

CHAPTER 1
SECTION 7.1

MEDICAL, MATERNITY, OR PSYCHIATRIC EMERGENCY

Issue Date: March 3, 1992

Authority: [32 CFR 199.2\(b\)](#) and [32 CFR 199.4\(b\)\(6\)](#)

I. PROCEDURE CODE RANGE

99281 - 99292; 99440; 99058

Effective January 1, 1992, the American Medical Association Current Procedural Terminology (CPT) evaluation and management service codes (i.e., visit codes) were revised. The former CPT 90000 series codes were replaced by a new CPT 99000 series. These new codes were adopted for claims processing for claims submitted on or after January 1, 1992.

II. DESCRIPTION

A. Medical emergency is the sudden and unexpected onset of a medical condition or the acute exacerbation of a chronic condition listed in the current edition of the International Classification of Diseases (Clinical Modification) that is threatening to life, limb, or sight, and requires immediate medical treatment or which manifests painful symptomatology requiring immediate palliative effort to relieve suffering.

B. Maternity emergency is a sudden unexpected medical complication which puts the mother, or fetus, at risk.

C. A psychiatric inpatient admission is an emergency when, based on a psychiatric evaluation performed by a physician (or other qualified mental health care professional with hospital admission authority), the patient is at immediate risk of serious harm to self or others as a result of a mental disorder and requires immediate continuous skilled observation at the acute level of care.

III. POLICY

A. Medically necessary services and items not otherwise excluded which are provided to clinically manage a bona fide medical, maternity or psychiatric emergency may be cost-shared. The level of services is based on the:

1. Approach and detail of the medical history;
2. Extent of the examination;

3. Complexity of the decision making process; and
4. Severity of the presenting problem.

B. Admissions resulting from a psychiatric emergency should be reported to the contractor within 24 hours of admission or the next business day after admission but must be reported within 72 hours of the admission. In the case of an emergency admission authorization resulting from approval of a request made within 72 hours of the admission, the effective date of the authorization shall be the date of the admission. If it is determined that the case was not a bona fide psychiatric emergency admission (but the admission can be authorized as medically or psychologically necessary), the effective date of the authorization shall be the date of the receipt of the request or the date of admission, whichever occurs first. (Reference [OPM Part Two, Chapter 17, Section III](#).)

C. Medically necessary services and items not otherwise excluded which are provided to clinically manage a bona fide medical, maternity or psychiatric emergency may be cost-shared.

D. On a case-by-case basis, following stabilization of the patient, the MTF Commander may require the beneficiary to transfer to an MTF. Cost-sharing of emergency inpatient hospital services for non-enrolled MHS eligible beneficiaries who live within a catchment area will terminate 24-hours after written notice to the beneficiary that the nearest Uniformed Services Medical Treatment Facility (USMTF) capable of providing the required level-of-care has accepted the beneficiary for continued care. Neither the MCS contractor nor the MTF Commander may require a transfer until such time as the transfer is deemed medically safe.

E. On a case-by-case basis, following stabilization of the patient, the contractor or MTF Commander may require the beneficiary to transfer to a network facility or the MTF. The contractor shall provide written notice to the beneficiary (or responsible party) advising them of the impending transfer to a network facility or MTF. If the beneficiary elects to remain in the non-network facility, Point of Service cost-sharing will begin 24-hours following receipt of the written notice. Neither the contractor nor the MTF Commander may require a transfer until such time as the transfer is deemed medically safe.

IV. POLICY CONSIDERATIONS

A. Related Issuances.

1. [Chapter 1, Section 12.1D](#) - Preauthorization Requirements For Acute Hospital Psychiatric Care Effective October 1, 1991.
2. [CHAPTER 1, SECTION 12.1F](#) - Preauthorization Requirements for Substance Use Disorder Detoxification and Rehabilitation.
3. [Chapter 11, Section 2.1](#) - Nonavailability Statements (DD Form 1251) For Inpatient Care and Selected Outpatient Care.
4. [Chapter 13, Section 15.1](#) - Emergency Care Related Claims.

V. EXCLUSIONS

A. In the absence of other qualifying conditions, pain associated with pregnancy or incipient birth after the 34th week of gestation when associated with a pregnancy, are not emergency conditions for adjudication purposes.

B. For procedure code 99288 no separate payment will be made as payment for this service is included in the payment for other services.

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