Appropriate Use of the Emergency Room
From the Patient Advocate Department/August, 2011.

Many employers identify excessive or improper use of emergency rooms across the nation as a driver of increased health care costs, overcrowding, and lack of timely care for true emergencies. This article is meant to inform readers of the appropriate use of the emergency room; and in doing so, ensure those with life or limb-threatening emergencies are in the right place for proper care.

While higher copays and deductibles often steer patients to urgent care centers rather than emergency rooms, there are times when it is vital to call 9-1-1, or get to the nearest emergency room. The below conditions are defined as life-threatening situations and require immediate care in an emergency room:

1. Serious risk to the health of the individual, or to a pregnant woman or her unborn child
2. Serious impairment to bodily functions
3. Serious dysfunction of any body organ or part

Emergency conditions can further be described as:

- Difficulty breathing
- Fainting
- Chest pain or pressure
- Uncontrolled bleeding
- Coughing or vomiting blood
- Sudden severe pain
- Poisoning
- Major injuries, such as broken bones
- Sudden facial drooping or weakness in an arm or leg

Insurers have similar guidelines regarding emergencies: in any life or limb-threatening emergency, in or out of town, the emergency room is the appropriate place of treatment. Urgent care facilities are appropriate for sprains, strains, and small cuts. More recently convenience care centers are emerging to provide care for sore throats, rashes, immunizations, and other minor conditions when your doctor is not available.

Because carriers have different contracts with each practice and carrier networks vary, it is our recommendation to utilize network search engines on carrier websites or download available carrier apps for smartphones, so that wherever you are in the United States, in-network hospitals and urgent care facilities are available, and you are not caught off guard by non-network charges or balance-billing. When in doubt, please seek the guidance of your family doctor. In addition, most carriers offer a 24-hour nurseline, identified on their insurance card, which can help guide you to the facility of appropriate care.

Sometimes patients receive a bill for a denied emergency room visit when they thought a life was in danger, but perhaps the diagnosis was not congruent to what the symptoms indicated (for example, a chest pain that mimicked the signs of a heart attack, but the claim was filed as heartburn). Historically, in any instance when a patient or caregiver believes the situation is a true life or limb-threatening emergency, our patient advocates have had success in overturning claims. Please call us at (859) 331-3232 for further information.

For online benefits, provider and facility directories, and claims information, visit www.anthem.com; www.healthspannetwork.com; www.humana.com; www.medmutual.com; or www.myuhc.com. For more information on heartburn versus heart attack, please talk with your practitioner, or visit the website at Mayo Clinic, http://www.mayoclinic.com/health/heartburn-gerd/DG00016/NSECTIONGROUP=2.

1St. Elizabeth Medical Center Emergency Room Department, Edgewood, Kentucky (email communication), August 5, 2011.
2American College of Emergency Medicine, as cited by St. Elizabeth Medical Center, Edgewood, Kentucky, August 5, 2011.