

		Reimbursement Policy
Subject: Preadmission Services for Inpatient Stays		
Effective Date: 04/06/18	Committee Approval Obtained: 06/24/20	Section: Facilities
<p>*****The most current version of our reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to https://providers.healthybluella.com.*****</p> <p>These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement by Healthy Blue if the service is covered by a member's Healthy Louisiana benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with CPT® codes, HCPCS codes and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to both participating and nonparticipating providers and facilities.</p> <p>If appropriate coding/billing guidelines or current reimbursement policies are not followed, Healthy Blue may:</p> <ul style="list-style-type: none"> • Reject or deny the claim. • Recover and/or recoup claim payment. <p>Healthy Blue reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Healthy Blue strives to minimize these variations.</p> <p>Healthy Blue reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to this site.</p>		
Policy	Healthy Blue allows reimbursement for applicable services for a covered member prior to admission to an inpatient hospital (referred to as the payment window) unless provider, state, federal or CMS contracts and/or requirements indicate otherwise based on guidance as follows: <ul style="list-style-type: none"> • For the following hospitals, preadmission services, excluding outpatient therapy, are included in the inpatient reimbursement when performed within 24 hours prior to and including the day of the member's admission; therefore, they are not separately reimbursable expenses. Additionally, preadmission services are included in the inpatient reimbursement 24 hours 	

	<p>following discharge, including outpatient services unrelated to the inpatient stay:</p> <ul style="list-style-type: none"> ○ Admitting hospitals ○ Psychiatric hospitals and units ○ Inpatient rehabilitation facilities and units ○ Long-term care hospitals ○ Children’s hospitals ○ Cancer hospitals <p>Note: This includes any entity wholly owned or wholly operated by the admitting hospital or by another entity under arrangements with the admitting hospital.</p> <ul style="list-style-type: none"> ● For critical access hospitals, preadmission services are not subject to the one-day payment window and, therefore, are separately reimbursable expenses from the inpatient stay reimbursement. ● The one-day payment window does not apply to preadmission services included in the rural health clinic or federally qualified health center all-inclusive rate. <p>Preadmission services Preadmission services are included in the inpatient reimbursement, and consist of all diagnostic outpatient services and admission-related outpatient nondiagnostic services. Providers do not need to append Modifier PD to diagnostic and nondiagnostic services that are subject to the preadmission payment window.</p> <p>Outside payment window Healthy Blue does not consider the following services to be included in the payment window prior to an inpatient stay for preadmission services:</p> <ul style="list-style-type: none"> ● Ambulance services ● Maintenance renal dialysis services ● Services provided by: <ul style="list-style-type: none"> ○ Skilled nursing facilities ○ Home health agencies ○ Hospices <p>Note: These services may be considered for separate outpatient reimbursement.</p>
<p>History</p>	<ul style="list-style-type: none"> ● Biennial review approved 06/24/20 ● Biennial review approved and effective 04/06/18: Nonreimbursable section renamed to Outside Payment Window; preadmission payment window services updated; payment window section reorganized ● Effective 09/01/17: Policy template updated ● Biennial review approved 02/11/16: Removed “applicable” for language simplification; Definitions section updated ● Review approved and effective 08/18/14: Language simplified for diagnostic and nondiagnostic services and condition code 51 added; Definitions updated ● Biennial review approved and effective 07/29/13: Policy template updated

	<ul style="list-style-type: none"> • Review approved 03/12/12 and effective 07/11/12: Policy template updated • Biennial review approved 12/05/11: Policy template updated • Review approved 08/30/10: Policy template updated • Review approved and effective 04/10/09: Policy change to adopt CMS guidelines versus seven-day payment window; medical examples of diagnostic and nondiagnostic services removed; Policy template updated • Initial approval 05/31/07 and effective 09/28/07
References and Research Materials	<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> • CMS • State Medicaid • State contracts
Definitions	<ul style="list-style-type: none"> • Admission-Related Outpatient Nondiagnostic Services: services that are furnished in connection with the principal diagnosis assigned to the inpatient admission • Modifier PD: indicates that the service is related to the inpatient admission • General Reimbursement Policy Definitions
Related Policies	<ul style="list-style-type: none"> • Modifier Usage • Transportation Services: Ambulance and Nonemergent Transport
Related Materials	<ul style="list-style-type: none"> • None