
CHAPTER 25: HOSPITAL SERVICES

SECTION: TABLE OF CONTENTS**PAGE(S) 5**

HOSPITAL SERVICES**TABLE OF CONTENTS**

SUBJECT	SECTION
OVERVIEW	25.0
PROVIDER REQUIREMENTS	25.1
Licensure	
Clinical Laboratory Improvement Amendments of 1988 (CLIA)	
Distinct Part Psychiatric Units	
INPATIENT SERVICES	25.2
Preadmission Certification and Length of Stay Assignment	
Distinct Part Psychiatric Units	
Obstetrical and Gynecological Services Requiring Special Procedures	
Sterilizations	
Exceptions to Sterilization Policy	
Informed Consent	
Abortions	
Dilations and Curettage	
Ectopic Pregnancies	
Molar Pregnancies	
Hysterectomies	
Exceptions to the Hysterectomy Policy	
Deliveries with Non-Payable Sterilizations	
Other Inpatient Services	
Blood	
Hospital-Based Ambulance Services	
Mother/Newborn/Nursery	
Inpatient Hospital Definition of Discharge	
Discharge and Readmit on the Same Day	
Direct Transfers	
Date of Discharge or Death	
Out-of-State Hospitals in Acute Care Hospitals (Psychiatric and Substance Abuse)	
Rehabilitation Units in Acute Care Hospitals	
Psychiatric Diagnosis Within an Acute Care Hospital	

CHAPTER 25: HOSPITAL SERVICES

SECTION: TABLE OF CONTENTS**PAGE(S) 5**

OUTPATIENT SERVICES 25.3

- Therapeutic and Diagnostic Services
- Radiology Utilization Management
- Special Circumstances
- Denials
- Emergency Room Services
- Hospital-Based Ambulances (Air or Ground)
- Hospitals Laboratory Services
- Hyperbaric Oxygen Therapy
- Outpatient Rehabilitation Services
- Outpatient Surgery
- Intraocular Lens Implants
- Observation Room Charges
- Outpatient Hospital Clinic Services
- Diabetes Self-Management Training

HOSPITAL-BASED PHYSICIANS 25.4

- Enrollment of Hospital-Based Physicians

PRE-CERTIFICATION AND ADMISSION 25.5

- Length of Stay
- Admissions
 - Acute Care Adult or Pediatric Hospital Stays/Admission Process
 - Adult or Pediatric Extension Process
 - Rejections of Acute Care Pre-certification Requests
 - Denials of Acute Care Pre-certification Requests
- Outpatient Status vs. Inpatient Status
- Outpatient Status Changing to Inpatient Status
- Outpatient Ambulatory Surgeries
- Outpatient Procedures Performed on Day of Admission or Day after Admission
- Pre-certification of Newborns
 - Newborn Initial Admissions
 - Newborn Extension Request
 - Pre-certification for NICU Levels of Care
 - Pre-certification for OB Care and Delivery
 - Vaginal Delivery Pre-certification Example
 - C-Section Pre-certification Example
- Short Cervical Length Guidelines – Length in Pregnancy
- Rehabilitation Admission/Level of Care
 - Rehabilitation Admissions
 - Rehabilitation Extension

CHAPTER 25: HOSPITAL SERVICES**SECTION: TABLE OF CONTENTS****PAGE(S) 5**

Process for Rejected Extensions for Acute Care and Rehabilitation	
Process for Denied Extensions for Acute Care and Rehabilitation	
Long-Term Acute Care Hospital Stays	
Long-Term Acute Care Extension	
Psychiatric/Substance Abuse Hospital Stays-Admissions	
Psychiatric/Substance Abuse Extension	
Late Requests for Initial Stay Due to Conflicting Medicaid Eligibility	
Retrospective Review Based on Recipient Retroactive Eligibility	
Retrospective Review Based on Provider Retroactive Eligibility	
Pre-Certification Requirements for Dual Recipients	
Submission of Hospital Common Working File Screens for Pre-certification Documentation	
Denial of Extension Requests for Lack of Timely Submittal Medical Information	
Hospital Pre-certification Reconsideration/Appeal Process	
Pre-certification Department General Information	
Working Hours and Holidays of Current Fiscal Intermediary	
Pre-certification Department Fax System	
Helpful Tips	
Pre-certification Turnaround Times	
Pre-certification Reference Guides	
Pre-certification Contact Information	
Pre-certification Reminders	
What Providers Can do to Help the Process	
Pre-certification Glossary	

