Overlapping Services While Inpatient

Reimbursement Policy ID: RPC.0078.DEDS

Recent review date: 03/2024

Next review date: 11/2025

AmeriHealth Caritas VIP Care reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas VIP Care may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases,10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

Policy Overview

This policy outlines the circumstances that may prompt AmeriHealth Caritas VIP Care to deny reimbursement of claims for services, supplies, or equipment reported with a date of service that falls within (i.e., overlaps) the date span of an inpatient stay.

Exceptions

Outpatient services, supplies, and equipment reported on the dates of admission or discharge for an inpatient stay are excluded from this policy.

Reimbursement Guidelines

AmeriHealth Caritas VIP Care will reimburse professional, and facility claims according to the provider's contract and applicable section(s) of the AmeriHealth Caritas VIP Care provider manual.

All services reported to AmeriHealth Caritas VIP Care must be supported in the medical record. AmeriHealth Caritas VIP Care may request medical records from billing providers when claim data suggests a possible overlap in services.

Claims identified as potentially overlapping services will be reviewed and medical records may be requested for the following services:

- Professional or outpatient facility services performed on date(s) of services that overlap an inpatient facility stay.
- Home health service claims rendered in the member's home with date(s) of service that overlap an inpatient facility stay. Home health services are not reimbursed while a patient is in an inpatient facility.
- DME equipment and/or supplies reported with date(s) of service that overlap an inpatient facility stay.

Definitions

N/A

Edit Sources

I. Current Procedural Terminology (CPT) and associated publications and services.
II. International Classification of Diseases,10th Revision, Clinical Modification (ICD-10).
III. Healthcare Common Procedure Coding System (HCPCS).
IV. Centers for Medicare & Medicaid Services (CMS).
V. The National Correct Coding Initiative (NCCI).
VI. Corresponding AmeriHealth Caritas VIP Care Clinical Policies.
VII. CMS Fee Schedule(s).

Attachments

N/A

Associated Policies

N/A

Policy History

04/2024	Revised preamble
03/2024	Reimbursement Policy Committee Approval
08/2023	Removal of policy implemented by AmeriHealth Caritas VIP Care from Policy History section
01/2023	Template revised
	• Revised preamble
	• Removal of Applicable Claim Types table
	• Coding section renamed to Reimbursement Guidelines
	• Added Associated Policies section