How to Bill Claims for Hospital Stays of Less Than 24 Hours

This Provider Bulletin is an update to the information contained in the Anthem Blue Cross and Blue Shield (Anthem) State Sponsored Business Provider Operations Manual (Manual). The manual will be revised to include the information in the bulletin upon the next revision. You may view the latest manual at www.anthem.com.

Anthem values the care and service you provide to Hoosier Healthwise and Healthy Indiana Plan members, and we want to make sure that your claims are processed quickly.

For this reason, we would like to remind you how to bill claims for hospital stays of less than 24 hours. Most often, claims denied for a stay of less than 24 hours are claims that have the same admit and discharge date, or have a discharge date of the day after admission.

- Claims for patients who are transferred within 24 hours of admission should be billed as outpatient claims. This does not apply to neonatal claims, which are expressly one-day stays that fall under Diagnosis-Related Groups (DRGs):
  - DRG 637 – Neonate, died within one day of birth, born here, or
  - DRG 638 – Neonate, died within one day of birth, not born here
  - DRG 639 – Neonate, transferred less than five days old, born here
  - DRG 640 – Neonate, transferred less than five days old, not born here.
- For less than 24-hour stays, hospitals will be paid under the outpatient reimbursement methodology.
- Claims submitted for inpatient stays with the through date of service one day later than the from date of service will be subject to post payment review.

How to Correctly Bill Claims for Hospital Stays Less Than 24 Hours

When submitting claims for hospital stays of less than 24 hours, bill the claim as an Outpatient Hospital Services claim and follow these guidelines:

1. Service Codes - Be sure to include the correct CPT/HCPCS codes for each service.
2. Line Items - Bill each service for each date as separate line items.
3. Revenue Codes - Bill the revenue codes with the appropriate CPT/HCPCS codes.
4. Type of Bill - The type of bill field entry must be 13x.

Inpatient Next Day Discharge and 24 Hours or More

Submit medical records with next day discharge inpatient claims of 24 hours or more. Inpatient claims with next day discharge are assumed to be less than 24 hours if medical records are not provided.
What To Do If A Claim Was Denied

If you submitted a claim for a stay of less than 24 hours and it was denied because of incorrect billing procedure, please resubmit the claim following the guidelines above. Be sure to include the correct bill series type 13x. Denied claims for other reasons can be appealed following the standard appeal process.

For More Information

If you have questions about how to bill a claim, please contact our Provider Customer Care Center at 1-866-408-6132. Thank you.