

PROVIDER BULLETIN

PROVIDER INFORMATION



March 1, 2021

Delay of New Reimbursement Policy: Outpatient Services Prior to an Inpatient Admission

Blue Cross and Blue Shield of Minnesota (Blue Cross) has made the decision to delay the implementation of the 'Outpatient Services Prior to an Inpatient Admission' reimbursement policy. A new Provider Bulletin will be published when Blue Cross has additional details, including an updated effective date for this policy.

Below is the information that was previously published in Provider Bulletin P5-21:

Effective March 1, 2021, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will implement a new reimbursement policy, Outpatient Services Prior to an Inpatient Admission.

When Blue Cross members receive outpatient diagnostic services that are related to an inpatient admission, it's important that they are billed appropriately as part of the inpatient claim. When these pre-admission testing and diagnostic services are billed as separate outpatient claims, it leads to unnecessarily higher costs for our members, in addition to other inefficiencies and complications. As an advocate for our members' health and health care dollar, Blue Cross is dedicated to ensuring that the care provided to our members is billed appropriately.

The purpose of this reimbursement policy is to ensure related outpatient diagnostic services are billed as part of inpatient claims, when appropriate. This new policy aligns with guidance from CMS and only applies to outpatient facility claims that occur within three days of an inpatient admission.

Starting with March 1, 2021 dates of service, Blue Cross will review outpatient diagnostic claims to determine if any services provided within 72 hours of an inpatient admission were inappropriately billed as a separate outpatient claim. Outpatient diagnostic services provided at a hospital that shares a Federal Tax ID with the admitting hospital should be submitted on the inpatient claim. Claims for facilities that share the same Federal Tax ID will be reviewed as a singular facility. Reimbursement for inaccurate claims will be recouped.

Products Impacted

- Fully and Self-Insured commercial lines of business
- Individual and Family plans
- Medicare Advantage plans

Exceptions:

It's important to note that there are a handful of exceptions to this policy, including:

- Non-diagnostic outpatient services that are unrelated to the inpatient admission may be billed separately as an outpatient claim.
- Separate reimbursement may also be permitted for unusual preoperative medical care or for medical treatment attempted to avoid an operation, even though surgery eventually was necessary.
- Psychiatric and Inpatient Rehabilitation facilities are subject to a one-day rule for services provided by an outpatient facility prior to an inpatient admission.
- Admitting Critical Access Hospitals are exempt from this policy.

Also, certain outpatient services are excluded from this policy when performed within three days of an inpatient admission. These services should not be included on the inpatient claim and must be independently billed:

- **Chemotherapy and/or Outpatient Surgery:** These services should not be included on the inpatient claim as long as they are not performed on the same day of the inpatient admission. If they are performed on the same day as the inpatient admission, then they must be included on the inpatient claim.
- **Maternity Services:** Outpatient diagnostic and/or Emergency Department services provided in conjunction with a maternity related diagnosis prior to the inpatient admission should not be included on the inpatient claim.

Reminder Regarding Reimbursement Policies:

This is not a change in medical policy or member benefits, but a change in reimbursement policy. Reimbursement policies are updated on an ongoing basis and used by Blue Cross to define if and how certain claims will be paid for various health care services.

To access the reimbursement policy:

Go to providers.bluecrossmn.com

- Under Tools & Resources, select “Reimbursement Policies”
- Locate “Outpatient Services Prior to an Inpatient Admission”

Summary:

REIMBURSEMENT POLICY EFFECTIVE 3/1/21 (Commercial Fully Insured, Individual and Family, and Medicare Advantage plan members)

If an admitting hospital system provides outpatient diagnostic services within 72 hours of an inpatient admission, the services are considered inpatient services and must be included in the bundled inpatient bill.

Blue Cross will review outpatient diagnostic claims to determine if the services provided were billed correctly and in accordance with this new reimbursement policy.

Payment for inaccurate claims will be recouped.

Questions?

If you have questions, please contact provider services at **(651) 662-5200** or **1-800-262-0820**.