	Reimbursement Policy

Subject: Preadmission Services for Inpatient Stays

Effective Date:	Committee Approval Obtained:	Section:
01/01/20	**06/24/20**	**Facilities**

***** 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 **www.anthem.com/medicareprovider**.****

These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by a member's AMH Health, LLC 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 participating providers and facilities; a noncontracting provider who accepts Medicare assignment will be reimbursed for services according to the original Medicare reimbursement rates.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, AMH Health may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

AMH Health 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 These policies may be superseded by mandates in provider, state, federal, or CMS contracts and/or requirements.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 set up may prevent the loading of policies into the claims platforms in the same manner as described; however, AMH Health strives to minimize these variations.

AMH Health reserves the right to review and revise its policies periodically when necessary. When there is an update, we will publish the most current policy to the website.

Policy	AMH Health 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 CMS guidance as follows: • For admitting hospitals, preadmission services are included in the inpatient reimbursement for the three days prior to and including the day of the member's admission, and therefore are not separately reimbursable expenses. **Note**: This includes any entity wholly owned or wholly operated by the admitting hospital or by another entity under arrangements with the admitting hospital. • For the following other hospitals and units, preadmission services are included in the inpatient reimbursement within one day prior to and including

	the day of the member's admission and, therefore, are not separately reimbursable expenses: o Psychiatric hospitals and units o Inpatient rehabilitation facilities and units o Long-term care hospitals o Children's hospitals o Cancer hospitals • For critical access hospitals, preadmission services are not subject to either the three-day or one-day payment window and, therefore, are separately reimbursable expenses from the inpatient stay reimbursement. • The three-day or one-day payment window does not apply to preadmission services included in the rural health clinic or federally qualified health center all-inclusive rate. **Preadmission services** Preadmission services are included in the inpatient reimbursement, and consist of all diagnostic outpatient services and admission-related outpatient nondiagnostic services. A hospital may attest to specific nondiagnostic services as being unrelated by adding a condition code 51 to the outpatient nondiagnostic service to be billed separately. Providers should append Modifier PD to diagnostic and nondiagnostic services that are subject to the preadmission payment window. **Outside payment window** AMH Health does not consider the following services to be included in the payment window prior to an inpatient stay for preadmission services: • Ambulance services • Maintenance renal dialysis services • Services provided by: o Skilled nursing facilities o Home health agencies o Hospices • Unrelated diagnostic services and nondiagnostic services (for example, not directly related to the inpatient stay) **Note**: These services may be considered for separate outpatient reimbursement.
History	• Biennial review approved **06/24/20** • Initial review approved and effective **01/01/20**
References and Research Materials	This policy has been developed through consideration of the following: • CMS • State contract
Definitions	• **Admission-Related Outpatient Nondiagnostic Services**: services that are furnished in connection with the principal diagnosis assigned to the inpatient admission • **Condition Code 51**: denotes attestation of unrelated outpatient nondiagnostic services • **Modifier PD**: indicates that the service is related to the inpatient admission

	• **General Reimbursement Policy Definitions**
Related Policies	• Modifier Usage • Transportation Services: Ambulance and Nonemergent Transport
Related Materials	• None