```
California Code Of Regulations
|->
Title 22@ Social Security
|->
Division 3@ Health Care Services
|->
Subdivision 1@ California Medical Assistance Program
|->
Chapter 3@ Health Care Services
|->
Article 2@ Definitions
|->
Section 51056@ Emergency Services
```

51056 Emergency Services

(a)

Except as provided in subsection (b), "emergency services" means those services required for alleviation of severe pain, or immediate diagnosis and treatment of unforeseen medical conditions, which, if not immediately diagnosed and treated, would lead to disability or death.

(b)

For purposes of providing treatment of an emergency medical condition to otherwise eligible aliens pursuant to Welfare and Institutions Code Section 14007.5(d), "emergency medical condition" means a medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in any of the following: (1) Placing the patient's health in serious jeopardy. (2) Serious impairment to bodily functions. (3) Serious dysfunction of any bodily organ or part.

(1)

Placing the patient's health in serious jeopardy.

(2)

Serious impairment to bodily functions.

(3)

Serious dysfunction of any bodily organ or part.

Emergency services are exempt from prior authorization, but must be justified according to the following criteria: (1) Any service classified as an emergency, which would have been subject to prior authorization had it not been so classified, must be supported by a physician's, podiatrist's, dentist's, or pharmacist's statement which describes the nature of the emergency, including relevant clinical information about the patient's condition, and states why the emergency services rendered were considered to be immediately necessary. A mere statement that an emergency existed is not sufficient. It must be comprehensive enough to support a finding that an emergency existed. Such statement shall be signed by a physician, podiatrist, dentist, or pharmacist who had direct knowledge of the emergency described in this statement. (A) The provision for pharmacist certification of emergency services shall pertain only to the dispensing of drugs. (2) The Department may impose postservice prepayment audit as set forth in Section 51159(b), to review the medical necessity of emergency services provided to beneficiaries. The Department may require providers to follow the procedures for obtaining authorization on a retroactive basis as the process for imposing postservice prepayment audits. Requests for retroactive authorization of emergency services must adequately document the medical necessity of the services and must justify why the services needed to be rendered on an emergency basis.

(1)

Any service classified as an emergency, which would have been subject to prior authorization had it not been so classified, must be supported by a physician's, podiatrist's, dentist's, or pharmacist's statement which describes the nature of the emergency, including relevant clinical information about the patient's condition, and

states why the emergency services rendered were considered to be immediately necessary. A mere statement that an emergency existed is not sufficient. It must be comprehensive enough to support a finding that an emergency existed. Such statement shall be signed by a physician, podiatrist, dentist, or pharmacist who had direct knowledge of the emergency described in this statement. (A) The provision for pharmacist certification of emergency services shall pertain only to the dispensing of drugs.

(A)

The provision for pharmacist certification of emergency services shall pertain only to the dispensing of drugs.

(2)

The Department may impose postservice prepayment audit as set forth in Section 51159(b), to review the medical necessity of emergency services provided to beneficiaries. The Department may require providers to follow the procedures for obtaining authorization on a retroactive basis as the process for imposing postservice prepayment audits. Requests for retroactive authorization of emergency services must adequately document the medical necessity of the services and must justify why the services needed to be rendered on an emergency basis.

(d)

Program limitations set forth in Sections 51304 and 51310 are not altered by this section.