

Emergency Benefits

Benefit Coverage

Blue Shield and Blue Shield Life cover emergency services necessary to screen and stabilize members, without prior authorization, in cases where an enrollee reasonably believed he/she had an emergency medical condition given the enrollee's age, personality, education, background and other similar factors. Blue Shield and Blue Shield Life will also cover ambulance transportation services provided to an enrollee due to a "911" call for assistance.

California Health & Safety (H&S) Code 1317.1(a) defines "emergency services and care" as 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, and surgery by a physician necessary to relieve or eliminate the emergency medical condition, within the capability of the facility.

The same section of the H&S Code also includes in the definition of "emergency services 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.

For emergency services, members who reasonably believe that they have an emergency medical condition which requires an emergency response are encouraged to appropriately use the "911" emergency response system where available. The member should notify the Primary Care Physician by phone within 24 hours after care is received unless it was not reasonably possible to communicate with the Primary Care Physician within this time limit. In such case, notice should be given as soon as possible.

Members should go to the closest plan hospital for emergency services whenever possible.

Blue Shield HMO will provide care in a non-plan hospital only for as long as the member's medical condition prevents transfer to a plan hospital.

Coverage is provided for a screening exam to determine if a psychiatric medical emergency condition exists and for care and treatment to stabilize the patient.

Emergency Benefits

Copayment

See the member's *Evidence of Coverage* (EOC) and *Summary of Benefits and Coverage* for member copayments for:

Emergency Care

Hospital ER Care

Physician Office Emergency Care

Durable Medical Equipment (DME)

Benefit Exclusion

Unauthorized emergency services rendered at an emergency facility are not covered if retrospective review determines that a reasonable person would not have believed that they had an emergency medical condition.

Unauthorized continuing or follow-up care after the initial emergency has been treated in a non-plan hospital or by a non-plan provider is not covered.

Any dental treatment to restore the oral cavity following the initial, immediate, emergency, first aid care of teeth, gums, lips, tongue, bone ridge, and jaw because of an accident.

Examples of emergency, initial and immediate first aid care to the mouth following an accident are:

1. Immediate emergency removal, temporary stabilization, reduction of tooth/teeth fragments, avulsed teeth, and mobile teeth to prevent aspiration of foreign bodies into the lungs.
2. Immediate emergency stabilization of fractured alveolus, fractured jaws, and displaced jaws.
3. Immediate emergency treatments for pain and swelling.
4. Immediate emergency treatments to stop bleeding.
5. Immediate emergency suturing and bandaging of soft tissue of the mouth, tongue, cheeks, and face.
6. Immediate emergency first aid treatments to adjacent facial structures involved in an accident.
7. Medically necessary radiographs needed to image oral or dental problems directly caused by an accident.

Emergency Benefits

Benefit Exclusion(*cont'd.*)

Note: Definitive restoration of teeth, hard tissue, soft tissues, replacement of dental appliances, broken veneers, damaged crowns, fixed bridgework, implants are not considered, for the purpose of this guideline, emergency dental services.

The services of dentists and oral surgeons (including hospitalization related to the services), are not a benefit of the medical plan. If a member has dental coverage, these services may be covered under the dental plan. Please refer to the benefits section of the *Evidence of Coverage (EOC)* for more information.

Emergency Benefits

Examples of Non-Covered Services

- Prescribed drugs and medicines
- Over-the-counter medications
- Emergency room visits that are for non-emergency or routine problems, even if the visit is “after hours” or on the weekend. The member is to call the Primary Care Physician or physician-on-call for instructions or make an appointment with his/her Primary Care Physician.
- Emergency room visits for any routine and emergency dental or mouth problems to include tooth pain, mouth swelling due to a dental problem, gum bleeding, lacerations to the lips/soft tissues of the mouth/tongue/cheeks, chipped teeth, fracture teeth, avulsed teeth and etc. The rationale for this policy is because emergency rooms in hospitals are never equipped to see, manage, or treat dental problems. Typically, the ER staff will simply tell the patient to visit their dentist for dental problems.
- Any definitive dental treatment that may only be vicariously associated (not directly caused) with an accident to include dental implants, root canal treatments, full and partial dentures, replacing or repairing damaged or lost dentures, replacing or repairing fixed dental bridges, fillings, removal of root tips that are not a risk of aspiration, restoration of any dental work due to intubation procedures or other procedures performed by surgical staff, crowns, cosmetic veneers, gum surgery, soft tissue surgery to the lips, tongue, cheeks, inner cheeks, 3 dimensional x-rays, flat plane x-rays, dental x-rays, molds of the teeth, intraoral photographs, extra oral photographs, palliative dental treatment, orthodontic treatment, occlusal orthotics, nightguards, TMJ appliances and removal of asymptomatic and non-restorable teeth.

References

Evidence of Coverage

IFP Evidence of Coverage and Health Service Agreement