Professional Pricing Policy

Subject: **Expenses Included in Facility Services**	
Policy Number: HLAP-0003	Policy Section: **Administration**
Last Approval Date: September 1, 2020	Effective Date: October 17, 2020

Disclaimer

These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for allowed amounts for HealthLink members. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes and/or Revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to participating providers and facilities.

If appropriate coding/billing guidelines are not followed, HealthLink and/or its Payors may:

- *Reject or deny the claim*
- *Recover and/or recoup claim payment*

These policies may be superseded by provider or State contract language, or State, Federal requirements or mandates.

We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or adjust pricing accordingly to the effective date. HealthLink reserves the right to review and revise its policies periodically when necessary. When there is an update, we will publish the most current policy to the website. Note: medical claim pricing and processing services provided by HealthLink are available to a payor; however not all payors purchase such services for the benefit plans they sponsor.

Policy

HealthLink defines the following components of an inpatient facility stay or an outpatient facility visit to be included in its "all-inclusive" payment rate. Services included in the facility payment rate are:

- Counseling services
- Drugs/Medication
- Durable Medical Equipment
- Equipment usage
- Facility fees/operational fees
- Laboratory and pathology testing including specimen collection and related supplies
- Maintenance of facility infrastructure
- Miscellaneous supplies
- Nursing and staff time or services
- Observation/treatment rooms
- Overhead costs
- Pre-admission testing/pre-surgical testing
- Radiology studies
- Room and board
- Therapy and rehabilitation services such as physical, occupational, and speech therapy, and cardiac and pulmonary rehabilitation

HealthLink does not separately allow for any other independent provider or vendor that furnishes any such component services that are reported in addition to the primary facility's charges. HealthLink considers the independent provider charges to be part of the payment rate the facility receives for the inpatient facility stay or outpatient facility visit, and considers the facility to be responsible for those services.

Related Coding

Code	Description	Comment
N/A	N/A	Standard correct coding applies

Exemptions

Definitions

General Professional Pricing Policy Definitions

Related Policies and Materials

References and Research Materials

This policy has been developed through consideration of the following

- CMS

Use of Pricing Policy

This policy is subject to federal and state laws, to the extent applicable, as well as the terms, conditions, and limitations of a member's benefits on the date of service. Pricing Policy is constantly evolving and we reserve the right to review and update these policies periodically.