

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.

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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 jaws as a result of an accident. Examples of emergency, initial and immediate first aid care to the mouth following an accident are: the removal of tooth-teeth fragments, the reduction of avulsed-loose teeth to prevent aspirations of foreign bodies into the lungs, the immediate temporary reduction of luxated teeth or tooth, to stabilize a fractured alveolus, to stabilize a fractured jaw, the immediate temporary stabilization of mobile teeth, the reduction of jaw displacement, the relieving pain/swelling, the suturing soft tissues to include the tongue, and to stop bleeding. 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.

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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 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.
- ANY definitive dental treatment that may be vicariously caused (not directly caused) by 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, 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 non-restorable teeth.

References

Evidence of Coverage

IFP Evidence of Coverage and Health Service Agreement

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