

MedStar Health, Inc.

POLICY AND PROCEDURE MANUAL

Policy Number: MP.202.MH
Last Review Date: 11/30/2017
Effective Date: 02/01/2018

MP.202.MH – Facility-to-Facility Transfer (Medicare Only)

This policy applies to the following lines of business:

- ✓ MedStar MA – DSNP – CSNP

MedStar Health considers non-emergent **Facility-to-Facility Transfers** medically necessary between health care facilities when the ambulance transportation is:

1. For admission to a facility that provides a required higher level of care that was not available at the original facility;
2. For admission to a lower level of care as indicated by the treatment plan;

Limitations

Transportation transfers are not covered in the following circumstances:

- Failure to obtain appropriate physician order
- When other means of transportation are not contraindicated.
- Coverage will not be allowed if the only documentation of medical necessity is "non-ambulatory".
- Transfer from a hospital or SNF to a second hospital or SNF when it has similar facilities or services.
- The patient is not transported (re: patient death).
- The patient is ambulatory and there is no emergency.
- Transportation is to a non-covered destination.
- Transportation is for purposes of obtaining a non-covered service.
- Transportation for routine same day services, ordered by the physician, that are not available at the sending facility, e.g. MRI, Dialysis without explicit prior authorization.
- If the transport was medically appropriate but the beneficiary could have been treated at a nearer hospital than the one to which he or she was transported, the transport payment is limited to the rate for the distance from the point of pickup to that nearer hospital.

Refer to PA.200 Air Ambulance Transportation and PA.203 Non-Emergent Ambulance Transportation for specific criteria related to air and non-emergent ground transportation.

See Also:

PA.200 - Air Ambulance Transportation

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PA.203 – Non-Emergent Ambulance Transportation

Background

Coverage includes ambulance transportation by a licensed ambulance service (either ground or air ambulance), between health care facilities when the ambulance transportation is to a hospital that provides a required higher level of care that was not available at the original hospital.

Codes:

HCPCS Codes	
Code	Description
A0425	Ground mileage
A0426	ALS 1
A0427	ALS1-emergency
A0428	BLS
A0429	BLS-emergency
A0433	ALS 2
A0434	Specialty care transport
A0888	Non-covered ambulance mileage
A0999	Unlisted ambulance service

Ambulance claims are billed with the following place of service codes and only with HH modifier. The first digit indicates the place of origin, and the destination is indicated by the second digit. The modifiers most commonly used are:

Place of Service Code	Place of Service Name	Place of Service Description
41	Ambulance – Land	A land vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.
42	Ambulance – Air or Water	An air or water vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.

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Modifier	Description
HH	Hospital to another Hospital

References

1. Medicare Benefit Policy Manual, Chapter 10 – Ambulance Services, last accessed March 2012: <http://www.cms.gov/manuals/Downloads/bp102c10.pdf>
2. Centers for Medicare and Medicaid Services (CMS) Local Coverage Determination (LCD) No. L35162. Ambulance Services (Ground Ambulance). Revision effective 03/16/2017 <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=35162&ver=39&Date=&DocID=L35162&bc=iAAAABAAAAAA A%3d%3d&>
3. Centers for Medicare and Medicaid Services (CMS) Local Coverage Article – A54574. Ambulance Services (Ground Ambulance). Revision Effective Date: 10/01/2017. <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=54574&ver=19&Date=&DocID=A54574&bc=hAAAABAAAAAA AA%3d%3d&>

Disclaimer:

MedStar Health medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of MedStar Health and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

MedStar Health reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

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