

~~Inpatient Hospital Services—Medical and Psychiatric~~

~~4.2007204 Inpatient Hospital Services—Medical and Psychiatric (07/26/201208/08/2023, 12-01GCR 22-107)~~

~~4.200.1 Definitions~~

~~The following definitions shall apply for use in 4.200:~~

- ~~(a) **Inpatient** means a Vermont Medicaid beneficiary who has been admitted to a medical institution as an inpatient on recommendation of a physician, naturopathic physician, dentist, or other qualified practitioner with admitting privileges and who –~~
- ~~(1) Receives room, board, and professional services in the institution for a 24-hour period or longer, or~~
 - ~~(2) Is expected by the institution to receive room, board, and professional services in the institution for a 24-hour period or longer even though it later develops that the patient dies, is discharged, or is transferred to another facility and does not actually stay in the institution for 24 hours.~~
- ~~(b) **Inpatient hospital services** means services that:~~
- ~~(1) are ordinarily furnished in a hospital for the care and treatment of inpatients;~~
 - ~~(2) are furnished under the direction of a physician, naturopathic physician, or dentist;~~
 - ~~(3) are furnished in a hospital that is maintained primarily for the care and treatment of patients with disorders other than mental diseases and meets the requirements for participation in Medicare as a hospital; and~~
 - ~~(4) do not include skilled nursing facility and intermediate care facility services furnished by a hospital with a swing-bed approval.~~

~~4.200.2 Covered Services~~

- ~~(a) Inpatient hospital services are covered by Vermont Medicaid according to the conditions for coverage at section 4.200.3 of this rule.~~
- ~~(b) Inpatient psychiatric services provided in a hospital that is maintained primarily for the care and treatment of patients with disorders other than mental diseases are covered to the same extent as inpatient hospital services related to any other type of care or treatment.~~
- ~~(c) Drugs furnished by the hospital as part of inpatient care and treatment, including drugs furnished in limited supply to permit or facilitate discharge from a hospital to meet the patient's requirements until a continuing supply can be obtained, are covered.~~

~~4.200.3 Conditions for Coverage~~

- ~~(a) Coverage for inpatient hospital services is limited to those instances in which the admission and continued stay of the beneficiary are determined medically necessary by the appropriate utilization review authority.~~

~~(a)(b) Coverage for inpatient hospital services are covered is limited to hospitals included in the Green Mountain Care Vermont Medicaid provider network.~~

~~These hospitals are:~~

~~A Vermont hospital approved for participation in Medicare; or~~

~~Out-of-state hospitals that are included in the Green Mountain Care Network Due to their close proximity to Vermont and that it is the general practice of residents of Vermont to secure care and services at these hospitals.~~

~~(c) Coverage for hospitals outside of the Green Mountain Care Vermont Medicaid provider network is only available if:~~

~~(1) an out-of-network hospital is approved either for Medicare participation or for Medical Assistance (Title XIX) participation by the single state agency administering the Title XIX program within the state where it is located; and~~

~~(2) the admission receives any required prior authorization as described in Section 4.200.4 of this rule. For emergent and urgent inpatient care, notification to DVHA is required within 24 hours of admission or the next business day. For all other inpatient care, an authorization must be obtained prior to the provision of services. Emergency and urgent care is defined in Medicaid Rule 7101.3.~~

~~(b) The current list of hospitals included in the Green Mountain Care Network Vermont Medicaid provider network is located on the Department of Vermont Health Access web site (<http://dvha.vermont.gov/for-providers/green-mountain-care-network>).~~

~~(e)(d)~~

~~Coverage for inpatient hospital services is limited to those instances in which the admission and continued stay of the beneficiary are determined medically necessary by the appropriate utilization review authority.~~

~~(d)(e) Coverage may also be extended for inpatients who are determined no longer in need of hospital care but have been certified for care in a nursing facility (Medicaid Rule 7606), behavioral health facility, or other specialized treatment center. (Medicaid Rule 7606).~~

4.200.4 Prior Authorization Requirements

~~(a) Elective inpatient admissions may require prior authorization at certain hospitals prior to the provision of services. Clinical prior authorization forms and the list of hospitals that require prior authorization for elective inpatient admissions can be found on the Department of Vermont Health Access website.~~

