Short Inpatient Hospital Stay

Policy

Mass General Brigham Health Plan reimburses contracted providers for covered short stay inpatient hospital services when a member is formally admitted as an inpatient, and the total inpatient length of stay does not exceed 48 hours.

A short stay inpatient hospital admission is defined as an inpatient admission with a total length of stay of forty-eight (48) hours or less.

Short stay inpatient hospital services are applicable when inpatient admission occurs and hospital care is completed within a limited timeframe due to clinical resolution, completion of treatment, transfer, discharge, or other disposition.

Inpatient admission designation and reimbursement are determined in accordance with applicable Centers for Medicare & Medicaid Services (CMS) guidelines and Mass General Brigham Health Plan provider payment guidelines.

This policy applies exclusively to inpatient services and is distinct from Observation, which is addressed in a separate Mass General Brigham Health Plan provider payment guideline.

Reimbursement

Providers are reimbursed according to the plan's network provider reimbursement or contracted rates. Claims are subject to payment edits that are updated at regular intervals.

Covered services are defined by the member's benefit plan. The manner in which covered services are reimbursed is determined by the Mass General Brigham Health Plan Payment Policy and by the provider's agreement with Mass General Brigham Health Plan. Member liability amounts may include but are not limited to: copayments; deductible(s); and/or co-insurance; and will be applied dependent upon the member's benefit plan.

Various services and procedures require referral and/or prior authorization. Referral and prior authorization requirements can be located here.

Please reference procedure codes from the current CPT, HCPCS Level II, and ICD-10-CM manuals, as recommended by the American Medical Association (AMA), the Centers for Medicare & Medicaid Services (CMS), and the American Hospital Association. CMS and the AMA revise HIPAA medical codes on a pre-determined basis, including changes to CPT, HCPCS, and ICD-10 codes and definitions.

Please refer to the CMS or CPT guidelines for requisite modifier usage when reporting services. The absence or presence of a modifier may result in differential claim payment or denial.

Mass General Brigham Health Plan reviews claims to determine eligibility for payment. Services considered incidental, mutually exclusive, integral to the primary service rendered, or part of a global allowance, are not eligible for separate reimbursement. Please refer to the General Coding and Billing for more information.

All claims are subject to audit and review. The Provider must furnish medical records upon MGBHP's request.

Mass General Brigham Health Plan reimbursement is based on the line of business. Unless otherwise specified within the medical policies, please follow the guidelines based on membership type:

The entire policy applies to members enrolled in the following lines of business:

- *Mass General Brigham ACO*
- *Commercial and Qualified Health Plans*
- *Senior Care Options (SCO)*
- *One Care*

Contracts

Some or all of the guidance contained herein may not apply, depending on individual provider contract terms that articulate reimbursement for inpatient hospital services. Please refer to the provider contract governing the billing provider's relationship with Mass General Brigham Health Plan for specific reimbursement methodologies related to inpatient hospital services.

Short Stay Inpatient Reimbursement Guidelines

Inpatient hospital stays with a total length of stay of 48 hours or less may be subject to payment review to determine appropriate reimbursement classification.

Short stay inpatient hospital admissions that do not meet applicable inpatient payment criteria may be subject to reimbursement reclassification in accordance with Mass General Brigham Health Plan payment

policies and applicable contract terms.

Observation services that precede or replace inpatient admission are governed by the Observation Services provider payment guideline.

Inpatient Admission following Observation

- Observation services that occur on the same date as inpatient admission are not separately reimbursed and are considered part of the inpatient stay
- Observation services provided prior to inpatient admission may be included in the inpatient reimbursement depending on contract terms and reimbursement methodology (e.g., DRG, per diem, or percent-of-charge)
- Providers must follow Mass General Brigham Health Plan notification requirements for inpatient admissions as a condition of reimbursement

Short Stay Inpatient Payment Exceptions

Inpatient reimbursement may be appropriate for inpatient admissions of 48 hours or less under circumstances including, but not limited to:

- Admission to a behavioral health facility, including acute psychiatric or substance disorder treatment
- Obstetrical admission resulting in delivery
- Discharges against medical advice
- Cases in which the member expires during hospitalization
- Admission requiring intensive or critical care services (such as intubation and mechanical ventilation)
- Transfer to a higher level of care prior to discharge from the initial facility

These circumstances may warrant inpatient reimbursement consistent with provider contract terms and applicable payment methodologies.

Non-Reimbursable Services

The following are not separately reimbursed as inpatient short stay services when inconsistent with payment policy or contract terms:

- Services determined to be outpatient or Observation level of care

- Routine monitoring or recovery services that are integral to outpatient or surgical procedures
- Services performed for provider or member convenience
- Services that are incidental to other reimbursed services
- Custodial or non-covered services

Provider Payment Guidelines and Documentation

Mass General Brigham Health Plan follows CMS guidelines for inpatient hospital billing, reporting, and reimbursement.

- Inpatient services must be reported on a UB-04 claim form or electronic equivalent (837I)
- Report the appropriate bill type, revenue codes, and ICD-10-CM diagnosis codes
- Report services in accordance with CMS inpatient billing requirements and National Uniform Billing Committee (NUBC) standards
- Services included in the inpatient stay are not separately reimbursed unless otherwise specified

Related Mass General Brigham Health Plan Payment Guidelines

General Coding and Billing
Inpatient Hospital Admissions
Modifiers
Observation Services
Obstetrical Services

References

Acute Inpatient Hospital Manual for MassHealth Providers | Mass.gov

Centers for Medicare & Medicaid Services (CMS), Medicare Claims Processing Manual, Chapter 3 Inpatient Hospital Billing

Centers for Medicare & Medicaid Services (CMS), Medicare Claims Processing Manual, Chapter 4, section 290 Observation Services

Centers for Medicare & Medicaid (CMS), Two Midnight Rule Fact Sheet

Publication History

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This document is designed for informational purposes only. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization/notification, and utilization management guidelines when applicable, adherence to plan policies and procedures, claims editing logic, and provider contractual agreement. In the event of a conflict between this payment guideline and the provider's agreement, the terms and conditions of the provider's agreement shall prevail. Payment policies are intended to assist providers in obtaining Mass General Brigham Health Plan's payment information. Payment policy determines the rationale by which a submitted claim for service is processed and paid. Payment policy formulation takes into consideration a variety of factors including: the terms of the participating providers 'contract(s); scope of benefits included in a given member's benefit plan; clinical rationale, industry-standard procedure code edits, and industry-standard coding conventions.

Mass General Brigham Health Plan includes Mass General Brigham Health Plan, Inc., and Mass General Brigham Health Plan Insurance Company.