

PURPOSE

The purpose of this payment policy is to describe how Minuteman Health Inc.'s (MHI) reimburses for Inpatient Hospital Services.

APPLICABLE PLANS

- ✓ MHI MA Plans
- ✓ MHI NH Plans

DEFINITIONS

Inpatient hospital services are those services furnished by a hospital providing a patient with room, board and continuous nursing care. A patient is formally admitted by a physician or other qualified practitioner eligible to admit.

REQUIREMENTS

- A. See the MHI Provider Manual for Notification and Submission of Clinical Information Requirements.
- B. MHI reimburses for medically necessary inpatient stays when acute care services are provided and acute inpatient level of care criteria is met. This policy applies to facilities only and does not apply to professional charges.
 - Inpatient stays are reimbursed according to the facility contract.
 - Physician services are excluded.
 - If an observation stay immediately precedes an inpatient admission, only the inpatient rate will be paid.
 - If an inpatient stay immediately follows a Same Day Surgery (SDS)/outpatient surgical procedure, only the inpatient admission will be paid.
 - If an inpatient admission immediately follows an emergency room visit, only the inpatient admission will be paid.
 - If an inpatient psychiatric admission immediately follows an emergency room visit or observation stay, only the psychiatric admission will be paid.
- C. Instructions for submitting claims can be found in the MHI Provider Manual.
- D. Inpatient Reimbursement is inclusive of all services supplied by the facility including

but not limited to:

- Ancillary Services
 - Anesthesia
 - Appliances and equipment
 - Bedside equipment
 - Diagnostic services
 - Medication and supplies
 - Nursing Care and services
 - Radiology and imaging
 - Recovery room services
 - Semi-private room (or private room if medically necessary)
 - Surgical procedures
 - Therapeutic items (drugs and biological)
- E. Room and Board fees include bedside nursing services. These services include but are not limited to:
- Blood administration
 - Vaccine administration
 - Dressing Applications
 - Therapies
 - Glucometry testing
 - Catheterizations
 - Tube feedings and irrigations
 - Equipment monitoring services
- F. MHI will not pay for services covered under the inpatient payment that are performed at another facility during the inpatient stay. Services provided to an inpatient member should be billed to the admitting hospital unless prior authorized by MHI.
- G. MHI will reimburse only the hospice agency for hospice related care. The hospice is responsible to reimburse to the facility.
- H. Non-covered services
- Charges for personal services
 - Custodial care
 - Blood and blood products
 - Charges for any care that is not a covered service
 - Experimental, investigational or cosmetic services
 - Serious Reportable Events – Refer to MHI’s Serious Reportable Events Policy

I. Readmission– Refer to MHI’s Readmission to Inpatient Level of Care Policy.

J. Pharmaceutical Waste – Refer to MHI’s Pharmaceutical Waste Policy.

AUTHORIZATION REQUIREMENTS

- Some Inpatient admissions require prior authorization. Refer to the MHI Provider Manual.
- All inpatient admissions are reviewed and authorized using clinical criteria (InterQual, CMS or other MHI approved guidelines)
- If criteria is not met for an inpatient admission, an alternate level of care can be applied when MHI, the attending physician, and admitting facility are in agreement.

ATTACHMENTS

Not applicable.

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

Providers are responsible for submission of accurate claims. All EDI claims must be submitted in accordance with HIPAA 5010 Standards and Paper claims must be submitted on either CMS1500 or CMS1450 (UB04) claim forms. MHI’s reimbursement policy includes the use of Current Procedural Terminology (CPT®¹), guidelines from the Centers for Medicare and Medicaid Services (CMS), and other coding guidelines. Providers will be reimbursed based on the codes(s) that correctly describe the health care services provided.

MHI may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to MHI enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to, legislative mandates, the type of provider agreement and the terms of that agreement, the MHI Provider Manual, and/or the enrollee’s benefit coverage documents.

MHI reserves the right to audit any provider and/or facility to ensure compliance with the guidelines stated in this payment policy in accordance with our provider review policy.

MHI reserves the right to modify this Payment Policy in its sole discretion.

¹ CPT® is a registered trademark of the American Medical Association.

RESOURCES

American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services

MHI Provider Manual

SUMMARY OF CHANGES

04/27/2017: Updated review date

REVIEW DATES

Updated 11/1/2015, 11/1/2016, 04/27/2017