

Inpatient Hospital Admission – Notification Guidelines

Inpatient Hospital Admission Notification Requirements

- For inpatient admissions to acute care hospitals, Medica requires notification of admission to an inpatient status within 24 hours, or next business day for a weekend or holiday admission.
- For discharges, notify Medica within 24 hours of discharge, or next business day for weekend or holiday discharge. Discharge information should include the discharge date and discharge disposition.
- **PRIOR AUTHORIZATION IS REQUIRED** for admissions to Skilled Nursing Facilities (SNFs), Acute Rehab Units/Hospitals, and Long-term Acute Care Hospitals (LTACH), [See the related Medica utilization management policy.](#)

Admission Notification is *not* required for the following:

- Routine labor and delivery admissions for the following federally mandated guidelines: Normal vaginal delivery w/post-partum length of stay (LOS) of 48 hours or less; Cesarean section delivery w/post-partum length of stay (LOS) of 96 hours or less.
 - Notification is required within 24 hours or next business day following a weekend or holiday admission for the following circumstances:
 - Admissions without delivery
 - Mom and/or baby stay longer than the federally mandated guidelines
 - Baby is admitted to Special Care, Level II, or neo-natal intensive care unit (NICU)
- Outpatient surgery. If admission status changes to inpatient for any reason, notification is required within 24 hours or next business day for a weekend or holiday admission.
- Observation status with *no hour limit*. If admission status changes to inpatient for any reason, notification is required within 24 hours or next business day for a weekend or holiday admission.
- For the following plans: Medica Select Solution[®] and Medica Prime Solution[®]

Information Needed to Report Hospital Admission

The following elements are necessary for accurate and timely processing of an inpatient admission notification.

- Medica member name & Medica ID number
- Member date of birth (DOB), address and phone number
- Admission date – if discharged provide discharge date and disposition
- Facility name & National Provider Identifier (NPI)
- Admitting physician (first & last name) & National Provider Identifier (NPI)
- Admitting diagnosis and/or ICD-10 code
- Admission source (emergency, elective, etc.) and admission type (medical, surgical, etc.)
- Contact name & phone/fax number (for additional information if needed)

Submission of Hospital Admission & Discharge Notification

For all Medica members, notification of admission and discharge are accepted in one of the following ways:

1. Medica's Provider Portal on www.medica.com at For Providers>[Electronic Transactions](#)
2. Fax of a Daily Facility Admission / Discharge Report to 952-992-3555
3. Fax of a completed [Inpatient Notification Form](#) to 952-992-3555
4. Telephone: 1-800-458-5512 to report hospital admissions and/or request prior authorization for SNF, Acute Rehab, or LTACH admissions.

The [Inpatient Notification Form](#) is located on medica.com at For Providers>Administrative Resources>Claim Tools>Inpatient Notification Form.

Definitions

Admission:	The admittance of a member to a licensed bed or facility for a period greater than 24 hours.
Hospital:	A facility that provides diagnostic, medical, therapeutic, and surgical services by or under the direction of physicians and with 24 hour RN nursing services.
Inpatient:	An uninterrupted stay of 24 hours or more with an inpatient status, a hospital, skilled nursing facility, long term acute care facility, acute rehab facility, or other care facility
Observation:	A well-defined set of clinically appropriate services that includes short-term treatment, assessment and reassessment before a decision can be made as to whether a patient can be discharged or requires further treatment as an inpatient.
Skilled Nursing Facility:	A licensed bed or facility (including an extended care facility, hospital swing-bed and transitional care unit) that provides skilled transitional care
Swing-Bed:	“Swing-Bed” terminology derived from Medicare criteria: A hospital with fewer than 50-100 beds, can “swing” its beds between Hospital and Skilled Nursing Facility levels of care on an as-needed basis – provided the hospital has obtained swing-bed approval from the Department of Health & Human Services/CMS.