Intra and Inter Hospital Facility Transfers

Policy Number:	M20230626036
Effective Date:	8/1/2023
Sponsoring Department:	Health Care Services
Impacted Department(s):	Health Care Services

Type of Policy: ☐ Internal ☒ External

Data Classification: ☐Confidential ☐Restricted ☒Public

Applies to (Line of Business):

☐ Corporate (All)
☒ State Products, if yes which plan(s): ☒MediSource; ☒MediSource Connect; ☒Child Health Plus; ☒Essential Plan
☒ Medicare, if yes, which plan(s): ☒MAPD; ☐PDP; ☒ISNP; ☒CSNP
☒ Commercial, if yes, which type: ☒Large Group; ☒Small Group; ☒Individual
☒ Self-Funded Services *(Refer to specific Summary Plan Descriptions (SPDs) to determine any pre-authorization or pre-certification requirements and coverage limitations. In the event of any conflict between this policy and the SPD of a Self-Funded Plan, the SPD shall supersede the policy.)*

Excluded Products within the Selected Lines of Business (LOB)

N/A

Applicable to Vendors? Yes ☐ No☒

Purpose and Applicability:

To set forth the medical necessity criteria for **interfacility transfers**.

Policy:

Background

The transfer of an inpatient individual to the nearest participating facility with additional medically necessary services is appropriate when the individual requires care not available at the original facility. Circumstances in which an individual's care needs cannot be met in their current facility should meet medical necessity criteria. Admission and subsequent care in the receiving facility is not medically necessary when the needed care is available in the originating facility.

Commercial, Self-Funded, Medicare Advantage, MediSource, MediSource Connect, Child Health Plus and Essential Plan: cover interfacility transfers utilizing the criteria below.
For State products, consideration must be made to transfer a member to a facility within New York State prior to considering a provider outside New York State.

Transfer orders and medical documentation establishing medical necessity from the originating facility and the accepting facility are required to be reflected in the medical record.

Pre-transfer authorization is required by the originating facility for non-emergent transfers. Failure to obtain such authorization by the facility/provider may lead to sanctions.

Preauthorization is not required for emergent transfers. However, all perceived emergency transfers will undergo retrospective review for appropriateness and clinical criteria review. Failed review may lead to sanctions.

Likewise, consideration must be made to attempt to transfer members to Independent Health participating providers before seeking to transfer to a non-participating provider. Failure to do so may lead to sanctions.

Clinical Indications

For Commercial, Self-Funded and State product members, transfers between acute facility to another acute facility Intra system (same hospital system) or Inter facility (between unaffiliated facilities) are considered medically necessary to the nearest facility with the appropriate medically necessary services when **1 or more** of the following criteria are met:

- The individual requires a medically necessary diagnostic or therapeutic service (for example, organ transplantation) which is not available at the originating facility
- The individual requires a level of care (for example, neonatal care unit or level 1 trauma center) which is not available at the originating facility
- The individual requires the services of a specialist to evaluate, diagnose or treat their condition when that specialist is not available in a timely manner at the originating facility (Note: Timeliness of care is a case/individual specific attribute. It may be appropriate for a medically stable individual to await availability of a specialist for several days while a medically unstable individual may require care more quickly)
- The individual has received care at a specific prior institution for a condition not normally managed at the originating facility (for example, organ transplant recipient) and return to that prior institution is needed to diagnose, manage, or treat a complication or other acute issue
- Interfacility transfer to allow a parent who gave birth to remain with neonate is considered medically necessary when neonate transfer meets the medically necessary criteria listed above and the parent who gave birth requires continued hospitalization due to birth complications or other medically necessary conditions

For Medicare Advantage members, a patient transported from one hospital to another hospital is only covered for **1 or more** of the following:

- If the hospital to which the patient is transferred is the nearest one with appropriate facilities

NOT COVERED for **ANY** of the following:

- For Commercial, Self-Funded and State product members, interfacility transfers between an originating facility and a receiving facility are considered not medically necessary when the transfer is primarily for the convenience of the individual, the individual's family, the physician, or the originating facility
- For Commercial, Self-Funded and State product members, admission and subsequent care at the receiving facility is considered not medically necessary when the transfer is primarily for the convenience of the individual, the individual's family, the physician, or the originating facility
- For Medicare Advantage members, coverage is not available for transport from a hospital capable of treating the patient because the patient and/or the patient's family prefer a specific hospital or physician

Pre-Authorization Required? Yes ☒ No ☐

Transfer orders and medical documentation establishing medical necessity from the originating facility and the accepting facility are required to be reflected in the medical record.

Pre-transfer authorization is required by the originating facility for non-emergent transfers. Failure to obtain such authorization by the facility/provider may lead to sanctions.

Preauthorization is not required for emergent transfers. However, all perceived emergency transfers will undergo retrospective review for appropriateness and clinical criteria review. Failed review may lead to sanctions.

Likewise, consideration must be made to attempt to transfer members to Independent Health participating providers before seeking to transfer to a non-participating provider. Failure to do so may lead to sanctions.

For State products, consideration must be made to transfer a member to a facility within New York State prior to considering a provider outside New York State.

Definitions

Interfacility transfer of a registered inpatient involves the transfer of a registered hospital inpatient to another acute care facility, to obtain medically necessary, specialized diagnostic or therapeutic services.

Intrafacility transfer of a registered inpatient involves the transfer of a registered hospital inpatient to another acute care facility within the same affiliated hospital system, to obtain medically necessary, specialized diagnostic or therapeutic services.

References

Related Policies, Processes and Other Documents
Out of Network Requests for Authorization M850101075
Provider Financial Sanction Policy M20160226008

Non-Regulatory references
American College of Emergency Physicians. Appropriate interhospital patient transfer.. Annals of Emergency Medicine Volume 79, No 6. June 2022.

Hernandez-Boussard T, Davies S, McDonald K, et al. Interhospital Facility Transfers in the United States: A Nationwide Outcomes Study. J Patient Saf. 2017 Dec;13(4):187-191.

Mueller S, Zheng J, Orav EJ, et al. Inter-hospital transfer and patient outcomes: a retrospective cohort study. BMJ Qual Saf. 2019 Nov;28(11):e1.

Mueller SK, Zheng J, Orav EJ, et al. Rates, Predictors and Variability of Interhospital Transfers: A National Evaluation. J Hosp Med. 2017 Jun;12(6):435-442.

Regulatory References
Centers for Medicare and Medicaid (CMS) [web site]. Medicare Benefit Policy Manual Chapter 10 - Ambulance Services. (Rev. 13169, 04-17-25) Section 10.4.4 Hospital to Hospital Transport. Available at: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c10.pdf Accessed on July 1, 2026.

This policy contains medical necessity criteria that apply for this service. Please note that payment for covered services is subject to eligibility criteria, contract exclusions and the limitations noted in the member's contract at the time the services are rendered.

Version Control

Signature / Approval on File? Yes ☒ No☐

Revision Date	Owner	Notes
9/1/2026	Health Care Services	Reviewed
10/1/2025	Health Care Services	Revised- Formatting only
10/1/2024	Health Care Services	Reviewed
10/1/2023	Health Care Services	Revised
9/1/2023	Health Care Services	Revised