

§482.2 Provision of Emergency Services by Nonparticipating Hospitals

(a) The services of an institution that does not have an agreement to participate in the Medicare program may, nevertheless, be reimbursed under the program if--

- (1) The services are emergency services; and**
- (2) The institution meets the requirements of section 1861(e)(1) through (5) and (7) of the Act. Rules applicable to emergency services furnished by non-participating hospitals are set forth in subpart G of part 424 of this chapter.**

(b) Section 440.170(e) of this chapter defines emergency hospital services for purposes of Medicaid reimbursement.

Interpretive Guidelines §482.2

The statutory requirements that a hospital must meet are:

- The hospital is primarily engaged in providing, by or under the supervision of

MD/DOs, to inpatients, diagnostic services and therapeutic services for medical diagnosis, treatment, and care of injured, disabled or sick persons, or rehabilitation services for the injured, disabled, or sick persons;

- The hospital maintains clinical records on all patients;
- The hospital has medical staff bylaws;
- The hospital has a requirement that every Medicare patient must be under the care of an MD/DO;
- The hospital provides 24-hour nursing services rendered or supervised by a registered professional nurse and has a licensed, practical, or registered professional nurse on duty at all times; and
- The hospital is licensed or is approved as meeting the standards for licensing, as a hospital as defined by the State.