

HOSPITAL ADMINISTRATIVE DAY POLICY

Provider Request and Authorization Process:

1. Administrative days may be requested by an acute care facility **within 2 business days from date of adverse determination for administrative days to be considered. Retro requests will be considered but must contain clear documentation of substantial discharge barriers to be considered.**
2. Provider should fully complete and submit **Request for Administrative Days** form.
 - a. Requests form should be submitted via the portal or faxed to the following numbers:
 - i. Physical Health Fax Number: 1-800-856-9434
 - ii. Behavioral Health/Substance Use Fax Number: 1-800-498-8217
 - b. The preferred method for providers to submit the form is electronic via the provider portal, however, forms may also be completed by hand and submitted via fax. Handwritten forms must be legible. Illegible and/or incomplete forms will be rejected, and administrative days will not be approved.
3. CountyCare will review the Request for Administrative Days form for documentation of substantial discharge barriers and efforts to transition the member to an alternative level of care based on the criteria noted in Addendum A (see below).
 - a. If approved, the UM clinician will approve up to 7 calendar days at time. Subsequent requests for review would still need to meet criteria for administrative days.
 - b. If request does not meet criteria, including the facility not providing additional information requested, then CountyCare will send a Service Rejection form.

Provider Claims / Billing Submission Requirements:

HFS /CountyCare will allow \$289.48 per day payment for correctly document and authorized Administrative Days. Add-on payments (MHVA, MPA or any others) **do not apply** to Administrative Days per legislative mandate.

Administrative Days will need to be billed on an UB04/837I Institutional Claim format. When Administrative Days are necessary, the facility will submit two claims to the MCO:

Claim 1: Regular inpatient claim with room and board, services and ancillaries

- follow billing guidelines per the inpatient section of the [IAMHP Comprehensive Billing Guide](#)
- the regular inpatient claim must have discharge date preceding admission date of Claim 2
- must use discharge code 95

Claim 2: Inpatient claim for Administrative Days only

- submit using revenue code 0169 for room and board charges only
- ancillary codes/services should not be billed on this second claim and will not be payable by an MCO while the member is awaiting placement
- value code 80 should be utilized for all Administrative Days on Claim 2.
- The inpatient claim for Administrative Days must have admission date subsequent of discharge date from Claim 1
- use Type of Bill 011X

- since the second claim is reimbursable at a per diem rate, the standard HFS rules for Interim Claims apply. As noted in the [IAMHP Comprehensive Billing Guide](#), interim claims for inpatient services rendered and paid by the per diem reimbursement methodology cannot be split unless the stay exceeds 30 days or the patient is transferred to another facility or category of service.