



Clover Health Services Included in Facility Reimbursement Policy

Policy # RP-057

Policy Title	Services Included in Facility Reimbursement Policy
Policy Department	Payment Strategy & Optimization
Effective Date	4/1/2022
Revision Date(s)	
Next Review Date	

Disclaimer:

Clover Health applies The Center for Medicare and Medicaid Services (CMS) criteria and guidelines, National Coverage Determinations (NCD), Local Coverage Determinations (LCD), Clover Policies, and MCG for determining medical necessity. Clover Policies are intended to provide a standard guideline but are not used to preempt providers' judgment in rendering services. Providers are expected to provide care based on best practices and use their medical judgment for appropriate care.

Description:

This policy describes how Clover Health reimburses Services Included in Facility reimbursement. Clover Health follows CMS guidelines, and will not allow separate reimbursement for Non Physician services furnished to inpatients. All items and non physician services furnished to inpatients must be furnished directly by the hospital or billed through the hospital under arrangements. This provision applies to all hospitals, regardless of whether they are subject to PPS.

Definitions:

- **Prospective Payment System (PPS)**
 - A Prospective Payment System (PPS) is a method of reimbursement in which Medicare payment is made based on a predetermined, fixed amount. The payment amount for a particular service is derived based on the classification system of that service (for example, diagnosis-related groups for inpatient hospital services). CMS uses separate PPSs for reimbursement to acute inpatient hospitals, home health agencies, hospice, hospital outpatient, inpatient psychiatric facilities, inpatient rehabilitation facilities, long term care



hospitals, and skilled nursing facilities.

- **Physician/Practitioner**

- For purposes of this provision, the term “physician” is limited to doctors of medicine; doctors of osteopathy; doctors of dental surgery or of dental medicine; doctors of podiatric medicine; and doctors of optometry who are legally authorized to practice dentistry, podiatry, optometry, medicine, or surgery by the State in which such function or action is performed; no other physicians may opt out. Also, for purposes of this provision, the term “practitioner” means any of the following to the extent that they are legally authorized to practice by the State and otherwise meet Medicare requirements:
 - Physician assistant;
 - Nurse practitioner;
 - Clinical nurse specialist;
 - Certified registered nurse anesthetist;
 - Certified nurse midwife; • Clinical psychologist;
 - Clinical social worker;
 - Registered dietitian; or
 - Nutrition Professional

Policy:

Clover Health follows the CMS Prospective Payment System (PPS) where payment is based on a pre- established amount reimbursable to a facility for inpatient or outpatient services. Clover Health considers all costs associated with non physician services to be included in the payment to the facility and not separately reimbursable when reported on a CMS-1500 claim form by a physician or other qualified healthcare professional.

CMS defines certain services as Inpatient only services. Clover Health will not reimburse for these services when submitted on outpatient claims. Inpatient-only services have an OPPS status indicator of “C” and can be found in the OPPS Addendum B and are listed together in Addendum E. The lists are updated each year under the OPPS/ASC final rule.

References

[Addendum E. Final HCPC codes that would be paid only as Inpatient procedure.](#)



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[Medicare Benefit Policy Manual Chapter 15-Covered Medical and other Health Services; Section 40.4-Definition of Physician/Practitioner](#)

[Medicare Claims Processing Manual Chapter 3-Inpatient Hospital Billing: Section 10.4](#)

[Medicare Benefit Policy Manual \(cms.gov\) : Section 40](#)

[Medicare Claims Processing Manual Chapter 4-Part B Hospital : Section 180.7](#)