~~(a)(b) Prior authorization is not required for emergent and urgent inpatient care, however, notification to Vermont Medicaid is required within 24 hours of admission or the next business day. Emergency services are defined in Health Care Administration Rule 4.102.~~

~~7201.1 Inpatient Services (07/26/2012, 12-01)~~

~~Covered services include:~~

~~A. Care in a semi-private (2-4 beds) room;~~

~~B. Private room if certified medically necessary by a physician to avoid jeopardizing the health of the patient or to protect the health and safety of other patients. (No payment will be made~~

for any portion of the room charge when the recipient requests and is provided with a private room for his or her personal comfort; i.e., when the private room is not medically necessary;

- ~~C. Use of intensive care unit;~~
- ~~D. Nursing and related services (except private duty nurses);~~
- ~~E. Use of hospital facilities, such as operating and recovery room, X-ray, laboratory, etc;~~
- ~~F. Use of supplies, appliances and equipment, such as splints, casts, wheelchairs, crutches, etc.;~~
- ~~G. Blood transfusions;~~
- ~~H. Therapeutic services, such as X-ray or radium treatment;~~
- ~~I. Drugs furnished by the hospital as part of inpatient care and treatment, including drugs furnished in limited supply to permit or facilitate discharge from a hospital to meet the patient's requirements until a continuing supply can be obtained;~~
- ~~J. Rehabilitation services, such as physical therapy, occupational therapy, and speech therapy services;~~
- ~~K. Diagnostic services, such as blood tests, electrocardiograms, etc., but only when these services are specifically ordered by the patient's physician and they are reasonable and necessary for the diagnosis or treatment of the patient's illness or injury.~~

~~7201.24.200.5 Excluded Non-Covered Services (07/26/2012, 12-01)~~

- (a) ~~———— The following inpatient hospital services are excluded from coverage:~~
 - ~~(1) ————— Private room at patient's request for his-their personal comfort;~~
 - ~~(2) ————— Personal comfort items such as telephone, radio, or television in hospital room;~~
 - ~~(3) ————— Private duty nurses; and~~
 - ~~(4) ————— Experimental treatment and other non-covered procedures.~~

~~7201.3 Dental Procedures (07/26/2012, 12-01)~~

~~Coverage of inpatient hospital services for dental procedures is only in the following situations:~~

~~————— For beneficiaries age 21 and over:~~

~~————— When a covered surgical procedure is performed (see rule 7312); or~~

~~————— When prior authorization has been granted by the Department of Vermont Health Access in a case where hospitalization was required to assure proper medical management or control of non-dental impairment during performance of a non-covered dental procedure (e.g., a beneficiary with a history of repeated heart attacks must have all their other teeth extracted) and need for such hospitalization is certified by the physician responsible for the treatment of the non-dental impairment. Should the beneficiary already be hospitalized for the treatment of a medical condition and a non-covered dental procedure is performed during the hospital stay, prior authorization is not required. In these instances hospital and anesthesia charges are covered, but the services of the dentist performing the dental services are not.~~

~~————— For beneficiaries under the age of 21:~~

~~When prior authorization has been granted by the Department of Vermont Health Access and the DVHA dental consultant certified that the beneficiary required hospitalization either for management of other medical conditions or to undergo dental treatment.~~

~~7201.4 Psychiatric Care (07/26/2012, 12-01)~~

~~Inpatient psychiatric services provided in a hospital are covered to the same extent as inpatient services related to any other type of care or treatment. Authorization requirements are defined in Rule 7201.~~

~~7201.5 Care of Newborn Child (07/26/2012, 12-01)~~

~~For the period after the initial seven days or until the mother is discharged, whichever is earlier, coverage for continuing inpatient care of a newborn child requires application for and determination of the newborn child's eligibility, a separate Medicaid identification number and separate billing.~~

~~7201.6 Reimbursement (07/26/2012, 12-01)~~

~~Reimbursement for inpatient services is described in the Provider Manual, the State Plan, and the UB-04 Billing Manual.~~