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PAYMENT POLICY ID NUMBER: 22-078

Original Effective Date: 12/08/2022

Revised: 12/08/2023

Third Party Billing When a Member is Inpatient (Under Arrangement Services)

THIS PAYMENT POLICY IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS PAYMENT POLICY APPLIES TO ALL LINES OF BUSINESS AND PROVIDERS OF SERVICE. IT DOES NOT ADDRESS ALL POTENTIAL ISSUES RELATED TO PAYMENT FOR SERVICES PROVIDED TO TRULI MEMBERS AS LEGISLATIVE MANDATES, PROVIDER CONTRACT DOCUMENTS OR THE MEMBER'S BENEFIT COVERAGE MAY SUPERSEDE THIS POLICY.

DESCRIPTION:

Truil for Health's inpatient reimbursement methodology, regardless of participation status, is all-inclusive. Non-professional services provided to a Truli for Health member by an entity other than the admitting facility while the member is registered as an inpatient at an acute care hospital, long term acute care hospital, skilled nursing facility, psychiatric hospital/facility, substance abuse hospital/facility or a residential treatment center/facility are not separately billable to Truli for Health. These services may be performed by a third-party entity that is under arrangement with the facility because the facility is unable to perform the service, or the service is not available but is necessary to treat the member. The services identified for this policy are services that these provider types are licensed to perform, or they would not have received the provider type designation. There are specific services by hospital/facility type that this policy applies to refer to the table in the Reimbursement Information section for those specifics.

This policy applies to Florida Blue's commercial products.

REIMBURSEMENT INFORMATION:

Facility	Service Type		
	Laboratory	Radiology/Advanced Imaging	Ambulance
Short Term Acute Care	Yes	Yes	Yes*

Long Term Care	Yes	Yes	Yes*
Skilled Nursing Facility	Yes**	Yes**	Yes**
Psychiatric	Yes	No	Yes*
Substance Abuse	Yes	No	Yes*
Residential Treatment Center	Yes	No	Yes*

*Ambulance services on the day of admission, discharge or transfer do not apply to this policy.

**Included services for Skilled Nursing inpatient: 1) Routine laboratory services of PT, PTT, CBC, UA, C&S, SMA 7 and blood glucose, 2) Routine radiology, 3) Chest x-rays, up to one per week, 4) ambulance trips to transfer a patient to another Skilled Nursing Facility may not meet medical necessity requirements.

BILLING AND CODING:

Services performed outside of the facility while the member is registered as inpatient should be submitted or billed to the admitting facility by the third-party provider. The facility should make the provider whole for the services they performed. The charges for the services performed will be added to the member's inpatient hospital claim and submitted to Truli for Health subject to existing reimbursement methodology. The servicing hospital/facility is liable to the third-party provider for the service they performed on the hospital's behalf.

Exceptions to this policy would include Federal or State Law that indicates third party payors can be billed for the inpatient service and is also liable to make payment to the designated entity.

REFERENCES:

Centers for Medicare and Medicaid Services (CMS) Medicare Claims Processing Manual, Chapter 3 – Inpatient Hospital Billing.

GUIDELINE UPDATE INFORMATION:

12/8/22	New Policy
12/8/23	Annual review

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