

IMPORTANT!

Molina Provider News:



MMA & Marketplace Hospital Billing Guidelines

EMERGENCY DEPARTMENT VISITS SPANNING TWO DATES OF SERVICE

Providers must include the following on the claim form:

- Revenue code 045X for ED services
- The date the recipient entered the ED as the date of service for the ED visit
- The date the provider rendered any service related to the ED visit as the date of service for that line item

OBSERVATION SERVICES SPANNING TWO DATES OF SERVICE

Providers must include the following on the claim form:

- Revenue code 0762 for observation hours
- The date the recipient started observation as the date of service
- The date the provider rendered any service related to the observation stay as the date of service for that line item

OBSERVATION TO INPATIENT

Molina Healthcare of FL covers up to 48 hours of observation services without a subsequent inpatient admission.

Outpatient hospital services, including observation provided to a recipient within the 48 hours immediately preceding an inpatient admission, must be billed as part of the inpatient claim.

Outpatient diagnostic services that are provided to a member within 48 hours of the date of an inpatient admission, up to and including the date of admission, by the same admitting facility or an entity wholly owned or operated by the admitting facility, are considered bundled into the inpatient admission and, therefore, are not separately reimbursable.

On the UB-04 claim form, the Admission Date must match the Statement From Date. The Admission Date is the date that the recipient arrived at the facility. The Admission Date and the Statement From Date should match the begin date of the prior authorization. When requesting authorizations for Observation or Inpatient admissions, ensure to clarify the date the member began receiving services, such as when they entered the ER, not just the date the admission status changed.

Molina has an inpatient utilization review policy. Covered Services will be reviewed and evaluated to ensure procedures are Medically Necessary and provided in the most appropriate setting. All inpatient stays and observation stays require prior authorization. Molina evaluates all requests for inpatient stay for appropriate level of care. If such a request meets criteria for Observation, the Inpatient stay will be denied and an Observation stay authorized. If the patient fails Observation and continues to require hospitalization beyond 48 hours, and meets Inpatient continued stay criteria, the admission authorization will be converted to an inpatient stay from the beginning.

READMISSIONS

When a subsequent admission occurs to the same facility with the same or similar diagnosis within 24 hours of discharge, that readmission should be combined with the initial admission and will be processed as a continued stay.

When a subsequent admission to the same facility occurs within 2-30 days of discharge, and it is determined that the readmission is related to the first admission and determined to be preventable, then a single payment may be considered as payment in full for both the first and second hospital admissions.

For additional information, please review the Florida Medicaid Outpatient Hospital Services Coverage policy at the following link: [59G-4.160_Outpatient_Coverage_Policy_2019.pdf \(myflorida.com\)](#)

If you have any questions, please contact Molina Healthcare at 855-322-4076.

Thank you for your continued care to our members!