Medical Coverage Policy

Payments for Outpatient Service Performed when a Member is Admitted as an Inpatient to a Different Hospital

☐ Device/Equipment ☐ Drug ☐ Medical ☐ Surgery ☐ Test ☒ Other

Effective Date:	11/1/2011	Policy Last Updated:	11/1/2011

☐ **Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.**

☒ **Prospective review is not required.**

NOTE: The effective date of this policy relates to the date BCBSRI created documentation to reflect reimbursement processes that are established and do not indicate a change in the payment process.

Description:
There may be occasions where a member is admitted as an inpatient at a hospital and needs medical services that are not available at that Hospital. In some of these instances, instead of discharging the member and transferring to another hospital, the member is simply transported to another Hospital or other freestanding provider to receive the needed services as an outpatient, and then returned to the Hospital where he or she was admitted. When this situation occurs it is necessary to clarify how the providers will be reimbursed.

Medical Criteria
Not applicable.

Policy
In situations as described above, Blue Cross & Blue Shield of Rhode Island (BCBSRI) will reimburse the hospital where the member is admitted as an inpatient. BCBSRI's contractual arrangements with its network hospitals for inpatient care, whether based on Diagnosis Related Group (DRG), per diem, case rate, or any other methodology, is all-encompassing and represents the total amount allowed, less any portion for which the member is responsible.

Any services performed by another hospital, facility, or other freestanding provider will not be reimbursed separately by BCBSRI, unless those services, when rendered in the inpatient setting, are separately reimbursable (e.g., professional services). Reimbursements for all other services are the responsibility of the inpatient facility.

Example: A member is inpatient at a Inpatient Rehabilitation facility and is transferred for radiation treatment to another facility. BCBSRI would reimburse the professional component to the radiation treatment provider and the rehab facility would be responsible for reimbursing any additional services.

For coverage of ambulance services, please refer to the Ambulance: Ground Policy.

Coding
No specific codes

Related Topics
Ambulance: Ground Policy

Publications
Provider Update, January 2012

References:

Department of Health and Human Services. Federal Register;63(243);12/18/1998:70138. Accessed 9/21/11: http://oig.hhs.gov/fraud/docs/complianceguidance/thirdparty.pdf.