

Hospital to Hospital Transfers: Emergency or Non-Emergency?

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As outlined in 42 CFR 414.605, "emergency response" means "responding immediately at the BLS or ALS1 level of service to a 911 call or the equivalent in areas without a 911 call system. An immediate response is one in which the ambulance entity begins as quickly as possible to take the steps necessary to respond to the call." Further, the application of this definition was first outlined in Transmittal AB-02-130 (Change Request 2295) dated September 27, 2002, and is currently set forth in the Medicare Benefit Policy Manual, Ch. 10, § 30.1.1, where it is stated that:

The phrase "911 call or equivalent" is intended to establish the standard that the nature of the call at the time of dispatch is the determining factor. Regardless of the medium by which the call is made (e.g., a radio call could be appropriate) the call is of an emergent nature when, based on the information available to the dispatcher at the time of the call, it is reasonable for the dispatcher to issue an emergency dispatch in light of accepted, standard dispatch protocol. An emergency call need not come through 911 even in areas where a 911 call system exists. However, the determination to respond emergently must be in accord with the local 911 or equivalent service dispatch protocol. If the call came in directly to the ambulance provider/supplier, then the provider's/supplier's dispatch protocol and the dispatcher's actions must meet, at a minimum, the standards of the dispatch protocol of the local 911 or equivalent service. In areas that do not have a local 911 or equivalent service, then both the protocol and the dispatcher's actions must meet, at a minimum, the standards of the dispatch protocol in another similar jurisdiction within the State, or if there is no similar jurisdiction, then the standards of any other dispatch protocol within the State. Where the dispatch was inconsistent with this standard of protocol, including where no protocol was used, the beneficiary's condition (for example, symptoms) at the scene determines the appropriate level of payment.

Most **transports** that occur between **hospital** facilities should not be categorized as emergency level trips. Medicare's definition of emergency response and its application (as explained above) determine whether or not an ambulance **transport** meets the emergency level of service for BLS and ALS1 **transports**. Medicare contractors can review claims for medical necessity. If it is determined that a **hospital to hospital** ambulance **transport** does not meet Medicare's definition of emergency response, the Medicare contractor, based on its review of the claim, may take action to either pay the claim in a more appropriate fashion or to deny the claim as medically unnecessary.

Finally, please keep in mind that there are also payment policies in place associated with the status of the beneficiary at the time of the ambulance **transport** between **hospital** facilities (i.e., inpatient or discharged), and that the patient's status at the time of the ambulance **transport** dictates whether the ambulance **transport** can be billed as a separate Part B service or whether it must be bundled as part of the inpatient Part A stay, in which case the ambulance company would look to the **hospital** for payment where the patient is registered as an inpatient at the time of the ambulance **transport**. (For further information on this, please see Transmittal 668 (Change Request 3933) dated September 2, 2005; the Medicare Claims Processing Manual, Ch. 15, §§ 10.4, 30.1.4, and Ch. 3, § 10.5; and the Medicare Benefit Policy Manual, Ch. 10, § 10.3.3) .

Source:

http://questions.cms.hhs.gov/app/answers/detail/a_id/10033/kw/hospital%20transport/session/L3NpZC84UW1FM1Mxaw%3D%3D