

Urgent Care Services

Benefit Coverage

Blue Shield defines urgent care as treatment provided within the Primary Care Physician's (PCP) service area to prevent serious deterioration of a member's health due to unforeseen illness, injury, or complications of an existing medical condition. In an urgent situation, treatment cannot reasonably be delayed.

Urgent Services are defined as those covered services rendered outside of the PCP's service area (other than Emergency Services) which are medically necessary to prevent serious deterioration of a member's health resulting from unforeseen illness, injury, or complications of an existing medical condition, for which treatment cannot reasonably be delayed until the member returns to the PCP's service area.

Out-of-area follow-up care is defined as non-emergent medically necessary out-of-area services to evaluate the member's progress after an initial emergency or urgent service.

Urgent care within the PCP's service area is a covered benefit when:

- The member first contacts their PCP and care is rendered or referred by the PCP. This includes services rendered in an urgent care clinic when instructed by the PCP or assigned IPA/medical group, or
- The assigned IPA/medical group has provided the member with advance instructions for obtaining care from an urgent care clinic within the PCP's service area.

Urgent Services outside of the PCP's service area are a covered benefit when:

- Within California - Services are provided by a Blue Shield participating provider or a non-participating provider. If possible, the member should call Blue Shield Member Services for assistance in receiving urgent care services through a Blue Shield of California Plan Provider.
- Outside California but within the USA - Services are provided through a BlueCard participating provider or a non-participating provider.
- Outside California and outside of the USA - Services are provided through a BlueCard Worldwide Network participating provider or a non-participating provider.

Urgent Care Services

Benefit Coverage *(cont'd.)*

For assistance locating Urgent Services providers outside of California and within the United States, the member can call toll-free (800) 810-BLUE (2583) 24 hours a day, 7 days a week. For assistance locating Urgent Services providers outside of the United States, the member can call collect (804) 673-1177 24 hours a day.

Out-of-area follow-up care is defined as medically necessary services following an initial emergency or urgent service to stabilize the patient's condition. Out-of-area follow-up care is covered through a Blue Shield or BlueCard participating provider or a non-participating provider. However, authorization by the Blue Shield HMO is required for more than two out-of-area follow-up outpatient visits (except for non-marketed IFP plan members) or for care that involves a surgical or other procedure or inpatient stay. The Blue Shield HMO may direct the patient to receive extended follow-up care from their PCP.

If urgent services or out of area follow-up care are not available through a Blue Shield or BlueCard participating provider, any member who received services from a non-Blue Shield or non-BlueCard provider must submit a claim to Blue Shield. The services will be reviewed retrospectively by the plan to determine whether the services were for medically necessary urgent treatment.

Urgent Care Services

Copayment

See the member's *Evidence of Coverage* (EOC) and *Summary of Benefits and Coverage* for member copayments for:

Physician - Outpatient

Office Visits/Consultations/Surgery

BlueCard Worldwide

Benefit Exclusion

- Urgent care that is not provided or authorized by the Primary Care Physician when the member is located within the member's service area.
- More than two unauthorized follow-up urgent care visits when the member is located outside of the member's service area.
- Unauthorized outpatient care that involves a surgical or other procedure or inpatient stay.
- ANY dental services and treatments except the initial, emergency, palliative first aid care to medically stabilize the mouth, jaws, teeth, soft tissues of the mouth immediately following an accident. Dental treatment at an Urgent Care facility for toothaches, gum bleeding, gum pain/infections, chipped teeth, orthodontic problems, jaw joint problems, repair of any oral appliances, and mouth swelling due to a dental problem are not a benefit at an Urgent Care facility.

Benefit Limitations

Not applicable.

Urgent Care Services

Examples of Covered Services

Evaluation of:

- High or persistent fever
- Symptoms of infection
- Traumatic injury

Examples of Non-Covered Services

- Ongoing treatment, such as chemotherapy
- Routine services
- Out-of-area follow-up care that is not medically necessary following an emergency or urgent care visit
- Out-of-area follow-up care in excess of two outpatient visits that was not authorized by Blue Shield HMO
- Out-of-area follow-up care that involves any surgical procedure or inpatient stay unless prior authorized by Blue Shield HMO

References

Evidence of Coverage

IFP Evidence of Coverage and Health Service Agreement

HMO Benefit Guidelines for:

BlueCard

Emergency Services

Out-of-Area Services