
Medical Policy



Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

Joint Medical Policies are a source for BCBSM and BCN medical policy information only. These documents are not to be used to determine benefits or reimbursement. When Centers for Medicare and Medicaid (CMS) coverage rules are not fully developed, this medical policy may be used by BCBSM or BCN Medicare Advantage plans 42 CFR § 422.101 (b)(6). Please reference the appropriate certificate or contract for benefit information. This policy may be updated and is therefore subject to change.

***Current Policy Effective Date: 7/1/26**
(See policy history boxes for previous effective dates)

Title: Emergency Medical Care

Description

Unscheduled or emergency care for acute medical and surgical conditions may be provided through hospital emergency departments. Under the Emergency Medical Treatment and Labor Act (EMTALA), hospitals are required to accept all patients for emergency evaluation and stabilization regardless of insurance coverage or ability to pay.

Medical Policy Statement

Emergency medical care as defined by the Emergency Medical Treatment and Labor Act (EMTALA) and/or the American College of Emergency Physicians (ACEP) is established when criteria are met.

Inclusionary and Exclusionary Guidelines

Inclusions:

Emergency medical care when **one** of the following are met:

1. Visits for a medical condition with acute symptoms of sufficient severity (including severe pain) which could cause a prudent layperson with average knowledge of health and medicine to reasonably expect that the absence of immediate medical attention would result in:
 - The health of the individual (or with respect to a pregnant woman, the health of the woman or her unborn child) to be in serious jeopardy **OR**

- Serious impairment to bodily function **OR**
 - Serious dysfunction of any body organ or part.
2. Visits for a psychiatric (behavioral health) condition of sufficient severity such that the individual may be considered at immediate risk of self-harm or immediate risk of harm to another person.

Exclusions (including but not limited to):

- Routine follow-up of previous emergency room visit.
- Visits where signs and symptoms have not progressed to a level where emergent care is required.
- Visits for evaluation of a complaint with signs and symptoms such that appropriate care could have been provided in a setting of lower acuity than an emergency department (e.g., PCP's office or urgent care facility).

CPT/HCPCS Level II Codes *(Note: The inclusion of a code in this list is not a guarantee of coverage. Please refer to the medical policy statement to determine the status of a given procedure.)*

Established codes:

99281	99282	99283	99284	99285
-------	-------	-------	-------	-------

Other codes (investigational, not medically necessary, etc.):

N/A

Note: Individual policy criteria determine the coverage status of the CPT/HCPCS code(s) on this policy. Codes listed in this policy may have different coverage positions (such as established or experimental/investigational) in other medical policies.

Background

Definitions

Accidental Injuries: An acute medical condition that could result in permanent damage to health if not immediately evaluated and treated (e.g., broken bones, sprains, severe cuts, poisoning, burns).

Emergency: A medical condition manifest by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, possessing an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

- Placing the health of the Covered Person (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
- Serious impairment to bodily functions; or
- Serious dysfunction of any bodily organ or part.

Emergency Department: The section of a hospital in which medical staff provide Emergency diagnosis and treatment of illness or injury. These centers enable access operating rooms and special care units, located within the hospital for further emergency treatment if needed.

Emergency Medical Condition: A medical condition recognizable by symptoms (including severe pain, serious injury) that an individual, with an average knowledge of health and medicine, could reasonably expect to need immediate medical attention to avoid:

- Serious risk to the individual's health;
- Serious harm to bodily functions;
- Serious dysfunction of any body organ or part; or
- In the case of a pregnant woman:
 - Active labor, meaning labor at a time when **either** of the following would occur:
 - There is not enough time to safely transfer the member to another hospital before delivery **or**
 - The transfer may pose a threat to health and safety of the woman or unborn child

Emergency Medical Treatment and Labor Act (EMTALA) (Federal Labor Law) The EMTALA statute of 1986 defines an emergency medical condition as:

- A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances and/or symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in:
 - 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;
 - Serious impairment to bodily functions; or
 - Serious dysfunction of any body organ or part; or
- With respect to a pregnant woman who is having contractions:
 - That there is inadequate time to effect a safe transfer to another hospital before delivery; or
 - That transfer may pose a threat to the health or safety of the woman.

