

REVISION DATES: 3/22/2021; 1/8/2018

General Information

AHCCCS provides emergency health care services through the Federal Emergency Services Program (FESP) for qualified and nonqualified aliens, as specified in 8 USC 1611 et seq., who meet all requirements for Title XIX eligibility as specified in the State Plan except for citizenship.

The covered services, limitations and exclusions described in this chapter offer general guidance to providers. Specific information regarding covered services, limitations and exclusions can be found in the AHCCCS Medical Policy Manual (AMPM) available on the AHCCCS website at <https://www.azahcccs.gov/shared/MedicalPolicyManual/>.

Covered Services and Limitations

Any services billed must meet the federal definition of emergency services as defined in federal law within section 1903(v)(3) of the Social Security Act and 42 CFR 440.255 in order for a claim to be considered for reimbursement.

“Emergency medical or behavioral health condition” for a FESP member means a medical condition (including labor and delivery) or a behavioral health condition manifesting itself by acute symptoms of sufficient severity, including extreme pain, such that the absence of immediate medical attention could reasonably be expected to result in:

1. Placing the member’s health in serious jeopardy;
2. Serious impairment to bodily functions;
3. Serious dysfunction of any bodily organ or part; or
4. Serious physical harm to self or another person (for behavioral health conditions).

Only services that fully meet the federal definition of an emergency medical condition will be covered. Services may be medically necessary, but may not meet this definition for FESP.

For purposes of this chapter, “acute” means symptoms that have arisen quickly and which are short-lived. “Chronic” means a health related state that is not acute.

Notification Requirements

In accordance with the Balanced Budget Act, prior authorization cannot be required for emergency services. Each time emergency services are delivered to an FESP member, the federal criteria for an emergency medical condition must be met in order for the claim to be considered for payment.

Prior authorization for outpatient dialysis is met when:

- The treating physician has submitted the completed and signed Initial Dialysis Case Creation Form to AHCCCS; and
- When the treating provider has completed and signed a Monthly Certification of Emergency Medical Condition for the month in which outpatient dialysis services are received.

Please refer to AMPM Exhibit 1120-1 (Initial Dialysis Case Creation Form) and Exhibit 1120-2 (Monthly Certification of Emergency Medical Condition) for the initial form and the monthly certification form.

The monthly certification form is retained in the member's records by the treating physician and must include the treating physician's opinion stating that the failure of the FESP member to receive dialysis at least three times per week would reasonably be expected to result in:

1. Placing the member's health in serious jeopardy, or
2. Serious impairment of bodily function, or
3. Serious dysfunction of a bodily organ or part.

Services rendered through the FESP are subject to all exclusions and limitations on services in R9-22-217. This includes, but is not limited to, the limitations on inpatient hospital services as described in R9-22-204 and AMPM Chapter 300, Policy 310-K, Hospital Inpatient Services.

All emergency services under the FESP, in any setting, are subject to retrospective review to determine if an emergency did exist at the time of service. If AHCCCS determines that the service did not meet the definition of an emergency medical or behavioral health condition then the following actions may occur:

1. Denial or recoupment of payments,
2. Feedback and education to the provider, and/or
3. Referral for investigation, if there appears to be a pattern of inappropriate billing.

Billing and Documentation Requirements

FESP members are not enrolled in health plans and they have no primary care physician. Claims for services are reimbursed by the AHCCCS Administration on a Fee-For-Service basis.

CMS 1500 billers must check the emergency box (Field 24C) and UB-04 billers must enter a "1" in the Admit Type (Field 14) to identify the services billed as an emergency.

All claims for services provided to members eligible under the FES program will be reviewed by the AHCCCS Administration on a case-by-case basis. All claims must be submitted to AHCCCS with documentation that supports the emergent nature of the services provided or AHCCCS must have remote access to the medical records.

Examples of documentation include emergency room records, physician progress note(s), operative reports, OB triage records, discharge summary, etc. The documentation must verify the medical emergency as defined in the federal guidelines. Providers should not attach the entire medical record.

Claims submitted without documentation will be denied because AHCCCS will not be able to verify the emergent nature of the services billed on the claim.

Providers should follow all other applicable billing instructions in this manual.

Special Instructions on Maternity Claims

Routine prenatal services are not covered under the FES Program.

Providers should only bill the following codes for labor and delivery services for FESP members:

59409	Vaginal delivery only
59514	Cesarean delivery only
59612	Vaginal delivery only, after previous Cesarean delivery
59620	Cesarean delivery only, following attempted vaginal delivery after previous Cesarean delivery

Claims billed using the global delivery codes will be systematically reduced to the delivery only reimbursement rate.

References

Detailed information is also available in Chapter 1100 of the *AHCCCS Medical Policy Manual (AMPM)* available at <https://www.azahcccs.gov/shared/MedicalPolicyManual/>.

Questions about billing should be directed to the AHCCCS Claims Customer Service Unit at:

- (602) 417-7670 (Phoenix area)
- (800) 794-6862 (In state)
- (800) 523-0231 (Out of state)

Revision History

Date	Description of changes	Page(s)
3/22/2021	Field number for documenting emergency services on claim form updated	2
1/8/18	Documentation Requirements section updated Updated phone numbers Formatting Changes	3 All All