergent medical condition, meeting the definition stated above, will be covered.
- B.** HPSJ may review claims submitted by the hospital ED to determine the appropriate payment level. HPSJ reserves the right to monitor claims submitted to determine that the billing accurately reflects the level of services provided.
- C.** HPSJ maintains 24-hour, 7 days a week, with physician back up, emergency telephone availability through the St. Joseph's Advice Nurse Line. Members contacting the Advice Nurse Line will be triaged and directed to appropriate provider according to their approved triage guidelines. Copies of the phone triage conversation and advice will be sent to the PCP within 24 hours of the call.
 - 1. If the Advice Nurse directs a member to the ED, HPSJ will not deny the service. The Advice Nurse faxes a copy of the Triage Call Documentation Report to the ED and HPSJ for payment and tracking purposes.
- D.** State and Federal regulations state that every person who presents to the ED must receive a medical screening evaluation by a physician or person under the supervision of a physician without prior authorization.
 - 1. Medical screening must be performed prior to asking about the individual's ability to pay or before verifying health plan eligibility.
 - 2. Each person who presents to the ED must be stabilized by medical treatment.
 - 3. The ED physician has the obligation to treat a patient in the ED, if, in the physicians' judgment, adequate care will not be obtained at another facility.
 - 4. Transfers between emergency departments are appropriate only if the emergency physician at the second hospital accepts the transfer. Otherwise, the initiating ED physician must contact the member's physician, who is responsible for arranging the transfer to the second hospital.
 - 5. HPSJ members may be transferred for care, after the ED triage, to their PCP's office or urgent care facility if;
 - a) The member is willing to be seen in the PCPs' office or urgent care facility
 - b) The member has transportation to the alternative site
 - c) The ED staff arranges an appointment for the member at a time suitable and medically appropriate for the member.
 - d) The PCP or urgent care facility agrees to see the member at the appointed time.
 - e) If the member is unwilling to go to the treatment location designated by the PCP, and insists on treatment at the emergency department, treatment will be reimbursed at the office visit rate.

- E.** The ED or urgent care facility is expected to notify the PCP if follow-up care is required.
 - 1. The ED should send a copy of the ED report to the PCP or responsible physician within 48 hours of the ED visit.
 - 2. The ED physician should notify the PCP or the responsible physician at the time of the ED visit if urgent follow-up care by the PCP or responsible physician is required.
 - 3. Follow-up care by a specialist after an ED visit must have a referral from the PCP to be considered for payment. (exception for this is for initial orthopedic consult or follow up to orthopedic treatment/surgery).
 - 4. HPSJs Advice Nurse Line is available 24 hours/day, with physician backup. ED providers are expected to contact the member's PCP or appropriate specialist for authorization of medically necessary care, coordination or transfer of stabilized members from one facility to another, or to authorize additional services for the member. If issues arise that cannot be resolved by the ED and the member's physician, the ED may contact the Advice Nurse for assistance.
- F.** Members being treated under emergency circumstances will be provided a sufficient quantity of drugs to last until the member can reasonably have a prescription filled. HPSJ Utilization Management staff will monitor the emergency departments on a yearly basis to ensure compliance with this procedure.
- G.** Admission to the hospital by the ED will require notification by the ED within 24 hours to the member's PCP and HPSJ for authorization of hospital days. Notification after-hours and on weekends will be made to the Advice Nurse.
- H.** Claims for emergency services will be paid by the Claims Department. Those claims that do not meet the emergency criteria will be reviewed retrospectively by HPSJ Utilization Management Department and paid at the appropriate level of service.
- I.** HPSJ will review and report on the emergency department usage to the Quality Improvement/Utilization Management (QIUM) Committee on an annual basis, implementing corrective action plans as recommended within the guidelines of the state and federal regulations regarding emergency department utilization.
- J.** Coverage for Emergency Services Rendered Outside the County or the State of California.
 - 1. Medically necessary medical care outside the County or the State of California, within the limits of benefits as outlined in Title 22, is covered only when one of the following conditions is met:
 - 2. An emergency arises from accident, injury or illness; or
 - a) The health of the individual would be endangered if care and services are postponed until it is feasible that the member return to the area; or
 - b) The health of the individual would be endangered if travel were undertaken to return to the area; or

- c) The out-of-state treatment plan has been proposed by the member’s attending physician, and the plan has been received, reviewed and authorized by HPSJ before the services are provided AND the proposed treatment is not available from resources and facilities within the HPSJ network or California.
- d) Reimbursement for emergency services provided at a non-contracted facility shall be the lesser of:
 - Usual charges made to the general public, or
 - Maximum Medi-Cal fee for-service (FFS) rate, as specified in Section 51503, and 51509,or
 - Rate negotiated between the plan and the provider of emergency services.
 - PCP is notified of the member out of area care.

