

310-F - EMERGENCY MEDICAL SERVICES

EFFECTIVE DATES: 10/01/~~1994~~, 10/01/18, UPON PUBLISHING¹

REVISION

APPROVAL DATES: 10/01/97, 10/01/01, 10/01/03, 10/01/06, 05/01/11, 08/05/18, 04/11/24²

I. PURPOSE

This Policy applies to ~~AHCCCS Complete Care (ACC)~~, ACC-RBHA³, ~~ALTCS /E/PD~~, DCS/CHP (CHP)⁴CMDP, and DES/DDD (DDD), ~~and RBHA~~ Contractors; Fee-For-Services (FFS) Programs ~~as delineated within this Policy~~ including: the American Indian Health Program (AIHP), Tribal ALTCS, TRBHAs, ~~the American Indian Health Program (AIHP)~~⁵; and all FFS populations. ~~As specified in A.A.C. R9-22-210, excluding~~ Federal Emergency Services (FES) ~~is excluded from this Policy.~~ ~~For FES Program, see refer to A.A.C. R9-22-217 and AMPM Chapter 1100~~ for covered emergency medical and behavioral health services for the FES Program⁶. This Policy establishes requirements regarding emergency medical services, including physical and behavioral health.

II. DEFINITIONS

Refer to the AHCCCS Contract and Policy Dictionary for common terms found in this Policy including⁷:

<u>EMERGENCY CONDITION FOR NON-FES MEMBERS</u>	<u>FEDERAL EMERGENCY SERVICES (FES) PROGRAM MEMBER</u>	<u>FEE-FOR-SERVICE (FFS)</u>
<u>MEMBER</u>	<u>PRIOR AUTHORIZATION (PA)</u>	<u>TRIAGE/EMERGENCY MEDICAL SCREENING SERVICES FOR NON-FES MEMBERS</u>

¹ Date changes are effective.

² Date Policy is approved.

³ Revised to align with the Competitive Contract Expansion YH20-0002 to expand the provision of services for the awarded ACC Contractors.

⁴ Comprehensive Medical and Dental Program (CMDP) changed to Comprehensive Health Plan (CHP) due to Behavioral health integration. Refer to Laws 2019, 1st Regular Session.

⁵ Revised reordering to alpha order.

⁶ Revised to clarify this Policy does not apply to the FES Program; provided reference to view requirements applicable to FES Program.

⁷ Adding Definition box to identify terms that are found in the AHCCCS Contract and Policy Dictionary.

**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 Serious physical harm to another person.

**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.⁸

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 [Program Members](#)⁹. 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 ~~p~~Prior ~~a~~Authorization (PA) for emergency services. However, a provider shall comply with the notification, ~~and~~ post-stabilization requirements, ~~in A.A.C. R9-22-210. Regarding and~~ emergency services, ~~refer to as specified in~~ A.A.C. R9-22-210 that describes general provisions for responsible entities, payment and denial of payment, ~~and~~ notification requirements, ~~and~~ post-stabilization requirements.¹⁰

~~The Contractors, TRBHA, and~~ Tribal ALTCS [Case Manager](#)¹¹, shall educate their members regarding the appropriate utilization of emergency room services. [AIHP members receive education regarding emergency services via the AHCCCS Handbook for Members of the American Indian Health Program and/or the Tribal Regional Behavioral Health Authorities located on the AHCCCS website – American Indians – American Indian Health Program.](#)¹²

⁸ Removed terms they can be found in the AHCCCS Contract and Policy Dictionary.

⁹ Revised for clarity to complete sentence.

¹⁰ Re-arranged for flow and streamlining.

¹¹ Revised to include TRBHA as service is outlined in the IGA; added case manager after Tribal ALTCS to indicate responsibility as outlined in the IGA.

¹² Added information for AIHP and TRBHA members.

For non-emergency care needs that arise after [provider¹³](#) regular office hours or on weekends, [the Contractor, TRBHA, and Tribal ALTCS Case Manager members¹⁴](#) should ~~be encouraged~~ [members](#) 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 Policy 5300~~ [for the policy¹⁵](#) regarding member transfers between facilities after an emergency hospitalization.

Refer to AMPM ~~Chapter Policy 820¹⁶~~ for additional information regarding emergency medical services for FFS members who are not in FES [Program](#).

~~Refer to A.A.C. R9-22-217 and AMPM Chapter 1100 for a complete discussion of covered emergency medical services for FES members.¹⁷~~

¹³ Added 'provider' to clarify whose office hours this is referring to.

¹⁴ Revised sentence for clarity

¹⁵ Updated reference to AMPM Policy 530, pertaining to member transfers between facilities.

¹⁶ Updated reference to AMPM Policy 820

¹⁷ Removed; references have been incorporated to other sections of Policy