

MedStar Health, Inc.

POLICY AND PROCEDURE MANUAL

Policy Number: MP.202.MH
Last Review Date: 11/12/2015
Effective Date: 01/01/2016
Renewal Date: 01/01/2017

MP.202.MH – Facility-to-Facility Transfer

This policy applies to the following lines of business:

- ✓ MedStar Employee (Select)
- ✓ MedStar MA – DSNP – CSNP
- ✓ MedStar CareFirst PPO

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;

The transfer destinations may include:

1. Acute Care Hospital
2. Skilled Nursing Facility

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, which has similar facilities, to a second hospital or SNF.
- The patient is not transported. (See exception 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

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transport payment is limited to the rate for the distance from the point of pickup to that nearer hospital.

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

See Also:

PA.200.MH Air Ambulance Transportation
PA.203.MH 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 modifiers. The first digit indicates the place of origin, and the destination is indicated by the second digit. The modifiers most commonly used are:

Modifier	Description	Note
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DH	Diagnostic or therapeutic site to Hospital	Emergency Only
EH	Residential, domiciliary, custodial facility, nursing home other than SNF to Hospital	Emergency Only
HH	Hospital to another Hospital	
HI	Hospital to Site of transfer	
IH	Site of Transfer to Hospital	
HN	Hospital to Skilled Nursing Facility	
JH	Non-hospital-based dialysis facility to Hospital	Emergency Only
PH	Physician's Office to Hospital	Emergency Only
RH	Residence to Hospital	Emergency Only
SH	Scene of Accident or Acute Event to Hospital	Emergency Only

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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. L30022. Transportation Services: Ambulance. Revision effective 08/01/2012 <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=30022&ContrId=215&ver=25&ContrVer=1&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=All&Keyword=ambulance&KeywordLookup=Title&KeywordSearchType=And&bc=gAAAABAAAAAAAA%3d%3d&>
3. Centers for Medicare and Medicaid Services (CMS) Local Coverage Determination (LCD) No. L32606. Ambulance Services (Ground Ambulance). Revision effective 09/01/2014 <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=32606&ContrId=326&ver=33&ContrVer=1&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=All&Keyword=ambulance&KeywordLookup=Title&KeywordSearchType=And&bc=gAAAABAAAAAAAA%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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