

Cigna

Policy Name Emergency Services		Policy Number UM-32
Business Segment Healthcare		
Initial Effective Date: 01/1995	Policy Committee Approval Date(s): 02/12/13; 01/28/14; 01/13/15; 9/22/15	
Replaces Policies: CGMM-III-13 Emergency Services		

Purpose:

The purpose of this policy is to provide a definition and the process to ensure coverage of emergency services.

Policy Statement:

Cigna HealthCare does not require pre-certification of emergency services nor does it conduct retrospective emergency service medical necessity reviews absent evidence of fraud. There will be coverage of emergency services as follows:

- To screen and stabilize the customer without prior approval where a prudent layperson, acting reasonably, would have believed that an emergency medical condition existed
- If an authorized representative, acting for the organization, has authorized the provision of emergency services

Customer materials contain information on coverage of emergency services.

California delegated groups may reserve the right to perform a medical necessity review of services associated with emergency room treatment. Details can be found in the delegation oversight policy noted under the related policies & procedures section.

Definitions:

For purposes of this policy "customer" means an individual participant or member.

State/Federal Compliance:

- Several states require filing of emergency definitions
- Several states have prudent layperson language
- Several states require payment of all initial triage and/or stabilization charges even though the final diagnosis is not of an emergent nature

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State Specific Compliance Instructions –

<https://icomply.lpa.cigna.com/icomply/pages/default2.aspx>

Procedure(s):

1. Emergency Services include:
 - Treatment of a sudden unexpected onset of a bodily injury or a serious illness which, if not treated immediately, may result in serious medical complications, loss of life, or permanent impairment to bodily function;
 - Conditions which produce loss of consciousness or excessive bleeding; or
 - Conditions determined by a Physician, in accordance with generally accepted medical standards, to have been a condition requiring immediate medical attention.
2. Upon receipt of a pre-certification or referral request for emergency room services, the caller is advised that a pre-certification or referral approval is not required.
3. The benefit plan is referenced as the primary source for definition of emergency services although state specific definitions may also apply.
4. The process for claim payment of emergency services is defined in the Service Operations (SO) – Emergency Services Standard Operation Procedures.

Applicable Enterprise Privacy Policies:

https://ycl.cigna.com/en/Enterprise/Our_Business_Units/Cigna_Legal/Compliance/Privacy_And_Consumer_Protection/Pages/Enterprise_Privacy_Policies.aspx

Related Policies and Procedures:

California policy: Delegated Utilization Management: Denial Notice Review Process

Delegation Oversight policy QA-02

Benefit and Coverage Tool policy OPS-47

Links/PDFs: N/A