

Related Change Request (CR) #: 3781

MLN Matters Number: MM3781

Related CR Release Date: August 19, 2005

Related CR Transmittal #: 38 and 654

Effective Date: November 17, 2005

Implementation Date: November 17, 2005

Services Not Provided Within the United States

Note: This article was updated on February 4, 2013, to reflect current Web addresses. This article was previously revised on July 9, 2007 to add a reference to related Change Request (CR) 5427. CR5427 (<http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R66BP.pdf>) clarifies that payment may not be made for a medical service (or a portion of it) that was **subcontracted** to another provider or supplier located outside the United States. The related article (MM5427) may be found at <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/MM5427.pdf> on the CMS website.

Provider Types Affected

Physicians and providers billing Medicare carriers and intermediaries

Provider Action Needed



STOP – Impact to You

Physicians, providers, and suppliers should note that this article is based on information contained in Change Request (CR) 3781, which informs Medicare carriers and Fiscal Intermediaries (FIs) to permit payment to be made to a foreign hospital for emergency inpatient services in certain circumstances.

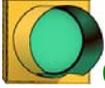


CAUTION – What You Need to Know

CR3781 instructs Medicare carriers and FIs to permit payment to be made to a foreign hospital for emergency inpatient services provided to a beneficiary where 1) the beneficiary was present in the United States at the time the emergency occurred which necessitated the inpatient hospital services, and 2) the hospital outside the U.S. that provided the emergency inpatient services was closer to the place where the emergency arose (or substantially more accessible) than the nearest adequately equipped hospital within the United States.

Disclaimer

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GO – What You Need to Do

Please see the *Background* and *Additional Information* sections of this instruction for further details.

Background

Although the typical exceptions to Medicare’s “foreign exclusion” involve services that are furnished in Canada and Mexico, it is possible for Medicare to make payment to foreign hospitals besides those located in Canada and Mexico.

For example, if an emergency necessitated that inpatient hospital services be furnished to a Medicare beneficiary who is living in Guam and the nearest adequately equipped hospital to treat that beneficiary was located in the Philippines, Medicare payment would not be prohibited under Medicare’s “foreign exclusion” because Medicare payment may be permitted for the services under the Social Security Act (Section 1814(f); 42 U.S.C. 1395f(f)) in such instances.

Therefore, CR3781 directs Medicare carriers and FIs to permit payment to be made to a foreign hospital for emergency inpatient services provided to a beneficiary where:

- The beneficiary was present in the United States at the time the emergency occurred that necessitated the inpatient hospital services; and
- The hospital outside the United States that provided the emergency inpatient services was closer to the place where the emergency arose (or substantially more accessible) than the nearest adequately equipped hospital within the United States.

Definition of “United States”

For purposes of the Social Security Act (Section 1814(f)), the term “United States” means:

- The 50 States;
- The District of Columbia;
- The Commonwealth of Puerto Rico;
- The Virgin Islands;
- Guam;
- American Samoa;
- The Northern Mariana Islands; and
- The territorial waters adjoining the land areas of the United States (for purposes of services rendered on board a ship).

Additional Information

For complete details, please see the official instruction issued to your carrier/intermediary regarding this change. The instructions may be viewed by going to <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R654CP.pdf> and <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R38BP.pdf> on the CMS website.

Note, that there are two transmittals: One with a transmittal number of 38 (Medicare Benefit Policy Manual changes) and the other with a transmittal number of 654 (Medicare Claims Processing Manual changes).

If you have any questions, please contact your carrier/intermediary at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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