Attachment A

Medicare Requirements for Reimbursing Emergency Services

1) The claim must be timely filed, generally within one year of the date of service (42 CFR §424.44);

2) The treating physician must document in the patient record describing the emergency and certify that the care was "inpatient or outpatient hospital services that are necessary to prevent death or serious impairment of health and, because of the danger to life or health, require use of the most accessible hospital available and equipped to furnish those services," (42 CFR 424.101 and 42 CFR 424.103);

3) To demonstrate that services provided were emergency services, MTFs must provide either of the following:

- Complete and submit CMS Form 1771 "Attending Physician's Statement and Documentation of Medicare Emergency"

- A copy of the patient's chart including a minimum of admission history and physical, admission nurse's notes, all physician's orders, progress notes, and discharge summary may be submitted in lieu of CMS Form 1771 if it covers all information requested on the form.

4) The hospital must have been the most accessible (§424.106). CMS determines accessibility based on a number of factors:

- Was the hospital located closer to the site of the emergency than the nearest appropriate Medicare participating hospital?

- Was the hospital deemed most accessible due to the transportation facilities available?

- Was the hospital deemed most accessible due to the quality of the roads?

- Was the hospital deemed most accessible due to lack of beds available at the closest participating hospital?

- Was the hospital deemed most accessible due to extenuating circumstances preventing or prolonging the beneficiary's ability to access the closest participating hospital? Note: Extenuating circumstances does **not** include personal preference, proximity to beneficiary's residence, presence of medical records, etc.

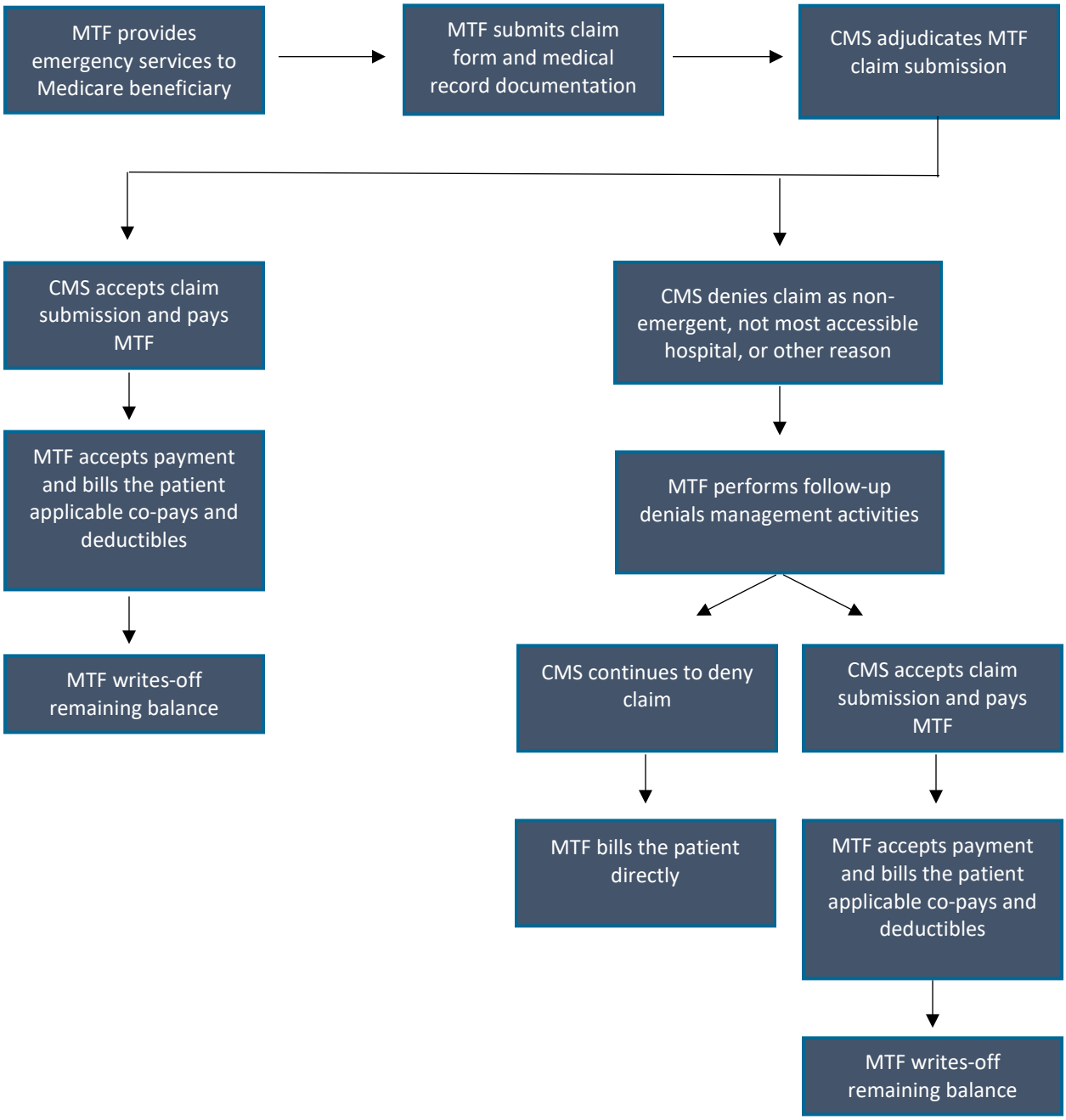
- Was the hospital deemed most accessible based on “clear and convincing evidence” that there was a **medical or practical need** to use the non-participating hospital? Note: Examples of practical needs may be chronic high traffic areas or 911 dispatched beneficiary to non-participating hospital.

5) A hospital may not file an election for the calendar year if it has already charged any beneficiary for covered services furnished in that year (Medicare Claims Processing Manual (IOM 100-04) Chapter 32 – Billing Requirements for Special Services, Section 350.10). By signing an election form the MTF agrees to bill Medicare for all emergency services provided in the calendar year.

Calendar Year 2020 Billing Procedures

The billing procedures described below relate to services provided to Medicare beneficiaries during Calendar Year (CY) 2020.

MTFs Covered by an Election Statement



MTFs Not Covered by an Election Statement