



November 21, 2018

Web Announcement 1752

Modernization: Attention Outpatient Providers: Reminder Regarding Ancillary Services

The Division of Health Care Financing and Policy (DHCFP) is implementing a new modernized Medicaid Management Information System (MMIS) on February 1, 2019. In preparation for the implementation, providers are reminded that ancillary services billed by an outpatient hospital provider for the same date of service as an inpatient hospital day are not reimbursed separately.

This instruction applies to the following provider types:

Provider Type	Description
10	Outpatient Surgery, Hospital Based
12	Hospital, Outpatient
29	Home Health Agency
34	Therapy (on Institutional claims)
45	End Stage Renal Disease (ESRD) Facility
52	Indian Health Service Hospital, Outpatient (Tribal)
55	Home Based Habilitation Services
64	Hospice
81	Hospital Based ESRD Provider

The only exception is when provider type 12 and provider type 44 (Swing Bed, Acute Hospital) claims are for the same dates of service.

Per Medicaid Services Manual Chapter 200, Section 203.1A.2g:

- g. Providers must submit pertinent clinical information and request authorization from the QIO-like vendor within one business day of patient admission for the following services:
 5. A direct inpatient admissions initiated through an emergency room and/or observation status as part of one continuous episode of care (encounter) at the same facility when a physician writes an acute inpatient admission order (rollover admissions).

The following criteria applies:

- a. Observation and ancillary services resulting in a direct inpatient admission provided as part of one continuous episode of care on the same calendar date and at the same facility as the inpatient admission are included in the first inpatient day per diem rate. Observation and ancillary services rendered on a calendar date preceding the rollover inpatient admission date can be billed separately.
- b. Emergency room services resulting in a direct inpatient admission at the same facility and provided as part of one continuous episode of care are included in the first inpatient hospital day per diem rate, even if the emergency services are provided on the calendar date preceding the admission date.

Should a provider have any questions regarding this information, please contact the Nevada Medicaid Provider Services Field Representative Team at NevadaProviderTraining@dx.com.