JOHNS HOPKINS MEDICINE / JOHNS HOPKINS HEALTHCARE	Johns Hopkins HealthCare LLC **Appeals** **Appeals**	*Policy Number*	APL009
		Effective Date	11/05/2007
		Review Date	10/01/2018
	Subject **Emergency Department Review Process**	*Revision Date*	10/01/2018
		Page	1 of 4

This document applies to the following Participating Organizations:

EHP Priority Partners US Family Health Plan

Keywords: Emergency, Prudent Lay Person

Table of Contents		Page Number
I.	ACTION	1
II.	POLICY	1
III.	SCOPE	1
IV.	DEFINITIONS	2
V.	RESPONSIBILITIES	2
VI.	CROSS REFERENCE	4
VII.	APPROVALS	4
Appendix A: ICD 10 Sudden and Serious List		Click Here

I. ACTION

	New Policy	
	Repealed Policy Date	
	Superseded Policy Number	

II. POLICY

A. It is the policy of Johns Hopkins HealthCare (JHHC) that claims for emergency services do not require authorization for any line of business.

B. JHHC adjudicates claims to pay automatically for diagnoses listed on the JHHC approved Sudden and Serious Diagnosis Code List.

C. JHHC reviews Emergency Department (ED) clinical notes as submitted for evidence that the situations and symptoms meet the definition of a prudent lay person's definition of an emergency medical condition, (as defined in the Annotated Code of Maryland Health General article §19-701e) and does not rely solely on the final medical diagnosis, if the claim does not automatically pay per the JHHC approved Sudden and Serious Diagnosis Code List.

D. JHHC provides payment of emergency services when the member was directed to seek emergency services, by any authorized representative, acting on behalf of the Plan, or was directed to seek emergency services by the member's primary care physician, other treating healthcare professional, school official, institution or workplace.

E. For Priority Partners, EHP, and USFHP a prudent layperson fee (called EMTALA fee) is paid on all ED claims.

F. Both Priority Partners and USFHP members are held harmless for any portion of the unpaid ED claim.

III. SCOPE

This policy applies to first submission of a claim for ED services as well as appeals for original denials for Priority Partners, EHP, and USFHP products managed by Johns Hopkins Health Care LLC.

Behavioral Health and Substance Abuse benefits are carved out for PPMCO and are administered by the State's administrative service organization, Beacon Health Options. Claims for PPMCO ED services demonstrating a primary diagnosis related to behavioral health or substance abuse are excluded from the terms of this policy.

IV. DEFINITIONS

Emergency: A medical condition characterized by sudden onset and symptoms of severity (sudden/serious), including severe pain that the absence of immediate medical attention could result in: placing the patients' health in serious jeopardy; serious impairment to bodily function; or serious dysfunction of any bodily organ or part.

Emergency Services: Health care services that are provided in a hospital emergency facility after the sudden onset of a medical condition that manifests itself by symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected by a prudent lay person, who possesses an average knowledge of health and medicine, to result in: (a) Placing the patient's health, or with respect to a pregnant woman, the health of the woman, or her unborn child, in serious jeopardy; (b) Serious impairment to bodily functions; or (c) Serious dysfunction of any bodily organ or part (Annotated Code of Maryland, Health General §19-701).

Emergency Medical Treatment and Active Labor Act (EMTALA): A federal law passed by the US Congress in 1986 as part of the Consolidated Omnibus Reconciliation Act (COBRA). EMTALA requires hospitals to perform a medical screening examination, including ancillary services routinely available, on an individual presenting to the emergency department for evaluation or treatment of a medical condition, (regardless of insurance status or ability to pay) to determine if an emergency medical condition exists. Hospital staff must either stabilize the condition to the extent of their ability or transfer the patient to another hospital with the appropriate capabilities.

Held Harmless: A benefit provision that limits member financial risk. Priority Partner and USFHP members are held harmless for all claim denials resulting from retrospective review of Emergency Room claims.

Prudent Lay Person: A non-clinical person who possesses an average knowledge of health and medicine.

Sudden and Serious Diagnosis Code List: A list of diagnosis codes which the medical leadership from JHHC has reviewed and approved as codes which designate an emergency room visit as a sudden and serious treatment.

V. RESPONSIBILITIES

A. It is important for the reviewer, as best possible, to place him or herself in the position of "Prudent Lay Person". JHHC recognizes that determining the medical necessity of ED claims is difficult and often compounded by many uncertainties. JHHC's criteria and guidelines are Medical Director approved and intended to assist the nurse analyst and provide consistency in decision-making. The Plan recognizes that they are not all-inclusive and therefore has included the Medical Directors in the active review process.

B. Priority Partners, EHP, and USFHP Emergency Department (ED) claims and/or appeals which have been submitted to JHHC by either the member or provider for processing with attached medical notes and do not contain a diagnosis code which is included on the JHHC approved Sudden and Serious Diagnosis Code list will be forwarded to the Appeals Nurse Analyst.
   1. The Nurse Analyst will review the documentation contained within the ED medical record against the Plan approved sudden and serious criteria.
      a. Cases either meeting application of the sudden and serious criteria by the Nurse Analyst or approved by the Plan Medical Director will be annotated in the appropriate claims system or appeals database, and then forwarded to the adjustment department with an indication to pay.
      b. Cases that cannot be approved through the Nurse Analyst review, by either failing to meet sudden and serious criteria, auto pay and/or symptomatology guidelines as outlined in this procedure are sent to the Medical Director for review.

