Policy Name: **Emergency Room Services**
Policy Number: Utilization Management – 01
Effective Date: 04/01/10
Revision Date: ***1/1/19*** **Review Date:** ***4/1/2021***

Approval Signature

Vice President, Health Data Strat & Nwk Ops

Line of Business

Commercial	Exchange	Government
☒ HMO	☒ HMO	☒ HMO
☐ PPO	☐ PPO	☐ PPO

Approving Body

☒ Policy and Procedure Committee Date: 03/25/2021

Details

Policy:

Blue Cross and Blue Shield of Illinois (BCBSIL) complies with state legislative requirements that emergency room services are covered in accordance with prudent layperson standards. HMO members are financially responsible for emergency room co-payments when not admitted to the hospital as a result of the emergency room visit.

Purpose:

- To outline financial responsibility for emergency room claims
- To detail how members can access emergency room services

Definitions:

- **Prudent layperson** - a person who has an average knowledge of health and medicine.
- **Emergency Medical Condition** - a medical condition manifesting itself by acute symptoms of sufficient severity (including, but not limited to, severe pain) such that a prudent layperson could reasonably expect the absence of immediate medical attention to result in:
  a. placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
  b. serious impairment to bodily functions; or
  c. serious dysfunction of any bodily organ or part.

Procedure:

HMO

1. A member experiencing an emergency medical condition:
   - may or may not contact his Primary Care Physician (PCP) for guidance.

     Note: If contacted, for all Medical Group/Individual Practice Association or Physician Hospital Organization (hereinafter the "IPAs"), the HMO PCP is responsible for coordinating and/or authorizing “in area” emergency services which is defined as those medical services and supplies provided within a 30-mile radius of the IPA or IPA affiliated hospital site in which the member is enrolled.

   - has the option to go to an emergency room without prior guidance from or authorization by the PCP if experiencing an emergency as defined using the prudent layperson definition.
2. Prior authorization or approval by the contracting IPA or PCP is not required for a member’s emergency services.
3. The contracting IPA will pay for all physician and other professional charges for emergency services provided to a member within a 30-mile radius of the IPA or IPA affiliated hospital site in which the member is enrolled.
4. Unless referred by the IPA PCP, the contracting IPA is not responsible for physician and other professional charges for emergency services provided to a member outside of the 30-mile radius of the IPA or IPA affiliated hospital site in which the member is enrolled.
5. The HMO is always responsible for facility charges related to emergency room services.
6. Unless referred by the IPA PCP, the HMO is responsible for all professional fees related to an emergency visit outside of the 30 mile radius of the IPA or IPA affiliated hospital site in which the member is enrolled.
7. If the member is hospitalized as a result of an emergency medical condition within a 30-mile radius of the IPA or IPA affiliated hospital in which the member is enrolled:
   - All inpatient units will be charged to the contracting IPA’s Utilization Management (UM) Fund.
   - The HMO is responsible for all professional fees prior to the IPA’s point of notification and the contracting IPA is responsible for all “in-area” inpatient physician and professional fees from the point of notification.
8. If the member is hospitalized outside of the 30-mile radius of the IPA or IPA affiliated hospital site in which the member is enrolled as a result of an emergency medical condition:
   - The HMO is responsible for all physician, other professional charges and facility charges.
   - Inpatient units will not be charged to the contracting IPA’s UM Fund.