



Overlapping Services While Inpatient

Reimbursement Policy ID: RPC.0078.2100

Recent review date: 02/2025

Next review date: 11/2025

AmeriHealth Caritas Louisiana reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and 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 Louisiana 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 Louisiana 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

N/A

Reimbursement Guidelines

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

Outpatient services (including diagnostic testing) that are related to an inpatient admission and are performed either during or within 24 hours of the inpatient admission, regardless of hospital ownership, will not be reimbursed separately as an outpatient service.

The inpatient hospital is responsible for reimbursing the hospital providing the outpatient services.

The inpatient hospital may reflect the outpatient charges on its claim. The only exceptions to this criteria are as follows:

- Outpatient therapy services performed within 24 hours before an inpatient admission or 24 hours after the enrollee's discharge that are either related or unrelated to the inpatient stay; and
- Transfers from a hospital emergency department to a different hospital/provider for inpatient admission.

If either of the above exceptions are met, ACLA shall allow separate billing and payment for the outpatient hospital service.

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. The National Correct Coding Initiative (NCCI) in Medicaid.
- V. Corresponding AmeriHealth Caritas Louisiana Clinical Policies.
- VI. Louisiana Medicaid Fee Schedule(s).
- VII. ACLA Provider Handbook

Attachments

N/A

Associated Policies

N/A

Policy History

04/2024	Preamble revised
03/2024	Reimbursement Policy Committee Approval
08/2023	Removal of policy implemented by AmeriHealth Caritas Louisiana from Policy History section
01/2023	Template revised <ul style="list-style-type: none">• Revised preamble• Removal of Applicable Claim Types table• Coding section renamed to Reimbursement Guidelines• Added Associated Policies section
	Precedes Act 319