

Emergency Health Care Services

Definition

Emergency Medical Condition means a medical or psychiatric condition, which is manifested 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 individual (or, in the case of a pregnant woman, the health of the woman or her unborn child) in serious jeopardy,
2. Serious impairment to bodily functions, or
3. Serious dysfunction of any bodily organ or part.

Benefit Coverage (Cal. Code Regs., tit. 10, § 2699.6700, subd. (a)(9))

Hospital and physician services required for the diagnosis and treatment of an Emergency Medical Condition are exempt from prior authorization. Twenty-four hour emergency care for alleviation of sudden serious and unexpected illness, injury or condition requiring immediate diagnosis and treatment, both in and out of health plan service area.

Benefit Exclusion

The use of an Emergency Room by Members who do not have an emergency medical condition is generally not a covered benefit.

Examples of Covered Benefits

1. Emergency services necessary to diagnose, stabilize and/or treat an individual with an emergency medical condition, in or out of health plan service area.

Emergency Health Care Services (continued)

Examples of Non-Covered Benefits

1. Use of an emergency room for non-emergency medical conditions **during the period of time the PCPs office is open and available**, or access to the PCP is available (e.g., 24-hour nurse advice line, on-call physician).
2. Use of the closest emergency room (non-plan hospital) for Member's convenience when they do not have an emergency medical condition.
3. Follow-up care when the Member could have returned to his or her PCP for follow-up treatment (e.g., cast check, suture removal, wound/dressing check).

Revised: June 1998
Approval: W.W.L.

Epidural Anesthesia

Benefit Coverage (Cal. Code Regs., tit. 10, § 2699.6700, subd. (a)(1)(A))

Epidural anesthesia during labor and delivery is a covered benefit.

Benefit Exclusion

Epidural anesthesia that is not medically necessary is not a covered benefit.

Examples of Covered Benefits

1. Epidural anesthesia during labor and delivery when determined to be medically necessary. Examples of medical necessity during labor and delivery include: alleviation of pain, facilitation of labor, anesthesia for deliveries requiring instrumentation, etc.
2. Epidural anesthesia in other circumstances when it is the anesthesia of choice and medically necessary.

Examples of Non-Covered Benefits

1. Epidural anesthesia that is not medically necessary, e.g., patient preference only.