



Overlapping Room and Board

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plan document supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

Reimbursement Guidelines

Overlapping Room and Board refers to the reimbursement of accommodation revenue codes associated with room and board when a member is admitted to a facility and receiving services there. It is important not to submit reimbursement requests multiple times for the same date of service. Molina Healthcare will not provide separate reimbursement for dates of service that have already been reimbursed in claims with overlapping inpatient accommodation revenue codes, except when overlapping claims include leave of absence revenue codes 018X.

Here are some example scenarios:

1. Claim A is billed as type 11X for inpatient services with dates of service from 12/01/21 to 12/10/21. Claim B is billed as type 11X for inpatient services with dates of service from 12/05/21 to 12/15/21. In this case, Claim B will not be reimbursed for the overlapping service.
2. Claim A is billed as type 21X for Long-Term Care with dates of service from 12/01/21 to 12/31/21 and includes five leave-of-absence revenue code units. Claim B is billed as type 11X for inpatient admission with dates of service from 12/01/21 to 12/05/21. Both claims will be reimbursed because the Long-Term Care claim appropriately accounts for the days the member was not at the facility."

Supplemental Information

Definitions

Term	Definition
revenue codes	Revenue codes are a set of standardized 4-digit numbers used in medical billing. They are set by the National Uniform Billing Committee (NUBC) to provide extra information about a procedure or service, such as where a patient received care
(CMS)	Centers for Medicare and Medicaid Services

State Exceptions

State	Exception
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Documentation History

Type	Date	Action
Effective Date	09/08/2023	New Policy
Revised Date	12/16/2024	Updated Template

References

This policy was developed using.

- CMS
- State Medicaid Regulatory Guidance
- State Contracts

Agency:	Reference links:
CMS	0072 - Outpatient Service Overlapping or During an Inpatient Stay: Duplicate Payments CMS
CMS	Article - Billing and Coding: Repeat or Duplicate Services on the Same Day (A53482) (cms.gov)

CODING DISCLAIMER. Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.