



PROVIDER BULLETIN
#04-2013

TO: Participating hospitals in Pennsylvania and Delaware

FROM: Christopher E. McTiernan
Vice President, Provider Contracting and Reimbursement

DATE: May 1, 2013

SUBJECT: Outpatient services included in reimbursement for inpatient admissions and outpatient surgeries

I am writing to provide you with an updated and revised listing of the services included in the reimbursement for inpatient admissions and outpatient surgery that will become effective June 1, 2013.

These services are listed on the enclosed document. Please note that we will continue our review of claim payments to ensure proper reimbursement of these services.

If you have any questions about this bulletin, please contact your Network Coordinator.

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We encourage you to share this information with appropriate members of your staff.



Outpatient services included in the reimbursement for IP admissions and OP surgery

	Inpatient (IP) admission	Outpatient (OP) surgery
During	The AmeriHealth hospital IP reimbursement includes payment for all services provided (1) during the IP stay, (2) on the day of the admission, and (3) on the day of discharge. There is no additional payment for services billed on an OP basis. Charges for OP services rendered to the member during the IP stay, on the day of the admission, and on the day of the discharge must be reported on the IP claim. If a hospital submits a separate claim for OP services that were, or should have been, reported on the member's IP claim, the OP claim is subject to retrospective review through a provider audit.	Not applicable
Prior to	OP procedures, such as preadmission diagnostic services and other services related to the IP admission or OP surgery, can be before the date of the IP admission or OP surgery, but they are not separately reimbursable. Charges for OP services not related to the IP admission or OP surgery may be billed separately.	
Preoperative examinations	Services billed with a diagnosis code for preoperative examinations are not separately reimbursable.	
Preadmission diagnostic services	<p>The AmeriHealth reimbursement includes payment for preadmission diagnostic services, and charges for preadmission diagnostic services must be included on the claim. Diagnostic services provided to a member within three days prior to and including the date of the member's IP admission or OP surgery are included in the payment. For example, if a member is admitted (or has OP surgery) on a Wednesday, OP services provided by the hospital on Sunday, Monday, Tuesday, or Wednesday are included in the reimbursement.</p> <p style="text-align: center;">Diagnostic services* include the following revenue/procedure codes:</p> <ul style="list-style-type: none"> • 0254: Drugs incident to other diagnostic services • 0255: Drugs incident to radiology • 030X: Laboratory • 031X: Laboratory pathological • 032X: Radiology diagnostic • 0341, 0343: Nuclear medicine, diagnostic/diagnostic radiopharmaceutical • 035X: Computed tomography (CT) scan • 0371: Anesthesia incident to radiology • 0372: Anesthesia incident to other diagnostic services • 040X: Other imaging services • 046X: Pulmonary function • 0471: Audiology diagnostic • 0482: Cardiology, stress test • 0483: Cardiology, echocardiology • 053X: Osteopathic services • 061X: Magnetic resonance technology (MRT) • 062X: Medical/surgical supplies, incident to radiology or other diagnostic services • 073X: Electrocardiogram (EKG/ECG) • 074X: Electroencephalogram (EEG) • 0918: Testing, behavioral health • 092X: Other diagnostic services <p><i>*The list of diagnostic services may be revised periodically to reflect current revenue codes and/or procedure codes.</i></p>	



**Outpatient services included in the reimbursement
for IP admissions and OP surgery**

	Inpatient (IP) admission	Outpatient (OP) surgery
Other preadmission services	Non-diagnostic OP services that are related to a member's hospital admission during the three days immediately preceding and including the date of the member's admission are deemed to be IP services and are included in the IP payment. Non-diagnostic services are defined as being related to the admission when there is a match between the principal diagnosis codes (first three digits) assigned for both the preadmission services and the IP stay.	Not applicable
Observation services	Not applicable	When OP surgical claims are paid according to the fee schedule, there is no additional reimbursement for observation room services. For more information, please refer to the policy for Reporting of Observation Services, which can be found at www.amerihealth.com/medpolicy .