



Billing and Reimbursement Guideline: Hospital Inpatient Services Billing Guideline

Guideline Publication Date:	September 1, 2010
------------------------------------	--------------------------

Key coding, documentation and reimbursement points include:

- Hospital admission includes all evaluation and management services on the same day including emergency visits, office visits, and nursing facility visits.
- Only one visit per day, per provider is reimbursable.
- Multiple visits on the same day from providers with different specialties may be considered upon receipt of medical notes for review.
- Post-surgical visits billed by the physician performing a surgery are considered inclusive in the surgical procedure fee allowance.
- Post-surgical visits not related to surgery will be considered for separate payment. Modifier 24 should be billed to indicate a visit outside of the global package. Notes may be required to support separate payment.
- Modifier 25 may be billed on the emergency Evaluation and Management code to indicate separate reimbursement in addition to a procedure(s) performed on the same day. Notes may be required to support separate payment.
- This guideline applies to CMS-1500 claim submissions.
- This guideline applies to place of service 21.

Please refer to Neighborhood's provider website at <http://www.nhpri.org> for specific provisions by product line.

This guideline is not a guarantee of reimbursement. Plan coverage, eligibility and claim payment edit rules may apply.

Version History

Original Publish Date: 9/1/2010

Revision Date (s):

9/1/2013

Format change only