



CLINICAL MEDICAL POLICY	
<b>Policy Name:</b>	Inpatient Only
<b>Policy Number:</b>	MP-101-MC-PA
<b>Responsible Department(s):</b>	Medical Management
<b>Provider Notice/Issue Date:</b>	09/01/2023; 10/01/2022; 09/17/2021; 09/21/2020; 10/01/2019
<b>Effective Date:</b>	10/01/2023; 11/01/2022; 10/18/2021; 10/19/2020; 10/01/2019
<b>Next Annual Review:</b>	08/2024
<b>Revision Date:</b>	08/16/2023; 08/17/2022; 08/18/2021; 08/19/2020
<b>Products:</b>	Pennsylvania Medicare Assured
<b>Application:</b>	All participating hospitals and providers
<b>Page Number(s):</b>	1 of 2

**Policy History**

Date	Activity
10/01/2023	Provider Effective date
07/19/2023	QI/UM Committee review
07/19/2023	Initial policy developed

**Disclaimer**

Highmark Wholecare<sup>SM</sup> medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

**Policy Statement**

Highmark Wholecare<sup>SM</sup> may provide coverage under the medical-surgical benefits of the Company’s Medicare products for medically necessary hospital care.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person’s unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

## **Procedures**

1. Please review the specific National Coverage Determination (NCD), Local Coverage Determination (LCD), and/or Local Coverage Article (LCA) information, as well as other CMS sources.
2. Post-payment Audit Statement  
The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Wholecare<sup>SM</sup> at any time pursuant to the terms of your provider agreement.
3. Highmark Wholecare follows the guidance regarding procedures, identified by Medicare, as 'Inpatient-only' and will reimburse inpatient-only procedures regardless of the anticipated length of stay.



2023 Inpatient Only  
CMS 2023 PPS.xlsx

---

## **Reference Sources**

Novitas Solutions, Inc. Part B Fact Sheet: Observation Services. Last modified March 20, 2019. Accessed August 2, 2022.

Centers for Medicare and Medicaid Services (CMS). Local Coverage Article (LCA) Billing and Coding: Acute Care: Inpatient, Observation and Treatment Room Services (A52985). Original Effective date October 1, 2015. Revision Effective date January 1, 2022. Accessed on August 2, 2022.

Medicare Claims Process Manual: Chapter 30-Financial Liability Protections. Published date January 21, 2022. Accessed on August 2, 2022.

Centers for Medicare and Medicaid Services (CMS). Newsroom Fact Sheet: Two-Midnight Rule. October 30, 2015. Accessed on August 2, 2022.

Centers for Medicare and Medicaid Services (CMS). Hospital Outpatient PPS. CY 2022 Inpatient only (IPO) list. Addendum E. – Final HCPCS Codes that Would Be Paid Only as Inpatient Procedures for 2023. Accessed on July 12, 2023.

Centers for Medicare and Medicaid Services (CMS). Medicare Claims Processing Manual, Chapter 4 – Part B Hospital. Revision date June 15, 2022. Accessed on August 2, 2022.

Centers for Medicare and Medicaid Services (CMS). Medicare Benefit Policy Manual, Chapter 6 – Hospital Services Covered Under Part B. Revision date December 31, 2020. Accessed on August 2, 2022.