PREMERA BLUE CROSS
An Independent Licensee of the Blue Cross Blue Shield Association

Payment Policy

cmi_171642

Title	**Preadmission Services**		
Number	**CP.PP.406.v1.8**		
Last Approval Date	08/18/26	**Original Effective Date**	01/01/18
Cross Reference	N/A		

Coverage of any service is determined by a member's eligibility, benefit limits for the service or services rendered and the application of the Plan's Medical Policy. Final payment is subject to the application of claims adjudication edits common to the industry and the **Plan's professional or facility services claims coding policies**. Reimbursement is restricted to the provider's scope of practice as well as the fee schedule applicable to that provider.

Purpose	This policy applies to all professional and facility claims.
Scope	Applies to all Premera Blue Cross, Premera Blue Cross Blue Shield of Alaska, LifeWise Health Plan of Washington, LifeWise Assurance Company, and Premera Blue Cross HMO lines of business and products.
Definitions	**3-Calendar Day Payment Window/72-Hour Rule:** The time period consisting of the day of admission and three calendar days preceding the date of an inpatient admission which will include the 72-hour time period that immediately precedes the time of admission but may be longer than 72 hours. **Diagnostic Services:** A service that is an examination or procedure performed on a patient in a hospital outpatient setting, to obtain information to aid in the assessment of a medical condition or the identification of a disease. Examples include, but are not limited to, blood chemistry, diagnostic x-rays, isotope studies, electrocardiograms, pulmonary function tests, thyroid function tests, and any other test given to determine the nature and severity of an ailment or injury. Hospital System: Two or more hospitals affiliated with, owned, or managed by a central organization. **Non-Diagnostic Services:** A service that is provided within the prior three calendar days which will include the 72-hour period that immediately precedes the time of admission, and which are related to the reason for the patient's inpatient admission regardless of whether the inpatient and outpatient diagnoses are the same. **Preadmission Services:** Any diagnostic or non-diagnostic service(s) related to a patient's inpatient admission, performed on the day of the inpatient admission or within the prior three calendar days which will include the 72-hour period that immediately precedes the time of an inpatient admission. **Related Services:** Services associated with the reason for the patient's admission.
Policy	The Plan considers all related diagnostic and non-diagnostic services (preadmission services) provided by a hospital system on the date of an inpatient admission or within three calendar days preceding the date of an inpatient admission which includes the 72-hour period that immediately precedes the time of admission to be considered part of/incidental to the inpatient admission hospital claim and not separately billable or reimbursable when billed on a separate outpatient facility claim.

	These related services that are rendered within the three-calendar day window or immediate 72-hour period prior to admission must be billed on the same claim as the inpatient admission. **Non-Related Services** Any services that are rendered within the three-calendar day window or the immediate 72-hour period prior to admission that are **unrelated** to a planned inpatient admission should be billed on a separate outpatient facility claim and must be identified by using ***Condition Code 51-Attestation of Unrelated Outpatient Non-Diagnostic Services*** in Field Locator 18-28 of the UB-04 claim form. **Unplanned Inpatient Admissions via Emergency Room** Any services that are rendered on the date of an unplanned inpatient admission as part of an emergency room visit that leads to the unplanned inpatient admissions should be included on the inpatient admission claim. Such an unplanned emergency inpatient admission should be identified using ***Admission Type Code 1-Emergency*** in Field Locator 14 of the UB-04 claim form. Emergency room visits that occur within three calendar days or the immediate 72 hours prior to an inpatient admission that are **diagnostically related to the** i**npatient admission** within the same hospital or effective with claim **dates of service on and after December 4, 2026**, the same hospital system, will be considered part of the inpatient admission and denied separate reimbursement when billed on a separate outpatient facility claim. **Exclusions** The following outpatient services will be considered excluded from the three-calendar day window/immediate 72 hours if they are not part of a diagnostic service, an emergency room visit, or related to a procedure which resulted in an inpatient admission: • Ambulance services • Maintenance renal dialysis • Chemotherapy • Outpatient surgery • Radiation therapy • Blood/RX products • Physical, occupational and speech therapies The Revenue Codes associated with these exclusion categories can be found in the Code/Coding Guidelines section of this Policy.

Codes/Coding Guidelines

For the purposes of this policy, the following Revenue Codes are associated with the "Exclusions" section above and include the following:

Revenue Code	Description
Ambulance Services	
0540	General
0541	Supplies
0542	Medical Transport
0543	Heart Mobile
0544	Oxygen
0545	Air Ambulance
0546	Neonatal Ambulance Services
0547	Pharmacy
0548	EKG Transmission
0549	Other Ambulance
Radiology - Therapeutic and/or Chemotherapy Administration	
0330	General
0331	Chemotherapy Administration-Injected
0332	Chemotherapy Administration-Oral
0333	Radiation Therapy- Therapeutic and/or Chemotherapy Administration-Radiation Therapy
0335	Chemotherapy Administration-IV
0339	Other
Blood and Blood Components/Products	
0380	General
0381	Packed Red Cells
0382	Whole Blood and Blood Products
0383	Plasma
0384	Platelets
0385	Leukocytes
0386	Other Blood Components
0387	Other Derivatives (Cryoprecipitates)
0389	Other Blood/Blood Components
Administration, Processing and Storage for Blood and Blood Components	
0390	General
0391	Administration (e.g., transfusions)
0392	Processing and Storage
0399	Other Blood Handling/Processing and Storage
RX/Pharmacy	
0250	General

