AmeriHealth Caritas Ohio

Split Billing Guidelines

Reimbursement Policy ID: RPC.0092.7700

Recent review date: 09/2026

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. The health plan 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, 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, and, when specified, billed on a UB-04 form or its electronic equivalent.

To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Policy Overview

This policy addresses reimbursement of split-billed outpatient and inpatient facility services.

Exceptions

Services subject to the 3-day payment window are an exception to this policy.

Reimbursement Guidelines

All separately payable, non-repetitive hospital outpatient services provided on the same date of service must be billed on the same claim. If an outpatient claim for services matches another claim with the same date, the claim is not reimbursable.

Split-billing of an inpatient claim may be reimbursable when the admission and discharge dates cover two different calendar years. For example, if the patient is admitted on December 27 and discharged on January 3, a claim for each year may be submitted and separately reimbursable.

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-CM).
III. Healthcare Common Procedure Coding System (HCPCS).
IV. Centers for Medicare and Medicaid Services (CMS).
V. The National Correct Coding Initiative (NCCI) in Medicaid.
VI. https://codes.ohio.gov/ohio-administrative-code/rule-5160-2-02

Attachments

N/A

Associated Policies

N/A

Policy History

09/2026	Reimbursement Policy Committee Approval
09/2026	• Removed the next review date • Replaced the plan name with “the health plan”
05/2026	Biennial review • No major changes
06/2025	Minor updates to formatting and syntax
04/2025	Revised preamble
01/2025	Reimbursement Policy Committee Approval