

# **Provider Manual**

## **Section 10.0**

### **Emergency Care/Urgent Care Services**

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## 10.0 Emergency Care/Urgent Care Services

### 10.1 Emergency Care

#### 10.1.1 Definitions

**Emergency Behavioral Health Services** – Those services required to meet the needs of an individual who is experiencing an acute crisis, resulting from a mental illness, which is a level of severity that would meet the requirements for an involuntary examination (see s. 394.463, F.S.), and in the absence of a suitable alternative or psychiatric medication, would require hospitalization.

**Emergency Medical Condition** – (a) A medical condition manifesting itself by acute symptoms of sufficient severity, which may include severe pain or other acute symptoms, such that a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect that the absence of immediate medical attention could result in any of the following: (1) serious jeopardy to the health of a patient, including a pregnant woman or fetus; (2) serious impairment to bodily functions; and/or (3) serious dysfunction of any bodily organ or part. (b) With respect to a pregnant woman: (1) that there is inadequate time to effect safe transfer to another hospital prior to delivery; (2) that a transfer may pose a threat to the health and safety of the patient or fetus; and/or (3) that there is evidence of the onset and persistence of uterine contractions or rupture of the membranes. (See s. 395.002, F.S.)

**Emergency Services** — See Emergency Services and Care.

**Emergency Services and Care** — Medical screening, examination, and evaluation by a physician, or, to the extent permitted by applicable laws, by other appropriate personnel under the supervision of a physician to determine whether an emergency medical condition exists. If such a condition exists, emergency services and care include the care or treatment necessary to relieve or eliminate the emergency medical condition within the service capability of the facility.

#### 10.1.2 PCP Responsibilities

If the enrollee calls the PCP's office prior to going to a hospital emergency room (ER), and if the situation can be handled in the PCP's office, it is the PCP's responsibility to comply with Lighthouse's access standards. A referral or an authorization is not required for an enrollee to be seen in the emergency room (ER). It is also the responsibility of the PCP, per his or her contract with Lighthouse, to have after-hours call service seven (7) days a week, twenty-four (24) hours per day. Use of Lighthouse's 24-Hour Nurse Advice Line is not an acceptable alternative to after-hours call service.

Giving enrollees easily understood instructions during regular office visits may help avoid after-office-hours calls or ER visits. Reviewing home treatment for common conditions, such as fever, vomiting, diarrhea, and earaches may give enrollees or their caregivers more confidence in handling these conditions when they arise. Providing written instructions to be used as a reference may also be helpful.

## **10.2 Out-of-Service-Area Care**

### **10.2.1 Definition**

Emergency care as described in Section 10.1.1 is also a covered benefit for Lighthouse enrollees when they are out of the service area. A referral or prior authorization is not required for out-of-service-area emergency care in the ER. For an out-of-network provider to receive reimbursement, a Florida Medicaid ID number and Lighthouse Provider ID number is needed.

## **10.3 Urgent Care Services**

### **10.3.1 Definitions**

**Urgent Behavioral Health Care** – Those situations that require immediate attention and assessment within twenty-three (23) hours even though the enrollee is not in immediate danger to self or others and is able to cooperate in treatment.

**Urgent Care** – Services for conditions, which, though not life-threatening, could result in serious injury or disability unless medical attention is received (e.g., high fever, animal bites, fractures, or severe pain), or services for conditions that substantially restrict an enrollee’s activity (e.g., infectious illnesses, influenza, or respiratory ailments).

### **10.3.2 PCP Responsibilities**

If the enrollee calls prior to going to a licensed, credentialed urgent care center and the situation can be handled in the PCP’s office, it is the PCP’s responsibility to see the enrollee within Lighthouse’s access guidelines.

For the current listing of urgent care centers, please visit the Provider Directories section of Lighthouse’s web site at [www.lighthousehealthplan.com](http://www.lighthousehealthplan.com).

To request a hard copy of this listing, please contact your Provider Relations Specialist or Provider Services at 800-578-0775.