



Aetna Better Health® of Louisiana

Reimbursement Policy Statement Louisiana Medicaid			
Original Issue Date	Next Annual Review		Effective Date
01-01-2018			07-01-2018
Policy Name			Policy Number
<i>Bundled Facility Pre-Admission Outpatient Services Treated as Inpatient Services (24 Hr. Window Payment Policy)</i>			ABHLA-RP-0004
Policy Type			
Medical	Administrative	Pharmacy	Reimbursement

Aetna Better Health of Louisiana reimbursement policies are intended to provide a general reference for claims filing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims logic, benefits design and other factors not listed in this policy statement are considered in the development of reimbursement policies.

In addition to this Policy, reimbursement of rendered services are subject to member benefits, eligibility on the date of service, medical necessity, other plan policies and procedures, claim editing logic, provider contracts and all applicable authorization, notification and utilization management guidelines set forth by the Louisiana Department of Health (LDH) and the Centers for Medicare and Medicaid Services (CMS).

This policy does not ensure either an authorization or reimbursement of services. Please refer to the plan contract for the service(s) referenced therein. If there is a conflict between either this policy or the plan contract, then the plan contract will be the controlling document used to make an authorization or payment determination.

CONTENTS OF POLICY

Reimbursement Policy Statement	1
Table of Contents	1
A. Policy	2
B. Overview	2
C. Definitions	2
D. Reimbursement Guidelines	2
E. Related Policies and Rules	2
F. Frequently Asked Questions	3
G. Review/Revision History	3
H. Resources	3



Aetna Better Health® of Louisiana

A. Policy

Aetna Better Health of Louisiana implements comprehensive and robust policies to ensure alignment with Louisiana Department of Health (LDH) and to warrant that regulatory standards are met. According to LDH Policy, outpatient services provided on either the date of inpatient admission or during the 24 hour window immediately preceding the date of inpatient admission are included in the Inpatient Prospective Payment System (IPPS) payment when provided by the same admitting hospital. This includes preadmission diagnostic services, non-diagnostic services and all other services with the exception of ambulance. Aetna Better Health of LA is aligned with LDH and allows a 24Hr window for packaged payment.

B. Overview

Outpatient hospital services are defined as diagnostic and therapeutic services rendered under the direction of a physician or dentist to an outpatient facility in an enrolled, licensed and certified Medicaid hospital. Included in this section are general guidelines pertaining to Medicaid reimbursable coverage of outpatient services. Inpatient services shall not be billed as outpatient, even if the stay is less than 24 hours. Federal regulations are specific in regard to the definition of both inpatient and outpatient services. Billing outpatient services for a recipient who is admitted as an inpatient within 24 hours of the performance of the outpatient service is not allowed and the facility may be subjected to financial sanctions.

C. Definitions

CR 7502 - Although CR 7502 includes a comprehensive and detailed explanation of the 24 hour payment window policy, much of the information (i.e. definition of a wholly owned or wholly operated hospital and application of the policy to diagnostic services) is unchanged since 1998 and has been long-standing Medicare payment policy.

D. Reimbursement Guidelines

Inpatient-only procedures performed in the outpatient setting can be bundled into billing of the inpatient admission, in accordance with the 24 hour window policy for outpatient services treated as inpatient services when the reason for admission is related. With this policy implementation, a hospital now has the opportunity to bundle, and thus obtain additional reimbursement for, any inpatient-only procedures performed in the outpatient setting with the inpatient-related admission.

E. Related Policies and Rules

Louisiana Department of Health Pre-admission outpatient Services treated as inpatient.

More related policies can be found in

<https://www.aetna.com/health-care-professionals/clinical-policy-bulletins/medical->



Aetna Better Health[®] of Louisiana

[clinical-policy-bulletins.html](#)

F. Frequently Asked Questions

Q: How will a wholly-owned or wholly-operated entity know when a beneficiary has been admitted as a hospital inpatient?

A: The admitting hospital is responsible for notifying the entity of an inpatient admission of a Medicare beneficiary who received services in a wholly-owned or wholly-operated entity within the one-day payment window prior to the inpatient admission.

G. Review/Revision Date

Action	Date	Comments
Date Issued	01-01-2018	
Date Revised	04-12-2018	
Effective Date	Tentative	

H. Resources

Louisiana Department of Health State Contract, regulations, Provider Manual, fee schedules and notices

<http://www.lamedicaid.com/provweb1/Providermanuals/manuals/PS/PS.pdf>

Individual state Medicaid regulations, manuals & fee schedules

http://www.lamedicaid.com/provweb1/fee_schedules/feeschedulesindex.htm

American Medical Association, *Current Procedural Terminology (CPT[®]) Professional Edition* and associated publications and services

<https://www.ama-assn.org/>

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

<https://www.cms.gov/>