

## MEDICAID REIMBURSEMENT POLICY BULLETIN

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### Policy updates

#### **Preadmission Services for Inpatient Stays**

*(Policy 07-017, originally effective 01/01/2014)*

Anthem Blue Cross and Blue Shield Medicaid (Anthem) allows reimbursement for applicable services for a covered member prior to admission to an inpatient hospital (referred to as the payment window). For admitting hospitals, applicable preadmission services are included in the inpatient reimbursement for the three days prior to and including the day of the member's admission, and therefore are not separately reimbursable expenses. For other hospitals and units, applicable preadmission services are included in the inpatient reimbursement within one day prior to and including the day of the member's admission and, therefore, are not separately reimbursable expenses. For critical access hospitals, outpatient diagnostic services are not subject to either the three day or one day payment window and, therefore, are separately reimbursable expenses from the inpatient stay reimbursement.

Please note, the three day or one day payment window does not apply to outpatient diagnostic services included in the rural health clinic or federally qualified health center all-inclusive rate.

Applicable preadmission services consist of all diagnostic outpatient services (including non-patient laboratory tests) and clinically related nondiagnostic (e.g., therapeutic) services that are related to the inpatient stay and are included in the inpatient reimbursement. A hospital may attest to specific nondiagnostic services as being unrelated by adding a condition code 51 to the outpatient nondiagnostic service to be billed separately.

For market-specific information and/or nonreimbursable services, refer to the Preadmission Services Reimbursement Policy at [www.anthem.com/kymedicaidoc](http://www.anthem.com/kymedicaidoc).

#### **Prosthetic and Orthotic Devices**

*(Policy 06-084, originally effective 01/01/2014)*

Reimbursement is allowed for prosthetic and orthotic devices when provided as part of a physician's services or ordered by a physician and used in accepted medical practice. Reimbursement is based on the applicable fee schedule or contracted/ negotiated rate for the prosthetic or orthotic device dispensed. The design, materials, measurements, fabrications, testing, fitting and training in the use of the device are included in the reimbursement of the device and are not separately reimbursable expenses. In instances of theft, a police report is required for consideration of replacements.

For additional information and/or nonreimbursable services, refer to the Prosthetic and Orthotic Devices Reimbursement Policy at [www.anthem.com/kymedicaidoc](http://www.anthem.com/kymedicaidoc).

### **[www.Anthem.com/KYMedicaidoc](http://www.Anthem.com/KYMedicaidoc)**

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**Transportation Services: Ambulance and Non-Emergent Transport**  
(Policy 07-036, originally effective 01/01/2014)

Anthem allows reimbursement for transport to and from covered services or other services mandated by contract. Due to the complex nature of transportation services, Anthem recommends that providers also review individual state coverage requirements. Please note, Anthem does not allow reimbursement for mileage when the transport service has been denied or is not covered.

For additional information and/or nonreimbursable services, refer to the Transportation Reimbursement Policy at [www.anthem.com/kymedicaidoc](http://www.anthem.com/kymedicaidoc).

**Policy reminder**

**Reimbursement of Sanctioned and Opt-Out Providers**  
(Policy 10-002 originally effective 01/01/2014)

Reimbursement is not allowed for providers who are excluded, debarred or who opt out from participation in state and federal health care programs. Reimbursement is also not allowed for providers who have rendered services to members enrolled in any Medicare program if such provider has opted out from participation in Medicare. Services that are rendered by a provider who is sanctioned or has opted out of participation in Medicare may only be reimbursed in urgent or emergent situations. Claims received for services other than emergency services submitted by sanctioned or opt-out providers as provided herein will be denied. Anthem screens all providers through all applicable state and federal exclusion lists.

For additional information, refer to the Reimbursement of Sanctioned and Opt-Out Providers Reimbursement Policy at [www.anthem.com/kymedicaidoc](http://www.anthem.com/kymedicaidoc).

Your continued feedback is critical to our success. For more information on this topic or questions about this provider bulletin, call Provider Services at **1-855-661-2028**.