



Do you have your NPI? National Provider Identifiers (NPIs) will be required on claims sent on or after May 23, 2007. Every health care provider needs to get an NPI. Learn more about the NPI and how to apply for an NPI by visiting <http://www.cms.gov/NationalProvIdentStand/> on the CMS website.

MLN Matters Number: MM5427 **Revised**

Related Change Request (CR) #: 5427

Related CR Release Date: February 23, 2007

Effective Date: November 13, 2006

Related CR Transmittal #: R66BP

Implementation Date: April 2, 2007

**Note:** This article was updated on August 24, 2012, to reflect current Web addresses. All other information is the same.

## Services Not Provided Within United States

### Provider Types Affected

Physicians, suppliers and providers who submit claims to Medicare carriers, fiscal intermediaries (FIs) and A/B Medicare Administrative Contractors (A/B MACs)

### Key Points

CR5427 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.

**Take Note:** 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. **For example**, if a radiologist who practices in India analyzes imaging tests that were performed on a beneficiary in the United States, Medicare would not pay the radiologist or the U.S. facility that performed the imaging test for any of the services that were performed by the radiologist in India.

#### Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2007 American Medical Association.

## Background

---

This article and related Change Request (CR) 5427 outlines the limited items and services that are reimbursable by Medicare outside the United States according to Section 1862(a)(4) of the Social Security Act.

The law specifies the following **exceptions** to the “foreign” exclusion:

Inpatient hospital services for treatment of an emergency in a foreign hospital that is closer to, or more accessible from, the place the emergency arose than the nearest U.S. hospital that is adequately equipped and available to deal with the emergency, provided either of the following conditions exist:

- emergency arose within the U.S.; or
- emergency arose in Canada while the individual was traveling, by the most direct route and without unreasonable delay between Alaska and another State

Inpatient hospital services at a foreign hospital that is closer to, or more accessible from, the individual's residence within the U.S. than the nearest U.S. hospital that is adequately equipped and available to treat the individual's condition, whether or not an emergency exists.

Physician and ambulance services in connection with, and during, a foreign inpatient hospital stay that is covered in accordance with either of the above.

## Additional Information

---

CR5427 is the official instruction issued to your Medicare carrier, FI or A/B MAC. That instruction may be viewed by going to <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R66BP.pdf> on the CMS website.

If you have questions, please contact your Medicare carrier, FI or A/B MAC, 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.

**NOTE:** The previously published CR3781 <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM3781.pdf> also provides information and instructions about services not provided within the United States by defining “United States” for the purposes of the Social Security Act (Section 1814 (f) along with the parameters of this Medicare rule. MS website.”

### Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2007 American Medical Association.