

1100 - FEDERAL EMERGENCY SERVICES PROGRAM

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APPROVAL DATES: 07/01/97, 11/01/01, 11/01/04, 08/01/06, 05/15/07, 04/01/12, 07/01/12, 10/01/13, 12/06/18, 06/04/24, 11/21/24

I. PURPOSE

AHCCCS provides emergency medical and behavioral health care services through the Federal Emergency Services Program (FESP). This Policy applies to the FESP and sets forth requirements for coverage of services for FESP members.

II. DEFINITIONS

Refer to the [AHCCCS Contract and Policy Dictionary](#) for common terms found in this Policy.

III. POLICY

Pursuant to ARS 36-2903.03, certain non-citizens who meet all other requirements for Title XIX eligibility may be entitled to receive only emergency services [ARS 36-2903.03; 42 USC 1396b(v)]. The Emergency services are medical or behavioral health services necessary to treat an Emergency Medical or Behavioral Health Condition as defined in this Policy. The Emergency services also include outpatient dialysis services for a FESP member with End Stage Renal Disease (ESRD) when the criteria specified in AAC R9-22-217(B) and Section B of this Policy are satisfied. Except as specified in Section B of this policy, providers are not required to obtain Prior Authorization (PA) to AHCCCS for emergency services for an FESP member. The Transplant services are excluded from coverage under FESP [42 USC 1396b(v)(2)(C)]. Services rendered through the FESP are subject to all exclusions and limitations regarding services in AAC R9-22-217.

A. FEDERAL EMERGENCY SERVICES PROGRAM EMERGENCY MEDICAL OR BEHAVIORAL HEALTH CONDITION(S)

To determine whether a member suffers from an Emergency Medical or Behavioral Health Condition, the focus shall be on the member's current condition and whether that condition satisfies the criteria of an Emergency Medical or Behavioral Health Condition at the time the service is rendered [AAC R9-22-217(A) and (C)]. The member's current condition can be the initial injury that led to the admission, a condition directly resulting from that injury, or a wholly separate condition such as an Acute psychiatric episode. The type of facility where a member presents or where service is delivered is not a factor in the determination of an emergency condition. Even though an initial injury or behavioral health condition may be stabilized, it does not necessarily mean that the Emergency Medical or Behavioral Health Condition has ended.

The following applies for all emergency physical or behavioral health conditions:

1. The member's current medical or behavioral health condition shall be manifesting itself by Acute symptoms (a condition manifesting itself by only Chronic symptoms is not an Emergency Medical or Behavioral Health Condition, even though the absence of medical care might lead to one of the adverse consequences listed in #2 below).
2. The Acute symptoms shall be sufficiently severe that the absence of immediate medical or psychiatric attention could reasonably be expected to result in placing the member's health in serious jeopardy (including serious harm to self for purposes of behavioral health), serious impairment to bodily functions, serious dysfunction of any bodily organ or part, or serious physical harm to another person (for a behavioral health condition).

Refer to AMPM Policy 940 for behavioral health and medical records documentation requirements.

B. OUTPATIENT DIALYSIS SERVICES FOR END STAGE RENAL DISEASE (ESRD)

Pursuant to AAC R9-22-217(B), outpatient dialysis services for a FESP Member with ESRD are covered as an emergency service where the member's treating physician certifies for the month in which services are received that in their opinion the absence of receiving dialysis at least three times per week would reasonably be expected to result in any one of the following:

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

When dialysis services for ESRD are needed for the first time, the Treating Physician is required to submit an initial certification. The treating physician shall complete and sign the Initial Dialysis Case Creation form and then submit the form to AHCCCS DFSM, as specified on the AHCCCS Fee-For-Service Prior Authorization web page as soon as need is identified. The Initial Dialysis Case Creation form is only required to be submitted once as the initial physician certification.

Following the submission of a fully completed and approved form, AHCCCS will cover dialysis services on a monthly basis as long as the FESP Member remains eligible, and the treating physician completes the Monthly Certification of Emergency Medical Condition as specified on the AHCCCS Fee-For-Service Prior Authorization web page. Although the treating physician is not required to submit the Monthly Certification of Emergency Medical Condition form to AHCCCS monthly, the treating physician shall retain a copy of the completed form in the member's medical records. AHCCCS DFSM may retrospectively audit member medical records to ensure the treating physician's compliance with this monthly requirement.

Services rendered to a person eligible for the FESP are subject to standards for payments in AAC R9-22-702.

C. RETROSPECTIVE REVIEW

All emergency services under the FESP, in whatever setting, are subject to AHCCCS review to determine if an Emergency Medical or Behavioral Health Condition existed at the time of service. If AHCCCS determines that the service(s) did not meet the criteria 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.
3. Referral to the AHCCCS Office of the Inspector General (AHCCCS OIG) for investigation, when applicable.