

## Acute Hospital Care at Home

### Policy

AllWays Health Partners reimburses approved facilities for the provision of Acute Hospital Care at Home services when medically necessary and provided by a CMS approved hospital.

### Policy Definition

Acute Hospital at Home is a hospital level care provided to acutely ill members that meet Inter Qual criteria for Acute Hospital at Home services. Members are referred to the Acute Hospital at Home care option from the ER or an inpatient acute floor. This health care delivery model is only covered and reimbursed to hospitals that have been approved by CMS as part of their Acute Hospital at Home program. Acute Hospital Care at Home services include items and services furnished to an inpatient, including room and board, nursing care and related services, diagnostic and therapeutic services, and medical services.

The manner in which covered professional services are reimbursed is determined by the AllWays Health Partners Payment Policy and by the provider's agreement with AllWays Health Partners.

Member liability amounts may include, but are not limited to, copayments, deductible, and/or co-insurance, and will be applied dependent upon the member's benefit plan.

Various services and procedures require referral and/or authorization. Referral and authorization requirements can be located [here](#).

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.

AllWays Health Partners 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 [Coding Provider Payment Guidelines](#) for more information.

All claims are subject to audit services and medical records may be requested from the provider.

### Prerequisites

AllWays Health Partners continues to require prior authorization for all facility inpatient services. Acute Hospital Care at Home services are covered only for conditions that are approved and defined by CMS.

A patient must transfer from the emergency room and/or observation status, inpatient acute to qualify for Acute Hospital at Home Services. Separate reimbursement will not be made for emergency room charges or observation bed hours as the Room and Board charges represent a full 24-hour calendar day.

### Reimbursement

Approved facilities are reimbursed as follows:

- **Commercial Plans-** Reimbursement is in alignment with the Massachusetts Department of Insurance Bulletin or MassHealth Guidance
- **MassHealth Plans-** Reimbursement is in accordance with MassHealth Bulletin, Acute Inpatient Hospital Bulletin 180. Please see link for more details.  
<https://www.mass.gov/doc/acute-inpatient-hospital-bulletin-180-coverage-of-and-reimbursement-for-hospital-at-home-0/download>

Reimbursement methodologies per line of business are as follows:

- Acute Hospital at Home services for MassHealth members per APR-DRG
- Acute Hospital at Home services for Commercial/ASO members per MS-DRG

### AllWays Health Partners Does *Not* Reimburse

- Related services rendered in the home (ancillary services should not be separately billed and will not be reimbursed outside of the all-encompassing rate)
- Interim billing or late charges for claims that are reimbursed based on APR-DRG methodology
- Interim billing or late charges for claims that are reimbursed based on DRG methodologies or late charges for commercial plans.
- Experimental, investigational, and/or cosmetic services. Authorization for an admission to an inpatient setting does not supersede coverage limitations for experimental, investigational, and/or cosmetic services.

### Provider Billing Guidelines

In order to indicate on a claim for acute inpatient hospital services that such services were provided at the patient's home, the hospital must include the following on the UB04 claim form:

- Revenue Code 0119- "Room and Board, Private -- Other"
- MS-DRG for Commercial members
- Condition code-DR "Disaster Related"

In order to indicate on a claim for professional acute inpatient hospital services that such services were provided at the patient's home, the provider must include the following on the HCFA 1500 claim form:

- Place of service 12- "Location, other than a hospital or other facility, where the patient receives care in a private residence"
- Modifier- CR "Catastrophe/Disaster Related"

### Diagnosis Related Group (DRG) Provider Billing Guidelines

For DRG contracted hospitals, AllWays Health Partners uses All Patient Refined Diagnosis-Related Groups (APR-DRG) to administer the policy, incorporating the POA indicator into the DRG assignment.

DRG facilities contracted to use DRG payment methodology must submit claims with DRG coding. Claims submitted for payment by DRG must contain the minimum requirements to ensure accurate claim payment. AllWays Health Partners processes DRG claims through DRG software. If the submitted

DRG and system aligned DRG differ, the AllWays Health Partners assigned DRG will take precedence. Providers may appeal with medical record documentation to support the ICD-10-CM principal and secondary diagnoses (if applicable) and/or the ICD-10-PCS procedure codes (if applicable). If the claim cannot be grouped due to insufficient data, it will be rejected and returned.

## Coding Elements

The following discharge data elements are used for APR-DRG subclass assignment:

- ICD-CM diagnosis codes
- ICD-CM procedure codes
- Date of Birth
- Gender
- Admit Date
- Discharge Date
- Status of Discharge

The APR-DRG per diem conversion is calculated as follows:

- Base Rate \* APR-DRG weight/Network Average Length of Stay

The transfer per diem conversion is calculated as follows:

- Observed LOS for transfer case \* Calculated per diem conversion
  - Final payment is the lesser of per diem or acute reimbursement

## Related AllWays Health Partners Payment Guidelines

[Inpatient Hospital Admissions Payment Policy](#)

[Serious Reportable Events Payment Policy](#)

## References

[MassHealth Acute Inpatient Manual](#)

[Medicare FFS Response to the PHE on COVID-19](#)

## Publication History

<b>Topic: Inpatient Hospital Admissions</b>	<b>Owner: Network Management</b>
---	----------------------------------

*February 18, 2022*

*Original documentation*

AllWays Health Partners includes AllWays Health Partners, Inc. and AllWays Health Partners Insurance Company.



## Provider Payment Guidelines

---

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 AllWays Health Partners' 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.