

Emergency Medical Care

During a medical emergency, Veterans should immediately seek care at the nearest medical facility. A medical emergency is an injury, illness or symptom so severe that without immediate treatment, you believe your life or health is in danger. **If you believe your life or health is in danger, call 911 or go to the nearest emergency department right away.**

Veterans **do not** need to check with VA before calling for an ambulance or going to an emergency department. During a medical emergency, VA encourages all Veterans to seek immediate medical attention without delay. A claim for emergency care will never be denied based solely on VA not receiving notification prior to seeking care.

It is, however, important to promptly notify VA after receiving emergency care at a community emergency department. Notification should be made within 72 hours of admission to a community medical facility. This allows VA to assist the Veteran in coordinating necessary care or transfer, and helps to ensure that the administrative and clinical requirements for VA to pay for the care are met.

IMPORTANT: An emergency department (ED) is a facility that is staffed and equipped to provide emergency treatment and does not include community facilities that provide medical treatment in situations other than emergencies.

Service-Connected Emergency Care

In general, VA can pay for emergency medical care at a local ED for a Veteran's service-connected condition, or if the care is related to a Veteran's service-connected condition. Specifically, emergency medical care for a Veteran's service-connected or related (adjunct) condition(s) is eligible for VA payment as long as the VA wasn't reasonably available to provide the care.

In accordance with the following situations and requirements, VA can pay emergency care costs for:

1. A Veteran who receives emergency treatment of a service-connected, or adjunct condition* in a community emergency department; **OR**
2. A Veteran who is Permanently and Totally disabled (P&T) as the result of a service-connected condition is eligible for emergency treatment of ANY condition; **OR**
3. A Veteran who is participating in a VA Vocational Rehabilitation Program, and who requires emergency treatment to expedite their return to the program, is eligible for emergency treatment for any condition; **AND** (scenarios 1-3 must all meet #4)

4. The emergency was of such a nature that the Veteran (or other prudent layperson without medical training) would reasonably believe that any delay in seeking immediate medical attention would cause their life or health to be placed in jeopardy.

*** NOTE:** A service-connected condition is one that has been adjudicated by the Veterans Benefits Administration (VBA) and a disability rating has been granted. An adjunct condition is one that, while not directly service-connected, is medically considered to be aggravating a service-connected condition. Legal authorities and payment methods for VA payment for emergency care for service-connected conditions are contained in [Title 38 U.S.C. §1728](#), [38 CFR §17.120](#) and [38 CFR §17.132](#).

Nonservice-Connected Emergency Care

VA can also pay for emergency medical care at a community ED for a Veteran's nonservice-connected condition. However, there are several requirements and factors that affect the extent to which VA can cover those services. Specifically, emergency medical care for a Veteran's nonservice-connected condition(s) is eligible for VA payment when **all** of the following five elements are true:

1. Care was provided in a hospital emergency department (or similar public facility held to provide emergency treatment to the public); **AND**
2. The emergency was of such a nature that the Veteran (or other prudent layperson without medical training) would reasonably believe that any delay in seeking immediate medical attention would cause their life or health to be placed in jeopardy; **AND**
3. A VA medical facility or another Federal facility was not reasonably available to provide the care; **AND**
4. The Veteran is enrolled and has received care within a VA facility during the 24 months before the emergency care; **AND**
5. The Veteran is financially liable to the provider of emergency treatment.

There are limitations on VA's ability to provide coverage when a Veteran has other health insurance (OHI). If OHI does not fully cover the costs of treatment, VA can pay certain costs for which the Veteran is personally liable.

VA is also legally prohibited from providing coverage for individuals covered under a health plan contract because of a failure by the Veteran or the provider to comply with the provisions of that health plan contract, e.g., failure to submit a bill or medical records within specified time limits, or failure to exhaust appeals of the denial of payment.

* **NOTE:** Legal authorities and payment methods for VA payment for emergency care for nonservice-connected conditions are contained in [Title 38 U.S.C. §1725](#) and [38 CFR §17.1000](#).

* **CORRECTION:** Previously, this site stated that “by law VA cannot pay copayments, coinsurance, deductibles, or similar payments a Veteran may owe to the provider as required by their OHI.” On September 9, 2019, the Court of Appeals for Veterans Claims ruled that VA’s interpretation of the applicable law was wrong and that VA cannot deny reimbursement of coinsurance and deductible amounts owed by a Veteran under a health insurance plan.

We thus clarify that **VA CAN reimburse a Veteran for coinsurance and deductibles amounts (but not copayments) that a Veteran may owe to a provider under their health insurance plan.**