MEDICAL POLICY

SUBJECT: INTERFACILITY TRANSFER OF A REGISTERED INPATIENT POLICY NUMBER: 11.01.18 CATEGORY: Contract Clarification	EFFECTIVE DATE: 08/25/05 REVISED DATE: 08/31/06, 02/22/07, 02/28/08, 02/26/09, 06/25/09, 06/24/10, 06/24/11, 10/25/12, 10/24/13, 10/23/14, 10/28/15, 10/27/16, 10/26/17, 04/26/18 PAGE: 1 OF: 2

- ***If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.***
- ***If a commercial product, including an Essential Plan product, covers a specific service, medical policy criteria apply to the benefit.***
- ***If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.***

This medical policy does not address the coverage of transportation of a registered inpatient; but rather addresses the transferred admission of the patient from one acute care facility to another acute care facility.

POLICY STATEMENT:

I. Interfacility transfer of a registered inpatient from one acute care facility to another acute care facility to obtain necessary specialized diagnostic and/or therapeutic services is considered **medically necessary** and therefore, both hospital stays are **eligible for coverage** when:
   A. The necessary diagnostic and/or therapeutic services are not available in the facility in which the patient is registered; and
   B. The provider of the necessary service(s) is the nearest participating facility to the facility in which the patient is currently admitted and has the required capabilities for providing the necessary services.

II. Interfacility transfers for any other reasons are considered **not medically necessary** and therefore, admission to the receiving facility is **not eligible for coverage.**

III. The transfer of a registered inpatient to another facility for diagnostic procedure(s) which is designated by the Health Plan as an outpatient procedure, is not considered an interfacility transfer if it does not meet acute inpatient criteria.

IV. If a newborn is transferred to a second facility for a higher level of care, then the transfer of the mother will be considered **medically necessary** unless the mother's medical status is such that her medical discharge is anticipated within 24 hours.

V. If a newborn has been transferred to a second facility for medically necessary tertiary care that the birth facility is unable to provide, the interfacility transfer of the newborn to return to the birth hospital will be **eligible for coverage** when:
   A. The newborn has completed tertiary care according to the national InterQual criteria for Level III or Level IV NICU care; and
   B. The birth hospital is greater than 50 miles/one hour driving time from the tertiary care facility; and
   C. It is anticipated the newborn will remain in the receiving facility for at least four days.

   Note: Refer to Provider/Member Services for specific regional interfacility newborn transfer requirements.

Refer to Corporate Medical Policy #10.01.07 regarding Land/Ground Ambulance.

Refer to Corporate Medical Policy #11.01.06 regarding Air Ambulance.

POLICY GUIDELINES:

I. Coverage is not available for elective or convenience interfacility transfers (e.g., transferring a patient back to the originating facility to which they were admitted when not medically necessary).

II. The receiving facility in an interfacility transfer should be the nearest participating facility that can provide the necessary care unless there are extenuating circumstances (e.g., continuity of care). Review by a Health Plan Medical Director is required in these circumstances.

III. Prior authorization for interfacility transfer is contract dependent and authorization is required prior to transfer of the patient for those contracts. Some member's subscriber contracts exclude coverage for the transfer of members between health care facilities. Please contact your local Customer (Member/Provider) Service Department to determine contract coverage.

Accepting the transfer of a registered inpatient from another facility through the emergency room, when the patient is not in need of emergent services, does not negate the requirement for prior authorization of the transfer if the member contract requires prior authorization for inpatient admissions.

IV. Hospital contracts with some health care systems provide one Diagnosis Related Group (DRG) payment irrespective of the number of facilities in which the patient becomes registered. Intra-system transfers with one DRG payment do not require prior authorization.

DESCRIPTION:

Interfacility, or interhospital, transfer of a registered inpatient involves the transfer of a registered hospital inpatient to another acute care facility to obtain medically necessary, specialized diagnostic or therapeutic services.

In order for an interfacility transfer to occur the transferring physician should complete the specified documents required by COBRA regulations relating to transfers of patients.

CODES: Number Description

Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.

CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.

Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.

CPT: No specific code(s)

Copyright © 2018 American Medical Association, Chicago, IL

HCPCS: No specific code(s)

ICD10: Numerous

KEY WORDS:

Inpatient transfer, Interfacility transfer, Interhospital transfer.

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

Based upon our review, neither a National nor a Local Medicare coverage determination has been identified that addresses interfacility transfers of registered inpatients.

However, a payment formula is located in the National Archives and Records Administration. Code of Federal Regulations. Chapter IV, Part 412.4. Prospective payment systems for inpatient hospital services. Discharges and transfers. Available at: http://www.gpo.gov/fdsys/pkg/CFR-2011-title42-vol2/pdf/CFR-2011-title42-vol2-sec412-4.pdf.