K. Monitoring of ED usage will be conducted for ongoing utilization patterns by members.

1. Grievance records will be reviewed and emergency room claims sampled to determine any issues surrounding treatment.
2. The QI Department will conduct annual site surveys of all the local contracted EDs’ monitoring for wait times, patients’ stated reasons for seeking care in the ED, identification of transportation issues and barriers to care, satisfaction with access to the patient’s PCP.
3. Results of the above survey will be reviewed by the QIUM committee with follow-up remedial action, if required.
4. An annual report will be presented to the QIUM of ED activities.

L. HPSJ Health Education Department includes articles regarding the Advice Nurse and access to the ED in its’ Provider and Member newsletter no less than annually.

M. Providers are asked to contact Provider Service Department when problems occur that involve the Plan members or processes. This is captured through contact logs and distributed to the appropriate department for follow up.

N. Reports are presented to the QIUM Committee for review, action and resolution.

REFERENCE

- A.** Health & Safety Code, Sections 1317.1, 1345(h)
- B.** Title 22, CCR, Sections 53855 & 51056
- C.** Title 28 Division 1, Chapter 2, Article 7, Sections 1300.67 (2) &1300.71.4

Created by/Date	Revised by/Date	Revised by/Date	Revised by/Date	Revised by/Date	Revised by/Date
2/96	3/04 M. Jordan	2/06 M. Jordan	5/07 N. Raymond	6/24/08 S. Wakefield	Reviewed by J. Scott 10/31/08

ADDENDUM A

EMERGENT PROBLEMS

Chest pain – R/O cardiac problem

Angina – unstable

Myocardial Infarction

Congestive heart failure

Stroke

Significant abdominal pain with Diagnostic work up

Pyelonephritis

Acute GI bleed

Asthma requiring nebulizer treatment or peak flow less than 80% of expected measurement

Pneumonia

Acute back pain requiring parenteral analgesics

Fractures of joint injury requiring splinting or reduction

Lacerations requiring suturing

Traumatic amputation

Pyrezia – R/O sepsis in children with diagnostic work-up

Hypomolemia/dehydration with IV treatment

Acute psychiatric conditions

Intoxication

Delirium

Hemorrhage in early pregnancy

PID

Genital tract hemorrhage

Rape/sexual assault

Labor/pre-term labor (to L&D)

Acute allergic reaction with therapeutic injection of medication

Acute seizure

Severe headache requiring therapeutic injection for pain or diagnostic evaluation (CT)

Uncontrolled epistaxis

Meningitis

Sepsis

Significant acute change in vision

Foreign body in eye

Corneal abrasion

Large first or second degree burn

Third degree burns

MVA

Gunshot/stabbing

Loss of consciousness

Poisoning

Overdose

ADDENDUM B

URGENT DIAGNOSIS PAYMENT CODES –

The following problems are considered URGENT services with regards to contracted facilities unless extenuating circumstances exist as documented by the record that necessitates emergent treatment as determined by the ED physician. In these circumstances, HPSJ reserves the right to review the record.

Chickenpox
Localized cellulites
Abscess requiring I&D
Insect bites with systemic symptoms
Small second degree burns
Otitis media/Ear ache
Otitis externa
URI, complicated by abnormal vital signs
Bronchitis
Conjunctivitis
Pharyngitis
Sinusitis
Back pain not requiring parenteral analgesics
Stable Angina – not requiring diagnostic evaluation or parenteral therapy
Asthma without SOB and/not requiring nebulizer treatment and 80% or greater of predicted peak flow measurement
UTR – symptomatic
Vaginitis
Urethritis
Menstrual cramps
Dysfunctional Uterine Bleeding (DUB) without hemorrhage
Acute gastroenteritis
Hemorrhoids with bleeding
Mild abdominal pain
Minor contusion
Minor laceration – no suturing
Mild sprain/strain
Headache not requiring diagnostic evaluation or parenteral analgesic
Accidental Exposure to Blood with HIV risk
Chronic arthritis
Minor joint pain
Localized tooth pain (mild)

ADDENDUM C
NON-URGENT PROBLEMS

The following diagnoses will be considered non-urgent problems unless the patient does not have stable vital signs or other extenuating circumstances exist as documented in the record that necessitate urgent or emergent treatment as determined by the ED physician. HPSJ reserves the right to review the record.

Patients should be referred to their PCP for treatment.

Rash – minimally symptomatic

Uncomplicated abscess (no streaks or edema) not requiring I & D

External parasites

First degree burns (small)

Insect bites (no systemic symptoms)

Minor puncture wounds (no evidence of infection or foreign object)

Paronychia

Uncomplicated diarrhea (no blood in stool, no vomiting or signs and symptoms of dehydration)

Non-active but prior history of nausea/vomiting/diarrhea

Hemorrhoids (no significant bleeding)

Uncomplicated constipation

Routine tetanus immunization

Suture removal

Routine dressing changes

Missed physician appointments

Prescription refills

Follow-up visits

Pre-employment physical examinations

Sleep disorders

Exposures to communicable diseases (e.g. hepatitis, TB, STD, except accidental exposure to blood)

Chronic arthritis

Localized tooth pain

Any other condition which appears uncomplicated and stable per judgment of ED staff.