

PCHP Reimbursement Policy		
Topic: Preadmissions	Policy Number: PCHP.RI.014	Policy Section: Facility
Last Modification Date:	Effective Date: 5/15/2025	

Policy Disclaimer:

Please ensure adherence to correct billing and submission protocols. Utilize industry-standard, compliant codes when submitting claims. Services should be coded using Current Procedure Terminology® (CPT), Healthcare Common Procedure Coding System (HCPCS), and/or revenue codes. These codes specify the services or procedures rendered and must be fully substantiated in the medical record or office notes upon billing. Our reimbursement policies apply uniformly to both participating and non-participating professional providers and facilities, unless stated otherwise.

Failure to comply with appropriate coding/billing guidelines or current reimbursement policies may result in actions by PCHP, including claim rejection or denial, claim payment recovery/recoupment, or reimbursement adjustment to accurately reflect the services provided.

These reimbursement policies are designed to support you in submitting accurate claims and to clarify the criteria for reimbursement if PCHP covers the service under the member's benefit plan; however, coverage determination for items such as, but not limited to service, procedure, item, do not guarantee reimbursement. All billed services must align with authorization and medical necessity guidelines.

These reimbursement policies may be overridden by mandates in provider contracts, state or federal regulations, or Centers for Medicare & Medicaid Services (CMS) requirements. PCHP strives to implement policy changes promptly; any delays may necessitate recoupment of claims payment to the effective date as outlined in the policy. We reserve the right to periodically review and update these policies as needed, with the most current version available on our website upon any revisions.

Policy:

PCHP will reimburse preadmission services unless otherwise indicated by the State, CMS or contract. Generally, preadmission services are included in the inpatient reimbursement and consist of all diagnostic outpatient services and admission-related outpatient nondiagnostic services.

Admitting hospitals: preadmission services are included in the inpatient reimbursement for the three days prior to and including the day of the member's admission and, therefore, are not separately reimbursable expenses. This includes any entity wholly owned or wholly operated by the admitting hospital or by another entity under arrangements with the admitting hospital.

Other hospitals and units: preadmission services are included in the inpatient reimbursement within one-day prior to and including the day of the member's admission and, therefore, are not separately reimbursable expenses:



- Cancer Hospitals
- Children’s hospitals
- Long-term care hospitals
- Psychiatric hospitals and units
- Rehabilitation facilities and units (inpatient only)

Critical access hospitals are not subject to either the three-day or one-day payment window and, therefore, are separately reimbursable expenses from the inpatient stay reimbursement.

The three-day or one-day payment window does not apply to preadmission services included in the rural health clinic or federally qualified health center all-inclusive rate.

References:

This policy has been developed through consideration of the following:

- CMS, Department of Health and Human Services, Texas Health and Human Services and all applicable agencies, National Correct Coding Initiative, ICD-10 Classification.

Policy History:

Description	Date
Policy Created	May 10, 2024
Policy Approved	January 30, 2025