The American College of Emergency Physicians (ACEP) defines emergency conditions differently: *An emergency service is any health care service provided to evaluate and/or treat any medical condition such that a prudent layperson possessing an average knowledge of medicine and health, believes that immediate unscheduled medical care is required.*

Regardless of definition, patients present to emergency departments for a variety of reasons, not all of which constitute an “emergency” condition from the viewpoint of a medical professional. Emergency departments are nevertheless required, under EMTALA, to evaluate and treat these patients. Insurers may establish policies to discourage unnecessary visits to an emergency department. They may examine the treatment offered for appropriateness. Retrospective judgments regarding whether patients have undergone an appropriate level of treatment for what they perceived to be an emergency condition can be problematic. The definitions above of what constitutes an emergency medical condition may not be helpful in adjudicating disputes, which generally involve higher charges for evaluation, testing and treatment. This inevitably requires medical judgments to be made.

Rationale

Emergency department services are provided when the member has an injury, a sudden or unexpected illness, or symptoms that suggest an acute problem that might require immediate intervention.

BCBSM does not require members to obtain prior approval before seeking emergency department services. In an emergency, the member should get care from the closest facility that can provide needed services.

The condition should be such that a prudent layperson would believe that not pursuing immediate medical intervention could reasonably lead to disfigurement, temporary or permanent impairment of bodily function, or possibly loss of life. Coordination of emergency department services with the member's primary care provider is strongly encouraged.

Determining whether the member has sought appropriate level care should take into account, the prudent layperson standard and not solely be based on the level of evaluation and/or the final diagnosis rendered by the emergency department personnel. It is possible for a member to be given a non-emergency type diagnosis yet seeking care at the emergency department was entirely justified.

Regulatory Status

N/A

Government Regulations

National:

There is no NCD for emergency room services.

Local:

There is no LCD for emergency room services.

(The above Medicare information is current as of the review date for this policy. However, the coverage issues and policies maintained by the Centers for Medicare & Medicare Services [CMS, formerly HCFA] are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. For the most current information, the reader should contact an official Medicare source.)

Related Policies

- Air Ambulance Services
- Ground Ambulance

References

1. Centers for Medicare and Medicaid Services. Emergency medical treatment and labor act (EMTALA). 42 CFR § 438.114. 1986. <https://www.cms.gov/medicare/regulations-guidance/legislation/emergency-medical-treatment-labor-act>. Accessed March 2026.
2. American College of Emergency Physicians. Clinical policies and guidelines. www.acep.org. Accessed March 2026.
3. Public Health Code. Emergency Medical Services. Act 368 of 1978, part 209. April 2020. <https://www.legislature.mi.gov/Laws/MCL?objectName=mcl-368-1978-17-209>. Accessed March 2026.

The articles reviewed in this research include those obtained in an Internet based literature search for relevant medical references through March 2026, the date the research was completed.

Joint BCBSM/BCN Medical Policy History

Policy Effective Date	BCBSM Signature Date	BCN Signature Date	Comments
7/1/22	5/9/22		Joint policy established
7/1/23	4/18/23		Routine policy maintenance, no change in policy status. Vendor managed: N/A. (ds)
7/1/24	4/16/24		Routine policy maintenance, no change in policy status. Vendor managed: N/A (ds)
7/1/25	4/15/25		Routine policy maintenance, no change in policy status. Vendor managed: N/A (ds)
7/1/26	4/21/26		Title change to "Emergency Medical Care", minor language changes to inclusion/exclusion and background sections, no change in status. Formatting changes made. Vendor managed: N/A (ds)

Next Review Date: 2nd Qtr. 2027

Pre-Consolidation Medical Policy History

Original Policy Date	Comments
BCN:	Revised:
BCBSM:	Revised:

BLUE CARE NETWORK BENEFIT COVERAGE
POLICY: EMERGENCY MEDICAL SERVICES

I. Coverage Determination:

Commercial HMO (includes Self-Funded groups unless otherwise specified)	Covered per policy
BCNA (Medicare Advantage)	See government section
BCN65 (Medicare Complementary)	Coinsurance covered if primary Medicare covers the service.

II. Administrative Guidelines:

- The member's contract must be active at the time the service is rendered.
- Coverage is based on each member's certificate and is not guaranteed. Please consult the individual member's certificate for details. Additional information regarding coverage or benefits may also be obtained through customer or provider inquiry services at BCN.
- The service must be authorized by the member's PCP except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Services must be performed by a BCN-contracted provider, if available, except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Payment is based on BCN payment rules, individual certificate and certificate riders.
- Appropriate copayments will apply. Refer to certificate and applicable riders for detailed information.
- CPT - HCPCS codes are used for descriptive purposes only and are not a guarantee of coverage.