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PAYMENT POLICY ID NUMBER: 17-056

Original Effective Date: 08/17/2017

Revised: 08/11/2022

Hospital Related Services for or Leading to an Inpatient Admission

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DESCRIPTION:

This policy applies to Florida Blue Commercial and Medicare Advantage inpatient hospital claims. There are times when a member has outpatient services performed prior to an inpatient hospital admission. These outpatient services could be pre-admission testing or services related to the inpatient admission, which are performed within a defined time period prior to such inpatient admission. These services, when performed at the same hospital or hospitals billing under the same Florida Blue provider id, are collectively referred to as hospital related services.

REIMBURSEMENT INFORMATION:

Regardless of the hospitals' participation status with Florida Blue, any outpatient hospital services performed immediately prior to or leading to an admission should be billed on the inpatient claim upon patient's discharge. Additionally, for participating hospitals, related hospital services rendered prior to an inpatient admission within the timeframes defined below should not be billed separately and should be included in the inpatient claim. Two separate bills should not be submitted. If, however, the related outpatient hospital services were performed in a non-participating provider's emergency room, then Florida Blue will accept separate billing of the ER services and the inpatient services from the non-participating hospital.

Florida Blue will deny an inpatient claim upon initial submission if an outpatient bill has already been reimbursed and is determined to be related services for the inpatient claim. The inpatient claim will be denied indicating a single bill is required for all services.

Hospitals may reference their participation agreement or the Florida Blue Manual for Physicians and Providers to determine the timeframe applicable for billing related services or pre-admission testing on the claim for the inpatient admission. For all related services other than pre-admission testing, the

general rule by line of business is 48 hours for Health Options (including commercial and Medicare Advantage) and 72 hours for all other commercial lines of business and Medicare Advantage PPO. Pre-admission testing which was done up to 7 days prior to the date of admission should be included in the inpatient claim.

Additionally, as is consistent with industry standard billing practices, any outpatient services immediately preceding an inpatient stay should be billed on the inpatient claim. The patient is converted from the outpatient setting to an inpatient setting without being discharged.

BILLING AND CODING:

Related services, preadmission testing or outpatient services leading to an inpatient admission should be billed on a single inpatient claim. These services should not be billed separately. The inpatient claim will deny if a related outpatient claim is found paid on claims history and the hospital should rebill the claim as a single inpatient bill.

Revenue codes considered as pre-admission services when billed by themselves or together:

Revenue Code	Description
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 Radiopharmaceuticals
035X	CT scan
0371	Anesthesia incident to Radiology
0372	Anesthesia incident to other diagnostic services
040X	Other imaging services
046X	Pulmonary function
0471	Audiology diagnostic
0481, 0489	Cardiology, Cardiac Catheter Lab/Other Cardiology with CPT codes 93451-93464, 93503, 93505, 93530-93533, 93561-93568, 93571-93572, G0275, and G0278 diagnostic
0482	Cardiology, Stress Test
0483	Cardiology, Echocardiology
053X	Osteopathic services
061X	MRT
062X	Medical/surgical supplies, incident to radiology or other diagnostic services
073X	EKG/ECG
074X	EEG
0918	Testing- Behavioral Health
092X	Other diagnostic services

RELATED PAYMENT POLICIES:

N/A

REFERENCES:

N/A

GUIDELINE UPDATE INFORMATION:

07/13/2017	Payment Policy Approved by Payment Policy Committee
08/17/2017	Effective date of new payment policy
08/16/2018	Annual Review
08/15/2019	Annual Review
08/10/2020	Annual Review
08/12/2021	Added list of revenue codes representing preadmission, readmit on same day as discharge, non-par ER split bill from inpatient
08/11/2022	Annual Review

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