

## Section 6: Emergency Services

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### *Definitions: Routine, Urgent and Emergent Services*

#### Routine

Routine care is defined as preventive care, well child visit, or care as routine follow-up for medical management of the member.

#### Urgent Care

Urgent care is defined as when a member needs to be seen, evaluated and treated within 24 hours. An urgent need may be for illness, or injury that is non-life threatening.

#### Emergent Care

Emergency care is defined as health care services provided in a hospital emergency facility or comparable facility to evaluate and stabilize medical conditions of a recent onset and severity, including but not limited to severe pain, that would lead a prudent layperson possessing an average knowledge of medicine and health to believe that his or her condition, sickness, or injury is of such a nature that failure to get immediate medical care could result in placing the patient's health in serious jeopardy, serious impairment to bodily functions, serious dysfunction of any bodily organ or part, serious disfigurement, or in the case of a pregnant woman, serious jeopardy to the health of the fetus.

“Emergency services” and “emergency care” means health care services provided in an in-network or out-of-network hospital emergency department or other comparable facility by in-network or out-of-network physicians, providers, or facility staff to evaluate and stabilize medical conditions. Emergency services also include, but are not limited to, any medical screening examination or other evaluation required by state or federal law that is necessary to determine whether an emergency condition exists.

Some conditions that may require taking the member to the Emergency Room include:

- Incessant infant crying
- Excessive, uncontrolled bleeding
- Epiglottitis
- High fever
- Pneumonia
- Loss of consciousness
- Kidney stones
- Referral from PCP to ER (regardless of diagnosis)
- Fracture
- Severe laceration
- Status asthmaticus
- Urinary tract infection, pyelonephritis
- Concussion
- Loss of respiration
- Convulsions
- Poisoning
- Overdose situations

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**DCHP Provider Services 1-877-DCH-DOCS (324-3627)**

**Prior Authorization and Referrals: 1-877-455-1053 (FAX 1-866-741-5650)**

**Case Management: 1-877-222-2759 (FAX 1-866-741-5650)**

**CHIP Member Services: 1-877-451-5598    STAR Member Services: 1-877-220-6376**

**Member Services FAX: 361-904-0187**

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- Mental Health conditions where the member is a threat to themselves or others
- Severe abdominal pain
- Chest pain

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### ***Prudent Layperson Standards at DCHP***

Driscoll Children's Health Plan standards for Prudent Layperson complies with the Texas Administrative Code definition for emergency services. See definition of Emergent Care above.

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### ***Out of Network Emergency Services***

Out of network emergency services are covered by DCHP. Any services rendered are reimbursed at the usual and customary rate. Members who must use emergency services while out of the service area are encouraged to contact their PCP as soon as possible and advise them of the emergent situation.

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### ***Emergency Transportation***

Emergency transportation, such as ambulance services, are covered by DCHP. Emergency transportation is defined as transportation to an acute care facility, when there is a life and death situation. Ambulance service companies are to submit claims to DCHP for reimbursement.

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### ***Emergency Services Outside The Service Area***

If a member is injured or becomes ill while temporarily outside of the service area, the member should contact his / her PCP and follow his / her or the covering physician's instructions, *unless the condition is life-threatening*. If the condition is life-threatening, as determined by a prudent layperson, the member may go to the nearest emergency facility. The member should notify the Health Plan of the incident within 48 business hours (or the PCP should notify the Health Plan within 24 hours or the next business day) after learning of the out-of-area emergency. An authorization number will be issued based on medical criteria. If the member is admitted to an out-of-area hospital, the Health Plan, in conjunction with the PCP, should monitor the care of the member with the out-of-area attending physician. The Health Plan will assist the PCP in arranging a transfer back to the service area when medically appropriate.

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