PRIOR AUTHORIZATION**25.6**

Requests for Prior Authorization	
Outpatient Rehabilitation Services	
Outpatient Surgery Performed on an Inpatient Basis	
Organ Transplant	
Required Documentation for Organ Transplant Authorization Requests	
Standards for Coverage	
Cochlear Implementations	
Medical and Social Criteria	
General Criteria	
Age-Specific Criteria	
Children Two through Nine Years	
Children 10 -17 Years	
Adults 18 – 20 Years	
Reimbursement	
Billing for the Device	
Re-performance of the Surgery	
Replacement of the External Speech Processor	

CHAPTER 25: HOSPITAL SERVICES

SECTION: TABLE OF CONTENTS**PAGE(S) 5**

Billing for the Replacement of the External Speech Processor
 Non-Covered Expenses
 Vagus Nerve Stimulator
 Intrathecal Baclofen Therapy
 Criteria for Patient Selection
 Exclusion Criteria for Recipients
 Out-of-State Non Emergency Hospitalizations
 Reconsiderations
 Instructions for Submitting Reconsideration

REIMBURSEMENT**25.7**

History
 Inpatient Reimbursement
 State-Owned Hospitals
 Small Rural Hospitals
 Non-small Rural / Non-state Hospitals
 Acute Care Hospitals Peer Group Assignment
 Changing Peer Group Status
 Specialty Hospitals
 Boarder Baby per Diem
 Well Baby per Diem
 Qualifications for Well Baby Rate
 Continuing Qualification for Well Baby Rate
 Specialty Units
 Neonatal Intensive Care Units
 Pediatric Intensive Care Units
 Change in Level of Care in Specialty Unit
 Burn Units
 Transplant Services
 Outliers
 Qualifying Loss Review Process
 Permissible Basis
 Basis Not Allowable
 Burden of Proof
 Required Documentation
 Consideration Factors for Additional Reimbursement Requests
 Determination to Award Relief
 Notification of Relief Awarded
 Effect of Decision
 Administrative Appeal
 Judicial Review
 Reimbursement Methodology for Acute Care Inpatient Hospital Services

CHAPTER 25: HOSPITAL SERVICES

SECTION: TABLE OF CONTENTS**PAGE(S) 5**

Small Rural Hospitals	
State-Owned Hospitals	
Out of State Hospitals	
Out of State Inpatient Psychiatric Services	
Inpatient Psychiatric (Free-Standing and Distinct Part Psychiatric) Hospitals	
Outpatient Hospital	
Rehabilitation Services (Physical, Occupational, and Speech Therapy)	
Other Outpatient Hospital Services	
In-State Non-Small Rural Private Hospital Outpatient Services	
In-State State – Owned Hospital Outpatient Services	
In-State Small Rural Hospital Outpatient Services	
Cost Reporting	
Supplemental Payments	
Disproportionate Share (DSH)	

CLAIMS RELATED INFORMATION**25.8**

Provider Preventable Conditions	
Other Provider Preventable Conditions (OPPC's)	
Outpatient Hospital Claims	
Blood	
Hospital-Based Ambulance Services	
Mother/Newborn	
Deliveries with Non-Payable Sterilizations	
Split-Billing	
Claims Filing for Outpatient Rehabilitation Services	
Billing for the Implantation of the Infusion Pump Catheter	
Billing for the Cost of the Infusion Pump	
Billing for Replacement Pumps and Catheters	
The Crossover Claims Process	
Inpatient Part A Crossovers	
Medicare Part A and B Claims	
Medicare Part A Only Claims	
Exhausted Medicare Part A Claims	
Medicare Part B Only Claims	

FORMS AND LINKS**APPENDIX A****CONTACT/REFERRAL INFORMATION****APPENDIX B**