

## Inpatient Acute Medical Admissions

### Policy

Harvard Pilgrim Stride<sup>SM</sup> (HMO) Medicare Advantage reimburses inpatient acute medical admissions when services are rendered in a Harvard Pilgrim contracted facility, subject to applicable referral, authorization and notification requirements.

### Policy Definition

*Inpatient Acute Medical Admissions* include items and services furnished to an inpatient, including room and board, nursing care and related services, diagnostic and therapeutic services, and medical and surgical services.

### Prerequisite(s)

Applicable Harvard Pilgrim *Referral, Notification and Authorization* policies and procedures apply.

### Stride<sup>SM</sup> (HMO)

Prior authorization is required for **all**:

- Elective (non-urgent/emergent) acute hospital admissions, **and**
- Inpatient care or treatment related to non-covered/denied services

Please refer to the *Acute Hospital Admissions and/or Inpatient Treatment Related to Non-Covered Services Medical Review Criteria* and the *Access to Care* section of this Provider Manual.

### Harvard Pilgrim Reimburses<sup>1</sup>

#### Stride<sup>SM</sup> (HMO)

Harvard Pilgrim reimburses inpatient acute medical admissions according to standard Medicare payment methodologies, including prospectively priced services (PPS), services paid on a cost settlement basis (e.g., cost to charge ratio), services paid on a per diem basis as well as PPS pass through services such as disproportionate share and capital, along with cost outliers, surgical implants and pharmaceuticals. Payment shall be made at the current pricing set by the Centers for Medicare & Medicaid (CMS) that are applicable to provider for ordinary Medicare Beneficiaries as specified in the Provider Specific Files (PSF) and Pricers published by CMS' Office of the Actuary on a quarterly basis. Such payment is subject to any further adjustment that CMS may make, including retroactive changes, in its fee-for-service claims payments to providers.

Reimbursement includes but is not limited to:

- Ancillary services
- Anesthesia care
- Appliances and equipment
- Diagnostic services
- Medication and supplies
- Nursing care
- Radiology
- Recovery room services
- Semi-private room (or private room, if necessary)
- Surgical procedures
- Therapeutic items (drugs and biologicals)
- Supplies

### Applying Contracted Rates

The admission date determines all inpatient reimbursement terms. When an admission bridges contracted effective dates, the contracted rate on the date of admission applies to the entire inpatient stay. This applies to all negotiated rates.

Determination of inpatient status occurs at the date and time the admitting physician writes the order to admit the member to inpatient status and when the member's clinical status meets Harvard Pilgrim's criteria for inpatient care. Medical records are reviewed for appropriate documentation of services rendered and accuracy of coding.

### Diagnosis-Related Groups (DRG)

#### **Pre-Admission** (may be subject to random post-payment audits and retraction)

- Diagnostic services that are provided within three days of an inpatient admission are included in the inpatient reimbursement.
- Non-diagnostic services, related to the principal diagnosis, that are provided within three days of an inpatient admission are included in the inpatient reimbursement.
- Any ambulatory day care, radiology or laboratory procedures that result in an inpatient admission are included in the inpatient DRG reimbursement.

#### **Re-Admission**

Harvard Pilgrim will review claims for members who are readmitted to the same facility within 30 days of an inpatient discharge for the same or a related condition for which they were treated during the original admission. If it is determined that the member is being treated at the same facility for the same or a related condition as the original admission, Harvard Pilgrim will not provide separate reimbursement for the readmission.

### Harvard Pilgrim Does *Not* Reimburse

#### Stride<sup>SM</sup> (HMO)

- Charges for personal services (e.g., telephones, televisions and guest trays, etc.)
- Custodial care
- Blood and blood products
- Charges for any care that is not a covered service
- Freestanding facility imaging services for inpatient members (Imaging services are included in the admitting hospital's inpatient rate. Outpatient imaging services provided to an inpatient member should be billed to the admitting hospital.)
- All charges over the semi-private room rate, except when a private room is medically necessary
- Charges incurred after hospital discharge or when care is no longer at the inpatient care level (e.g., surgical follow-up visit)
- Charges incurred after the date on which membership ends or prior to membership effective date
- Charges for unauthorized surgical procedures, (if authorization is required), except in a serious medical emergency

### Member Cost-Sharing

Subject to applicable member out-of-pocket cost (e.g., co-payment, coinsurance, deductible).

### Provider Billing Guidelines and Documentation

#### Pre-Admission Services

For DRG rate contracted hospitals, pre-admission services that occur within three days of an admission should be submitted as part of the inpatient bill.

#### Interim Bills

Do not submit interim bills associated with inpatient services provided in an acute hospital setting.

#### Medical Record Documentation and Physician Queries

Harvard Pilgrim will not accept retrospectively amended medical records or physician queries beyond 30 days from the service date. Harvard Pilgrim considers medical record documentation and/or physician queries upon review as the official record to support services provided for the basis of coverage or reimbursement determination. Clinical documentation or physician queries amended over 30 days from the

service will not be accepted to defend reimbursement, increase reimbursement, or consideration of a previously denied claim.

### Other Information

Enter the Harvard Pilgrim authorization number in Form Locator 63 of the paper UB-04 or loop 2300, REF segment with G1 qualifier in REF01 and Harvard Pilgrim authorization number in REF02 of the electronic 837I, version 5010.

### Related Policies

#### Medical Review Criteria

- Acute Hospital Admissions and/or Inpatient Treatment Related to Non-Covered Services

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#### PUBLICATION HISTORY

07/01/18	original documentation
01/01/22	updated document format

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<sup>1</sup>This policy applies to the STRIDE<sup>SM</sup> (HMO) products of Harvard Pilgrim Health Care and its affiliates—Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England, and HPHC Insurance Company—for services performed by contracted providers. Payment is based on member benefits and eligibility, medical necessity review, where applicable, and provider contractual agreement. Payment for covered services rendered by contracted providers will be reimbursed at the lesser of charges or the contracted rate. (Does not apply to inpatient DRG.) HPHC reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated annually. Always use the most recent CPT and HCPCS coding guidelines.