C. The following situations may be approved by the nurse analyst as auto approvals:
   1. Members referred to the ED by their PCP, other treating health care professional, school official, institution or work place

2. Members brought in for evaluation of any kind by the authorities (e.g. police, Department of Social Services (DSS)
3. Members brought in by ambulance
4. Evaluation for sexual assault (e.g. rape victims) or abuse of any kind
5. Evaluation of human or animal bites
6. Members directly admitted to the facility from the ED
7. All children ≤12 months of age
8. Diagnosis on professional claim is on sudden and serious list

D. The following are guidelines for the nurse to consider for approval given all symptomatology and circumstances as presented in the documentation:

1. Members experiencing severe unrelenting pain as documented by a subjective pain scale of 8-10/10 along with corresponding objective observations as reported by an ED healthcare provider
2. Members suffering acute trauma, which may be life threatening or result in serious injury. Trauma, not occurring within the previous 24 hours, is evaluated on a case-by-case basis.
3. Members with complaint of chest pain
4. Members with acute (within the last 24 hr.) severe headache characterized as “worse than ever previously experienced”
5. Serious and acute problems of any kind which could be a potential threat to life or limb, and /or when a member perceives a body as endangered (e.g. suddenly swollen testicle, conjunctiva hemorrhage)
6. Acute onset of purulent and/or bloody ear discharge in children 12 years old or less
7. Members having acute SOB (symptom usually accompanied by documented tachypnea)
8. Pregnant member presenting with pregnancy related condition (e.g. vaginal discharge, urinary tract infection, abdominal pain, dysuria, and persistent vomiting)
9. Acute onset (≤24 hours) of vertigo
10. Acute onset (≤24 hours) of urticaria with either associated respiratory and/or swallowing symptoms
11. Persistent fever of ≥100.4°F for ≥24 hours in the presence of the following factors:
    a. In immunocompromised members with conditions or receiving treatments as follows:
        i. HIV,
        ii. ESRD,
        iii. DM,
        iv. cystic fibrosis,
        v. cancer treatments: chemotherapy, brachytherapy, or other types of radiation therapy,
        vi. primary and secondary immune deficiencies,
        vii. chronic steroid treatment (a dosage equivalent of ≥2mg/kg/day when given for more than 14 days),
        viii. asplenia,
        ix. chronic liver, blood, and metabolic diseases; OR
    b. In combination with hemorrhagic rash or severe headache; OR
    c. Members with mental retardation, encephalopathy, or other conditions affecting their communication and social skills; OR
    d. In combination with vomiting and/or diarrhea as outlined in 13b below; OR
    e. In combination with abdominal pain as outlined in 14e below
12. Vomiting and/or Diarrhea in the presence of the following factors:
    a. Symptoms of severe gastroenteritis (multiple episodes for ≥24 hours) and in jeopardy of dehydration (orthostatic BP changes, tachycardia, and/or mental status changes during triage); OR

b. Symptoms of severe gastroenteritis (multiple episodes for ≥24 hours) in combination with persistent fever of ≥100.4°F; OR

c. In combination with abdominal pain as outlined in 14e below.

13. Abdominal pain in the presence of the following factors: acute onset (≤24 hours) AND

a. In immunocompromised members as noted in 12a, i-ix above OR

b. Post-abdominal surgery members OR

c. Members receiving anticoagulation therapy (e.g. Coumadin or Lovenox); OR

d. Members with mental retardation, encephalopathy, or other conditions affecting their communication and social skills, OR

e. In combination with persistent fever of ≥100.4°F

E. Motor Vehicle Collision (MVC) and/or Workman's Compensation (WC) are to be reviewed against applicable medical necessity criteria as outlined above. The Coordination of Benefits (COB) unit is to be notified of all MVC and WC cases by the Appeals Nurse Analyst.

VI. CROSS REFERENCE

- Annotated Code of Maryland, Health-General §19.701, Definitions
- COMAR 10.09.62.01B, Definitions
- COMAR 10.09.66.08, Emergency Services Access
- Employer Health Programs SPD's
- TRICARE Policy Manual 6010.57-M, February 1, 2008, Chapter 2, Section 4.1, Emergency Department Services
- TRICARE Operations Manual 6010.56-M, February 1, 2008, Chapter 12, Section 3, Reconsideration Procedures
- U.S. Code 42 §1395dd, Examination and Treatment for Emergency Medical Conditions and Women in Labor (Emergency Medical Treatment and Labor Act, EMTALA)
- 42 CFR §438.114 Emergency and Post-stabilization Services
- 42 CFR §489.24
- 42 CFR §489.20 (l), (m), (q), (r)

VII. APPROVALS

Electronic Signature(s)	Date
Mark Fracasso Chief Medical Officer, Johns Hopkins HealthCare	10/04/2018
Sandra Orsulak AVP, Health Services	10/03/2018

Last Review Dates: 04/27/2009, 3/26/2010, 10/01/10, 2/1/11, 10/1/11, 10/1/12, 10/1/13; 10/7/2014; 8/7/15; 8/10/2016; 8/30/17; 10/1/2018