AmeriHealth Caritas Ohio

Three-Day Payment Window

Reimbursement Policy ID: RPC.0091.7700

Recent review date: 03/2025

Next review date: 07/2026

AmeriHealth Caritas Ohio reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas Ohio may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases,10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

Policy Overview

This policy addresses reimbursement of facility outpatient services provided during the 3-day (or 1-day) payment window of an inpatient admission.

Exceptions

When a patient's Medicaid coverage changes from Medicaid Fee-for-service to a Medicaid Managed Care Plan, or vice versa, on the date of an inpatient admission. When a patient is admitted under the IHSP benefit plan, the outpatient charges are not included in the inpatient stay. Per OAC rule 5160-2-76, outpatient hospital behavioral health (OPHBH) services provided in the outpatient hospital setting within three calendar days prior to the inpatient admission are exempt from the three-calendar roll-in policy.

Reimbursement Guidelines

Per OAC rule 5160-2-02, outpatient services provided within three calendar days prior to the date of admission will be covered as inpatient services; this includes emergency room and observation services. The three-calendar day roll in policy is only applicable when outpatient services are performed within 3 days of admission to the same hospital for the same recipient. All outpatient services provided within three calendar days prior to the inpatient admission need to be included on the inpatient claim. The “From Date” (statement covers period) should start with the first date of outpatient services and the “Through Date” should be the date of discharge. The “Admit Date” field should have the date the patient was admitted as an inpatient.

Definitions

N/A

Edit Sources

I. Current Procedural Terminology (CPT) and associated publications and services.
II. International Classification of Diseases,10th Revision, Clinical Modification (ICD-10).
III. Healthcare Common Procedure Coding System (HCPCS).
IV. Centers for Medicare and Medicaid Services (CMS).
V. The National Correct Coding Initiative (NCCI)
VI. Ohio Administrative Code, rule 5160-2-02, 5160-2-76
VII. Ohio.gov Hospital Billing Guidelines

Attachments

N/A

Associated Policies

N/A

Policy History

03/2025	Reimbursement Policy Committee Approval
04/2024	Revised preamble
08/2023	Removal of policy implemented by AmeriHealth Caritas Ohio from Policy History section
01/2023	Template Revised • Revised preamble • Removal of Applicable Claim Types table • Coding section renamed to Reimbursement Guidelines • Added Associated Policies section