n05735

Partial Inpatient Authorization Policy

Values

Accountability ● Integrity ● Service Excellence ● Innovation ● Collaboration

Abstract Purpose:

This reimbursement policy outlines Network Health's process, for all lines of business, when Network Health approves a partial authorization for a member's inpatient hospital or skilled nursing stay.

Policy Detail:

All authorization requests are approved based on medical necessity.

I. When Network Health receives a claim for an inpatient hospital or skilled nursing stay, and the authorization approval dates do not match the entire length of the inpatient stay, the claim will be denied with Claims Adjustment Reason Code (CARC) Code 198 "*Precertification/notification/authorization/pre-treatment exceeded."*

II. Following our Claim Submission Policy, the provider may submit a corrected claim with the criteria below for claims payment:

A. Provider may submit corrected claim(s) splitting the denied claim into two (2) separate claims:
   1. One claim will contain the units and charges that coincide with the approval authorization
   2. A second claim will contain the units and charges that coincide with the denial authorization
      a. This claim will be denied according to the denial authorization issued by Network Health

OR

B. Provider may submit a corrected claim:
   1. The room and board lines will be split in to two (2) lines
      a. The first line will include the units and charges that coincide with the approval authorization
      b. The second line will include the units and charges that coincide with the denial authorization
         i. This line will be denied according to the denial authorization issued by Network Health

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