CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-04 Medicare Claims Processing	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 4111	**Date: August 10, 2018**
	Change Request 10856

SUBJECT: Revisions to Medicare Claims Processing Manual for Foreign, Emergency and Shipboard Claims

I. SUMMARY OF CHANGES: This Change Request (CR) revises the instruction found in the Medicare Claims Processing manual for processing foreign, emergency and shipboard claims to update the:

- Link to Form CMS-1771 from 32/360/360.1/Attending Physician's Statement and Documentation of Medicare Emergency

and to remove:

- Section C from 32/350.11/350.11.4/Documenting Accessibility for Emergency Claims.
- Link to Form CMS-2628 from 32/360/360.1/Attending Physician's Statement and Documentation of Medicare Emergency

EFFECTIVE DATE: September 11, 2018
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: September 11, 2018

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	32/350.11/350.11.4/Accessibility Criteria
R	32/360.1/360.1.1/Attending Physician's Statement and Documentation of Medicare Emergency

III. FUNDING:
For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:
Business Requirements
Manual Instruction

Attachment - Business Requirements

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I. GENERAL INFORMATION

A. Background: This CR revises the instruction found in the Medicare Claims Processing Manual for processing foreign, emergency and shipboard claims.

B. Policy: The purpose of this CR is to revise the policy found in publication 100-04, chapter 32, sections 350.11.4 and 360.1.1 of the Medicare Claims Processing Manual.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
10856.1	Medicare Contractors shall be aware of revisions to Section 350.11.4 - Accessibility Criteria, of the Medicare Claims Processing manual.	X	X							RRB
10856.2	Medicare Contractors shall be aware of revisions to Section 360.1.1 - Attending Physician's Statement and Documentation of Medicare Emergency, of the Medicare Claims Processing manual.	X	X							RRB

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Shauntari Cheely, Shauntari.Cheely@cms.hhs.gov , Tracey Mackey, Tracey.Mackey@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
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ATTACHMENTS: 0

350.11.4 - Accessibility Criteria

(Rev. 4111, Issued: 08-10-18, Effective: 9-11-18, Implementation: 9-11-18)

A. Emergency Claims

The MAC uses the same criteria in domestic and foreign emergency claims. This includes services in a foreign religious non-medical health care institution and Canadian Travel claims. (See §350.4 and §350.9.)

Emergency determinations take into account such matters as relative distances of a participating hospital, and road conditions. The MAC considers whether the nature of the emergency required immediate transportation to the nearest available hospital (i.e., the nonparticipating hospital) or, without hazard to the patient, would have permitted the additional transportation time to take the patient to a more distant participating hospital in the same general area.

The MAC does not consider in its determination such factors involving selection of a hospital which reflect the personal preferences of the individual or physician, (e.g., physician does not have staff privileges at the participating hospital) nearness to beneficiary's residence, presence of previous medical records at the nonparticipating hospital, cost, or type of accommodations available.

The following sections discuss documentation of the accessibility requirement and provide guidelines for making a determination where the participating hospital is:

- Closer to the site of the emergency than is the admitting nonparticipating hospital;
- Fifteen or fewer miles farther from the site of the emergency than is the nonparticipating hospital; or
- Sixteen or more miles farther from the site of the emergency than is the admitting nonparticipating hospital.

In urban and suburban areas, where both participating and nonparticipating hospitals are similarly available, it is presumed, in the absence of clear and convincing evidence to the contrary, that the services could have been provided in the participating hospital.

1. Participating Hospital Closer to Site of Emergency

If there is an adequately equipped participating hospital with available beds closer to the site of the emergency than the nonparticipating hospital, accessibility is not met. Claim is denied unless extenuating circumstances were present that necessitated admission to the nonparticipating hospital, e.g., because of road or traffic conditions additional travel time would have been needed.

2. Participating Hospital 15 or Fewer Miles Farther From the Location of the Emergency Than the Admitting Nonparticipating Hospital

In this situation the accessibility is provisionally not met. The claim is reviewed to determine if the nature of the emergency required the immediate transportation to the nonparticipating hospital. If the review indicates that the nature of the emergency would have allowed the additional transportation time needed to take the patient to the participating hospital without undue hazard, the accessibility requirement is not met. The claim is denied.

3. Participating Hospital More than 15 Miles Farther From the Location of the Emergency Than the Admitting Nonparticipating Hospital

The accessibility requirement is deemed met.

B. Foreign Nonemergency Claims

The following presumptions are applied to the relative accessibility of the nearest participating U.S. and foreign hospitals.

1. Admitting Foreign Hospital is Closer to the Beneficiary's Residence Than the Nearest Participating U.S. Hospital

The accessibility requirement is met.

2. Admitting Foreign Hospital is Farther From the Beneficiary's Residence Than the Nearest Participating U.S. Hospital

The accessibility requirement is not met unless evidence establishes the practical necessity for the beneficiary's admission. This requirement is met if the use of a closer participating U.S. hospital was impractical, e.g., non-availability of beds, needed equipment or personnel, or transportation not available.

In determining whether a foreign hospital is more accessible than a participating hospital, the MAC does not consider the personal preference of the beneficiary, physician, or others in the selection of a hospital, the type of accommodations available, or the nonavailability of staff privileges to the attending physician.

360.1.1 - Attending Physician's Statement and Documentation of Medicare Emergency

(Rev. 4111, Issued: 08-10-18, Effective: 9-11-18, Implementation: 9-11-18)

Form CMS-1771 - go to *https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-List.html*