MEDICAL POLICY

POLICY TITLE	**INPATIENT INTERFACILITY TRANSFERS**
POLICY NUMBER	**MP 3.019**

CLINICAL BENEFIT	☐ **MINIMIZE SAFETY RISK OR CONCERN.** ☐ **MINIMIZE HARMFUL OR INEFFECTIVE INTERVENTIONS.** ☒ **ASSURE APPROPRIATE LEVEL OF CARE.** ☐ **ASSURE APPROPRIATE DURATION OF SERVICE FOR INTERVENTIONS.** ☐ **ASSURE THAT RECOMMENDED MEDICAL PREREQUISITES HAVE BEEN MET.** ☒ **ASSURE APPROPRIATE SITE OF TREATMENT OR SERVICE.**
Effective date:	**8/1/2026**

POLICY

Interfacility transfers may be considered **medically necessary** when one 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; **OR**
- 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; **OR**
- 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 sooner); **OR**
- The individual has received care at a 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 transfers between an originating facility and a receiving facility are considered **not medically necessary** when:

- The criteria above have not been met; **OR**
- The transfer is primarily for the convenience of the individual, the individual's family, the physician or the originating facility.

Cross-References:
MP 3.009 Non-Emergent Ground Transport Services
MP 3.017 Air and Water Ambulance Services

PRODUCT VARIATIONS

This policy is only applicable to certain programs and products administered by Capital Blue Cross and subject to benefit variations. Please see additional information below.

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FEP PPO - Refer to FEP medical policy manual. The FEP medical policy manual can be found at: fepblue.org/benefit-plans/medical-policies-and-utilization-management-guidelines/medical-policies.

DESCRIPTION/BACKGROUND

Interfacility transfers involve the transfer of a registered inpatient from one acute care facility to another acute care facility.

RATIONALE

The Centers for Medicare & Medicaid Services (CMS) defines acute care transfer as the discharge of an inpatient individual from one hospital and re-admittance of that individual to another hospital, when the readmission is related to the initial discharge. Each year, approximately 1.6 million individuals go through an interfacility transfer, which is approximately 3.5% of all inpatient admissions. As regionalization of specialty care, such as pediatric care, has risen, fewer hospitals are able to provide inpatient care to children. This has led to an increase in interfacility transfers.

The transfer of an inpatient individual to a receiving acute facility with additional appropriate services is appropriate when the individual requires care not available at this original facility. However, the evidence does not support that transfer back to the original facility is more clinically appropriate than remaining at the receiving facility when the receiving facility provides all services and care which an individual requires.

DEFINITIONS/BACKGROUND

ORIGINATING FACILITY: The facility at which an individual has been admitted for care and from which transfer is proposed.

RECEIVING FACILITY: The facility to which transfer is proposed.

DISCLAIMER

Capital Blue Cross' medical policies are used to determine coverage for specific medical technologies, procedures, equipment, and services. These medical policies do not constitute medical advice and are subject to change as permitted by law or applicable clinical evidence from independent treatment guidelines. Treating providers are solely responsible for medical advice and treatment of members. These polices are not a guarantee of coverage or payment. Payment of claims is subject to a determination regarding the member's benefit program and eligibility on the date of service, and a determination that the services are medically necessary and appropriate. Final processing of a claim is based upon the terms of contract that applies to the members' benefit program, including benefit limitations and exclusions. If a provider or a member has a question concerning this medical policy, please contact Capital Blue Cross' Provider Services or Member Services.

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CODING INFORMATION

Note: This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

- ***Specific procedure coding does not apply to this policy***

REFERENCES

1. *Hernandez-Boussard T, Davies S, McDonald K, Wang NE. Interhospital facility transfers in the United States: a nationwide outcomes study. J Patient Saf. 2017; 13(4):187-191*
2. *Mueller S, Zheng J, Orav EJ, Schnipper JL. Inter-hospital transfer and patient outcomes: a retrospective cohort study. BMJ Qual Saf. 2019; 28(11):e1*
3. *Altieri Dunn SC, et al. SafeNET: Initial development and validation of a real-time tool for predicting mortality risk at the time of hospital transfer to a higher level of care. PLoS One. 2021 Feb 8; 16(2):e0246669*
4. *American College of Emergency Physicians. Appropriate interhospital patient transfer. Approved January 2022*

POLICY HISTORY

MP 3.019	**06/02/2025 New Policy**
	10/10/2025 Administrative Update. Removed Benefit Variations Section and updated Disclaimer.
	04/16/2026 Consensus Review. No change to policy statement.