

## **HOSPITAL INPATIENT PRECERTIFICATION**

### **FREQUENTLY ASKED QUESTIONS**

**Q.** If a patient is in an outpatient status for observation services do we need to send a PCF01?

**A.** No. A PCF01 should only be sent if the physician writes an order for inpatient admission and the patient meets InterQual Criteria. The physician has 30 hours to evaluate the patient and determine if conversion to an inpatient status is needed.

**Q.** What time should we use on the PCF01 as the time of admit if the patient comes in through the emergency room and is then admitted?

**A.** Use the time the patient came into the ER. The date of admit on the PCF01 is the date the patient entered the ER.

**Q.** Does the hospital need to submit a PCF01 for an OB patient that has a normal vaginal or C-section delivery, but has a sterilization in conjunction with the delivery?

**A.** If the procedure is an outpatient procedure done on the 1<sup>st</sup> or 2<sup>nd</sup> day of an inpatient hospitalization, yes, precert is required. If the outpatient procedure is done after the 1<sup>st</sup> or 2<sup>nd</sup> day of an inpatient hospitalization AND does not expect to result in a greater LOS than would otherwise be allowed due to the delivery, then precert is not required. In this scenario the sterilization is an outpatient procedure and if performed on day 1 or day 2 of hospitalization, then precert is required.

**Q.** Do I need to submit a PCF02 form when requesting an extension on NICU days?

**A.** No – do not submit a PCF02 form. In order to request an extension on NICU days you will need to complete the PCF04 form along with the PCF01.

**Q.** What happens if the precert does not include an outpatient procedure that was performed?

**A.** Although the precert may be approved without an outpatient procedure code, if the claim is submitted with an outpatient procedure within the first two days of admit, the claim will deny.

**Q.** The following scenario occurs frequently: The last approved day is on a Saturday with the discharge set for Sunday. When I return to work on Monday, the patient is still inpatient. Will I be able to submit an extension on Monday?

**A.** Yes, because the policy is based on the next business day. If the discharge is due on a weekend or holiday, you have until the next business day to submit an extension request.

## **Inpatient Hospital Precertification Frequently Asked Questions**

**Q.** Do we have to precert a patient that has private insurance and Medicaid?

**A.** Precertification is required even if the patient has private insurance. The only time precert is not required for an inpatient stay is if the patient has Medicare Part A and Part A benefits are not exhausted.

**Q.** If a patient is discharged and readmitted on the same calendar day, do we need to get a new precert?

**A.** No. If a patient is discharged and readmitted on the same date, this should be precerted as a continuous stay and medical necessity will be determined once the extension request is submitted. The same precertification number will be used for the entire stay.

**Q.** If the patient is discharged on one calendar day and readmits the next calendar day do we need to resubmit a new PCF01?

**A.** Yes. Since the discharge and admission occurred on two different calendar days then this is considered a new admission and not a continuous stay. In this case a new PCF01 should be submitted.

**Q.** What should the hospital do when a patient is admitted with complications of pregnancy (i.e., PIH, bleeding, PTL, etc.); the initial request is submitted and initial days are approved; and a day or two after admission, due to continued complications, the patient delivers after induction or by C-section. Should the hospital continue the precert process with extensions, or can they disregard the precert process and direct bill if the days fall within the perimeters of the new policy concerning a delivery allowed without precert?

**A.** The edit in the claims processing system only bypasses the precert edit if the delivery occurs on the day of or the day after admission. In the scenario above, the second day after admission is actually the third day of hospitalization, and this will not bypass the precert edit. The hospital must precert the patient. If the delivery occurred the day after admission and a case is already started, the hospital should only submit an extension if the patient remains hospitalized after the maximum days allowed per the new policy. If the patient remains hospitalized past the allowable days, the extension will not be late if the request is submitted on the expected discharge date per new policy.

**HOSPITAL OUTPATIENT  
24-HOUR POLICY CHANGE**

**FREQUENTLY ASKED QUESTIONS**

- Q.** Hospitals must bill the services in order to have them considered for Medicaid cost settlement. How should any outpatient hours over 30 hours be reported in order to be considered for cost settlement?
- A.** Bill hours & ancillary services over the 30<sup>th</sup> hour as non-covered on the claim. Non-Covered services are not allowable costs on the cost report.
- Q.** If the outpatient hours over 30 are non-covered, can the hospital bill the patient for services related to the additional hours in an outpatient status?
- A.** No; the patient may not be billed.
- Q.** If the patient stays more than 30 hours outpatient and then is admitted inpatient, does the admit date for the precertification request go back to the beginning of the outpatient services (i.e., can the hospital bill for all services even though there are more than 30 hours of outpatient services before the actual inpatient admit)?
- A.** The admit date goes back to the beginning of the outpatient services. The hospital will be paid their per diem for each day approved through precertification.
- Q.** Does this change include outpatient ambulatory surgeries billed with revenue code 490?
- A.** No. Outpatient ambulatory surgeries are excluded from this policy and should continue to be billed as indicated in the revised ambulatory surgical procedure policy posted on RA messages in January 2010 which read, "Effective December 1, 2009, Ambulatory Surgery is exempt from the 24 hour rule in which outpatient services exceeding 24 hours in duration are deemed inpatient. Ambulatory surgery (Revenue Code 490) and the other revenue codes associated with the surgery may now be billed as outpatient regardless of the duration of the outpatient stay."