



		<b>Reimbursement Policy</b>
<b>Subject: Preadmission Services for Inpatient Stays</b>		
Effective Date: <b>04/06/18</b>	Committee Approval Obtained: <b>06/24/20</b>	Section: <b>Facilities</b>
<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 <a href="https://providers.amerigroup.com/TX">https://providers.amerigroup.com/TX</a>.*****</p> <p>These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement if the service is covered by a member’s Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) benefits. 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, Amerigroup STAR+PLUS MMP may:</p> <ul style="list-style-type: none"> <li>• Reject or deny the claim.</li> <li>• Recover and/or recoup claim payment.</li> </ul> <p>Amerigroup STAR+PLUS MMP reimbursement policies for Amerigroup STAR+PLUS MMP 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 These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements.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, Amerigroup STAR+PLUS MMP strives to minimize these variations.</p> <p>Amerigroup STAR+PLUS MMP 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>		
<b>Policy</b>	<p>Amerigroup STAR+PLUS MMP 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:</p> <ul style="list-style-type: none"> <li>• For admitting hospitals, preadmission services are included in the inpatient reimbursement for the three days prior to and including the</li> </ul>	

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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:
  - Psychiatric hospitals and units
  - Inpatient rehabilitation facilities and units
  - Long-term care hospitals
  - Children's hospitals
  - Cancer hospitals
- For critical access hospitals, preadmission services are not subject to either the three-day or the 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 (e.g., therapeutic) 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**

Amerigroup STAR+PLUS MMP 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:
  - Skilled nursing facilities
  - Home health agencies

	<ul style="list-style-type: none"> <li>○ Hospices</li> <li>● Unrelated nondiagnostic services</li> </ul> <p><b>Note:</b> These services may be considered for separate outpatient reimbursement.</p>
<b>Exemptions</b>	<ul style="list-style-type: none"> <li>● Amerigroup Texas, Inc. and Amerigroup Insurance Company, in compliance with the Texas Medicaid &amp; Healthcare Partnership: <ul style="list-style-type: none"> <li>○ Applies a one-day payment window to non-DRG admitting hospitals.</li> </ul> <p><b>Note:</b> A second day is included in the preadmission services if two days of observation services are provided before the inpatient admission.</p> <li>○ Can use modifier U4 to appeal unrelated services that are denied as part of the inpatient admission in accordance with the Texas Medicaid &amp; Healthcare Partnership.</li> </li></ul> <p>Note: Claims that are submitted with Modifier U4 or condition code 51 will be subject to retrospective review and may be recouped if there is not sufficient documentation to indicate the service was unrelated to the inpatient admission.</p>
<b>History</b>	<ul style="list-style-type: none"> <li>● Biennial review approved <b>06/24/20</b></li> <li>● Biennial review approved and effective <b>04/06/18</b>: Nonreimbursable section renamed to Outside Payment Window; Texas Medicaid exemption updated</li> <li>● Initial approval <b>04/03/17</b> and effective <b>10/01/17</b></li> </ul>
<b>References and Research Materials</b>	<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> <li>● CMS</li> <li>● Texas Health and Human Services Commission (HHSC)</li> <li>● Amerigroup STAR+PLUS MMP contract with HHSC</li> </ul>
<b>Definitions</b>	<ul style="list-style-type: none"> <li>● <b>Admission-Related Outpatient Nondiagnostic Services:</b> services that are furnished in connection with the principal diagnosis assigned to the inpatient admission</li> <li>● <b>Condition Code 51:</b> denotes attestation of Unrelated Outpatient Nondiagnostic Services</li> <li>● <b>Modifier PD:</b> indicates that the service is related to the inpatient admission</li> <li>● <b>General Reimbursement Policy Definitions</b></li> </ul>
<b>Related Policies</b>	<ul style="list-style-type: none"> <li>● Modifier Usage</li> <li>● Transportation Services: Ambulance and Nonemergent Transport</li> </ul>
<b>Related Materials</b>	<ul style="list-style-type: none"> <li>● None</li> </ul>