0251	Generic Drugs
0252	Non-generic Drugs
0253	Take-Home Drugs
0254	Drugs Incident to other diagnostic services
0255	Drugs incident to radiology
0256	Experimental Drugs
0257	Nonprescription
0258	IV Solutions
0259	Other Pharmacy
Pharmacy Extension of 025X	
0631	Single Source Drug
0632	Multiple Source Drug
0633	Restrictive Prescription
0634	Erythropoietin (EPO) Less than 10K units
0635	Erythropoietin (EPO) More than/equal to 10K units
0636	Drugs requiring detailed coding
0637	Self-administered drugs
Physical Therapy	
0420	General
0421	Visit Charge
0422	Hourly Charge
0423	Group Rate
0424	Evaluation or Reevaluation
0429	Other Physical Therapy
Occupational Therapy	
0430	General
0431	Visit Charge
0432	Hourly Charge
0433	Group Rate
0434	Evaluation or Reevaluation
0439	Other Occupational Therapy
Speech Therapy-Language Pathology	
0440	General
0441	Visit Charge
0442	Hourly Charge
0443	Group Rate
0444	Evaluation or Reevaluation
0449	Other Speech Therapy
MAINTENANCE RENAL DIALYSIS	
Hemodialysis-Outpatient or Home	
0820	General
0821	Hemodialysis/Composite or Other Rate

0822	Home Supplies	
0823	Home Equipment	
0824	Maintenance/100%	
0825	Support Services	
0826	Hemodialysis-Shorter Duration	
0829	Other Outpatient Hemodialysis	
Peritoneal Dialysis-Outpatient or Home		
0830	General	
0831	Peritoneal/Composite or Other Rate	
0832	Home Supplies	
0833	Home Equipment	
0834	Maintenance/100%	
0835	Support Services	
0839	Other Outpatient Peritoneal Dialysis	
Continuous Ambulatory Peritoneal Dialysis (CAPD)-Outpatient or Home		
0840	General	
0841	CAPD/Composite or Other Rate	
0842	Home Supplies	
0843	Home Equipment	
0844	Maintenance/100%	
0845	Support Services	
0849	Other Outpatient CAPD	
Continuous Cycling Peritoneal Dialysis (CCPD)-Outpatient or Home		
0850	General	
0851	CCPD/Composite or Other Rate	
0852	Home Supplies	
0853	Home Equipment	
0854	Maintenance/100%	
0855	Support Services	
0859	Other Outpatient CCPD	
Miscellaneous Dialysis		
0880	General	
0881	Ultrafiltration	
0882	Home Dialysis Aid Visit	
0889	Other Miscellaneous Dialysis	

Violations of Policy	Violations of this policy by any party that enters into a written arrangement with the Plan may result in increased auditing and monitoring, performance guarantee contractual penalties, and/or termination of the contract. Disciplinary actions will be appropriate to the seriousness of the violation and shall be determined by the Plan.

Exceptions	• Medicare Advantage and Medicare Supplement products

	• Exceptions to the policy may be made where a provider or employer group contract dictates otherwise. • Hospitals which are paid under a reimbursement methodology other than a diagnosis-related group (DRG) reimbursement are exempt from this policy • The following hospitals, units and services are exempt from this policy criteria: o Psychiatric Hospitals and Psychiatric units o Inpatient Rehabilitation Hospitals and Rehabilitation units o Long-Term Care Hospitals o Children's Hospitals o Mother/Baby claims • Represented by related maternal and newborn ICD-10 diagnosis code ranges O00.00–O9A.53 & P00.0–P96.9 o Cancer Hospitals
Laws, Regulations & Standards	N/A
References and Resources	• Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010 (PACMBPRA) • Medicare Benefit Policy Manual, Publication 100-02, Chapter 6, Section 20.4.1 • Medicare Claims Processing Manual, Publication 100-04, Chapter 3, Section 40.3 and Chapter 4, Section 10.12

Policy Owner Review	Payment Integrity Oversight Committee	
Contact	Any questions regarding the contents of this policy or its application should be directed to the Payment Integrity Department.	
Annual Review Dates	08/18/26; 06/11/26; 06/12/25; 07/08/24; 10/12/23; 11/07/22; 12/02/21; 12/30/20; 01/10/20; 05/03/19; 09/06/18; 07/16/18; 01/15/18; 09/11/17	
Version History	01/15/18	Added an exception in the "Exceptions" section
	07/16/18	Clarified that the policy applies to hospital systems as well; Identified the Revenue Codes associated with the Exceptions noted in the Policy statement
	09/06/18	Revision to policy to indicate the policy does **NOT** apply to "hospital systems"
	05/03/19	Annual review; no changes
	01/10/20	Added a new "Exception" to exclude Psychiatric Hospitals and units, Inpatient Rehabilitation Hospitals, and units, long term care hospitals, Children's Hospitals, Mother/Baby claims and Cancer Hospitals from the requirements of this policy
	12/30/20	Clarified in the Purpose statement that the policy applies to facility services billed on a UB-04/CMS-1450 paper claim form or 837I electronic claim form. Added clarification that the "related services" that would not be separately reimbursed are those services billed on an Outpatient facility claim. Added resources which were used to create the policy.
	12/02/21	Clarified Purpose statement.

		Added reference to the 72-hour rule in association to the 3 Calendar Day Payment Window references in the Definitions and Policy sections
	11/07/22	Annual review; no changes
	10/12/23	Annual review; no changes
	07/08/24	Annual review; no changes
	06/12/25	Annual review; no changes
	06/11/26	• Changed policy title from "Preadmission Testing" to "Preadmission Services." • In definitions section changed "Preadmission Testing" to "Preadmission Services." • In Exceptions section clarified Mother/Baby claims to include diagnosis related ranges
	08/18/26	• Added description of "Hospital System" • Added "within the same hospital or effective with claim **dates of service on and after December 4, 2026**, the same hospital system" to the paragraph for Unplanned Inpatient Admissions via Emergency Room within the policy section.

This policy was published on August 25, 2026