
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	
Inpatient Status vs. Outpatient Status	
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 Prior to 39 Weeks	
Deliveries with Non-Payable Sterilizations	
Long Acting Reversible Contraceptives (LARCs) in the Inpatient Hospital Setting	
Other Inpatient Services	
Blood	
Hospital-Based Ambulance Services	
Mother/Newborn/Nursery	
Inpatient Hospital Definition of Discharge	
Discharge and Readmit on the Same Day	
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
- Proton Beam Therapy
- Emergency Room Services
- Hospital-Based Ambulances (Air or Ground)
- Hospitals Laboratory Services
- Hyperbaric Oxygen Therapy
- Long Acting Reversible Contraceptives (LARCs) in the Outpatient Hospital Setting
- Outpatient Rehabilitation Services
- Outpatient Surgery
- Intraocular Lens Implants
- Observation Room Charges
- Outpatient Hospital Clinic Services
- Psychiatric and Substance Abuse
- Screening Mammography
- Diabetes Self-Management Training

HOSPITAL-BASED PHYSICIANS 25.4

- Enrollment of Hospital-Based Physicians

RESERVED 25.5**PRIOR AUTHORIZATION 25.6**

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

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

Replacement of the External Speech Processor
 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
 Positron Emission Tomography (PET) Scans
 Positron Emission Tomography (PET) Scans for Oncologic Conditions
 Combination Studies PET/Computed Tomography (CT)
 Prior Authorization
 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

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

Notification of Relief Awarded	
Effect of Decision	
Administrative Appeal	
Judicial Review	
Reimbursement Methodology for Acute Care Inpatient Hospital Services	
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 Hospitals (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**

CHAPTER 25: HOSPITAL SERVICES

SECTION: TABLE OF CONTENTS

PAGE(S) 5

CONTACT/REFERRAL INFORMATION

APPENDIX B