



DEFENSE HEALTH AGENCY
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MEMORANDUM FOR DIRECTOR, NATIONAL CAPITAL REGION MARKET
DIRECTOR, JACKSONVILLE MARKET
DIRECTOR, COASTAL MISSISSIPPI MARKET
DIRECTOR, CENTRAL NORTH CAROLINA MARKET
DIRECT SUPPORT ORGANIZATION, ARMY
DIRECT SUPPORT ORGANIZATION, NAVY
DIRECT SUPPORT ORGANIZATION, AIR FORCE

SUBJECT: Defense Health Agency (DHA) Guidance for Billing Medicare for Emergency Services Provided by Military Treatment Facilities (MTFs)

The Defense Health Agency (DHA) and the Centers for Medicare & Medicaid Services (CMS) have established a working relationship and have collaborated to improve billing practices between the two agencies. DHA, on behalf of their MTFs, has signed up as non-participating providers using the CMS election form.

Under 10 United States Code (USC) 1097b, Military Treatment Facilities (MTFs) may collect from a third-party payer, including individuals¹, which also includes Medicare beneficiaries. When a non-beneficiary is brought into an MTF for emergency evaluation and treatment that care is generally provided under 32 Code of Federal Regulations (CFR) Part 108. Under 32 CFR 108.4(h)², MTFs may treat non-beneficiaries for emergency treatment on a reimbursable basis. Where the emergency patient is a Medicare beneficiary, CMS may make an exception to the general prohibition against paying another federal provider of services under 42 USC. § 1395f(d); 42 CFR. §411.6(b)(1).

CMS prohibits both participating and non-participating providers who treat their beneficiaries from balance billing. Participating providers agree to not balance bill in the CMS-855A, Provider Agreement, while non-participating providers must sign an election form agreeing to not balance bill Medicare beneficiaries to receive payment. DHA has signed up their MTFs as non-participating providers using the CMS election form. By doing so, DHA has agreed to only hold Medicare beneficiaries liable for deductibles and co-insurance pursuant to 42

¹ Under 10 USC 1095(g), the ability to collect from third party payers applies to individuals, because 10 USC 1095(g) includes language stating that the amounts set under 10 USC 1095 apply to "any other payer for health care services."

² (h) Emergency Health Care. The Secretaries of the Military Departments and the USD(P&R) may designate emergency patients as eligible for emergency health care from MTFs in the United States pursuant to arrangements with local health authorities or in other appropriate circumstances. Such care shall be on a reimbursable basis, unless waived by the USD(P&R) or the Secretaries of the Military Departments when they are the approving authority.

CFR 489, Subpart C and that any portion of care to be provided to Medicare beneficiaries that does not meet all of Medicare's requirements will not be reimbursable.

A listing of Medicare requirements for reimbursing emergency care and additional billing procedures can be found on Attachment A. Additionally, please reference Health.mil at <https://health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Uniform-Business-Office/Billing> for a "Frequently Asked Questions" document or send your question to the DHA UBO Helpdesk at ubo.helpdesk@intellectsolutions.com.

Mr. Robert Talcovitz
Acting, Deputy Assistant Director,
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COORDINATION: TAB B

Attachments:

As stated

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