



State Of California  
Business, Transportation And Housing Agency  
DEPARTMENT OF MANAGED HEALTH CARE

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#### CARE AND TREATMENT FOR PSYCHIATRIC EMERGENCIES

The purpose of this letter is to remind health care service plans (health plans) of their obligations to cover emergency services and care under California law. The Department of Managed Health Care (DMHC) has received reports that some health plans require prior authorization for treatment of psychiatric emergency medical conditions (psychiatric emergencies), particularly after the stabilization of the enrollee's concurrent physical emergency medical condition.

A "psychiatric emergency medical condition" is defined as a mental disorder manifested by acute symptoms that render the patient: 1) an immediate danger to himself, herself, or others; or 2) immediately unable to provide for, or utilize, food, shelter, or clothing. (Health and Saf. Code § 1317.1(k).) Psychiatric emergencies may present independently or concurrent with a physical emergency medical condition.

Under the Knox-Keene Act, health plans must provide enrollees with basic health care services, including emergency health care services. (Health and Saf. Code §§ 1345(b), 1367(i).) California law defines "emergency services and care" to mean screening, examination and evaluation to determine whether an emergency medical condition exists, and the care, treatment or surgery necessary to relieve or eliminate the emergency medical condition. (Health & Saf. Code § 1317.1(a)(1).) The law expressly clarifies that "emergency services and care" *also* includes any additional screening, evaluation, care and treatment necessary to determine the existence of and to relieve or eliminate a *psychiatric* emergency medical condition. (Health & Saf. Code § 1317.1(a)(2)(A).)

Health and Safety Code section 1371.4(b) prohibits health plans from requiring a provider to obtain authorization prior to the provision of "emergency services and care" needed to "stabilize" an enrollee's emergency medical condition. As "emergency

services and care" includes "care and treatment necessary to relieve a psychiatric emergency," health plans may not require prior authorization for treatment necessary to stabilize any psychiatric emergency. Even if an enrollee's *physical* emergency has been stabilized, the health plan is still obligated to cover stabilizing care and treatment to relieve or eliminate a concurrent or ongoing *psychiatric* emergency – without requiring prior authorization.

Assembly Bill 235 (Hayashi – Chap. 423, Stats. 2009) further clarified that "care and treatment necessary to relieve or eliminate a psychiatric emergency medical condition" may include transfer to a psychiatric unit within a general acute care hospital or to a free-standing acute psychiatric hospital. (Health & Saf. Code § 1317.1(a)(2)(B).) "Notwithstanding [the definition of "stabilization" in] subdivision (j) of section 1317.1," a patient may be transferred to a psychiatric unit or hospital for treatment "solely necessary to relieve or eliminate" a psychiatric emergency, provided that the treating physician determines that the transfer is not likely to cause deterioration of the patient's psychiatric emergency medical condition. (Health & Saf. Code § 1317.4a(a).)

A hospital that transfers a patient to another facility under Health and Safety Code section 1317.4a must follow specified procedures, including seeking the name and contact information of the patient's health plan, and appropriate notification of the health plan. (Health & Saf. Code § 1317.4a(b).) The facility to which the enrollee is transferred must also notify the health plan of the transfer. (Health & Saf. Code § 1317.4a(e).) Section 1317.4a does not require hospitals to seek prior authorization for this transfer. However, if the enrollee is initially transferred to a noncontracted facility, the health plan may then require and arrange for the transfer of the enrollee to a contracting facility, provided that the enrollee's treating physician determines that transfer is not likely to result in material deterioration of the patient. (Health & Saf. Code § 1317.4a(d).)

Payment for emergency services and care may only be denied: 1) if the health plan reasonably determines that emergency services and care were never provided; 2) in cases where an emergency provider conducted a screening examination and the enrollee reasonably should have known that an emergency did not exist; and 3) for poststabilization services rendered without prior authorization by a health plan. (Health & Saf. Code § 1371.4(c).) An enrollee deemed fit for an initial transfer to a psychiatric unit or facility for treatment of a psychiatric emergency is not stabilized within the meaning of section 1317.1(j), (Health & Saf. Code § 1317.4a(a)) and health plans may not require prior authorization for this transfer.

Each health plan must ensure that the provision of, and payment for, emergency care and services is consistent with applicable state and federal law, including Health and Safety Code sections 1317, 1317.1, 1317.4a, 1367.015, 1371.4, and California Code of Regulations, title 28, section 1300.71.4. The requirements described in this letter apply whether the enrollee receives emergency psychiatric treatment voluntarily or involuntarily. (Health & Saf. Code § 1367.015.)

If you have any questions regarding this letter, please contact the DMHC, Office of Legal Services, at (916) 322-6727.

**Edward G. Heidig, Interim Director**

By

A handwritten signature in black ink, appearing to read "Timothy L. Le Bas", written over a horizontal line.

**Timothy L. Le Bas  
Assistant Deputy Director  
(916) 322-6727**