MEDICAL POLICY STATEMENT
Ohio MyCare

Policy Name & Number	Date Effective
Non-Emergency Facility to Facility Transfers-OH MYCARE-MM-1489	05/01/2024
Policy Type	
MEDICAL	

III. Requests for transfers that require a prior authorization must meet the following criteria:
   A. Member must be medically stable for transfer AND
      a. Member requires transfer to a level of care which is not available at the originating facility.
      b. Member requires transfer for a medically necessary diagnostic or therapeutic service which is not available at the originating facility.
      c. Member requires transfer for services of a specialist to evaluate, diagnose, or treat their condition when that specialist is not available at the originating facility.
      d. Member requires transfer because member has received care at a specific prior institution for a condition not normally managed at the originating facility and return to that prior institution is needed to diagnose, manage, or treat a complication or other acute issue.
      e. Member requires transfer to improve the health and welfare of the member (ie, parental bonding).
      f. Transfer to allow a parent who gave birth to remain with the neonate is considered medically necessary when the 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.

IV. The following non-emergency transfers do not require a prior authorization:
   A. Inter-facility transfers within the same healthcare system.
   B. Intra-facility transfers within the same facility.

V. Non-emergency (elective) transfers are not a covered service for the following:
   A. The criteria above have not been met.
   B. The transfer is for the convenience of the member, physician, or the originating facility.

E. Conditions of Coverage

NA

F. Related Policies/Rules

NA

G. Review/Revision History

	DATE