

COVID-19 FAQ

20. One of our nursing homes is planning ahead in case there is a need for transferring residents out of the SNF to create a COVID-19 facility and a non-COVID-19 facility. If we transport a patient from one SNF to another would this be billable to Medicare?

Date Added: 04/18/20

Answer: To be a Medicare-covered service, the ambulance transport must be both “medically necessary” (the patient requires ambulance for the transport) and “reasonable and necessary” (the patient needs to be moved from the origin point in the first place). Crew documentation should be strong enough to support both criteria. When transporting SNF patients, when the documentation supports the transport is both medically necessary and reasonable and necessary, then you must also determine the proper payer for the transport.

For Medicare patients, whether the patient is in their SNF Part A stay becomes an important factor in determining whether the ambulance transport is billable to the origin SNF or the Medicare Program. According to the Medicare Claims Processing Manual (100-04), Chapter 15 (Ambulance), Section 30.2.2 (available [here](#)), when the patient is not in the SNF PPS Part A Stay, an ambulance transport from one SNF to another SNF can be billed by the ambulance service to Medicare Part B. Of course, in so doing, all Medicare coverage criteria (medical necessity, reasonableness, signature requirements, PCS, etc.) must be met. However, when the patient is in the SNF PPS/CB Part A stay, a discharge from one SNF with an readmission to the same or another SNF before midnight of the same day is not separately payable by Medicare Part B. Such a transport is billable to the origin SNF, as explained in the Medicare Claims Processing Manual (100-04) Chapter 6, §10.1. Even though the transport might be billed to the SNF, a PCS should still be obtained.

Medicare Claims Processing Manual (100-04) Chapter 6 (SNF), Section 20.3.1 (available [here](#)) describes these same parameters. This SNF guidance explains one concept in slightly more detail. If the patient is in a Part A stay at the SNF, but the transport is not reasonable and necessary (i.e., there is no medical reason for the patient to be transferred to another SNF, making the transport not reasonable and necessary (such as in a patient preference), then the transport is not billable to the origin SNF. As above, since the patient is in the Part A stay, it is also not payable under Medicare Part B. Such a transport would be billable to the patient. In the case of patient transfers to create a COVID-19 facility and a non-COVID-19 facility, there appears to be a medical need, and not a patient preference. Therefore, this concern about “reasonable and necessary” is not applicable. These concepts are also described in Medlearn Matters Article SE0433 which can be found [here](#).