

PROVIDER NOTICE

Provider Relations Department: 888-895-4998 (Option 4)

Updated Reimbursement Policy RPC.037

Effective Date: Oct. 18, 2024

Health Plans Affected: Advantage MD, Employer Health Programs (EHP), Priority Partners, US Family Health Plan (USFHP)

Type of Change: Reimbursement

Explanation of Change:

Johns Hopkins Health Plans has released its notification of the following updated reimbursement policy:

(RPC.037) Inpatient Reimbursement Guidelines - Updated

- Johns Hopkins Health Plans follows the direction of CMS, the National Center for Health Statistics (NCHS), and the Department of Health and Human Services (DHHS) on the coding and sequencing of diagnosis codes guidelines based on the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) for Coding and Reporting.
- Consistent with ICD-10 CM and the Uniform Hospital Discharge Data Set (UHDDS) Guidance, the circumstances of inpatient admission always govern the selection of principal diagnosis.
- ICD-10-CM guidelines that denote mutually exclusive codes, representing two conditions that cannot be reported together, will be denied. Providers are to report codes in alignment with the Excludes 1 or Excludes 2 guidelines when submitting claims.
- For certain conditions, the ICD-10-CM has a coding convention that requires the underlying condition be sequenced first, if applicable, followed by the manifestation. Wherever such a combination exists, there are instructional notes to indicate the proper sequencing order of the codes. Claims with the diagnosis code reported in the incorrect sequence will be denied.
- Johns Hopkins Health Plans will now require an itemized bill for any facility claim with billed charges that are equal to or greater than \$75,000. Claims submitted to Johns Hopkins Health Plans without an itemized bill may be denied due to missing information. Providers should make updates to their billing practices to avoid delays in processing and payment.
- In accordance with MDH and COMAR guidance, Priority Partners providers must be actively enrolled in [ePREP*](#), when services are rendered.

REFERENCES*:

- [CMS Hospital-Acquired Conditions](#)
- [COMAR - Maryland Department of Health - Maryland Medicaid Administration](#)
- [Medicare Billing Form CMS-1450 and the 837I Booklet](#)
- [Medicare Claims Processing Manual Ch. 1 - General Billing Requirements](#)

- [Medicare Claims Processing Manual Ch. 3 - Inpatient Hospital Billing](#)
- [Medicare Claims Processing Manual Ch. 25 - Completing and Processing the Form CMS-1450 Data Set](#)
- [National Uniform Billing Committee \(NUBC\)](#)
- [TRICARE Reimbursement Manual](#)
- [TRICARE Manuals - Display Ch. 2 Sect 5.4](#)

To view the [Johns Hopkins Health Plans Reimbursement Policies](#) on or after the effective date, please go to: **[HopkinsHealthPlans.org](#) > [For Providers](#) > [Policies](#) > [Reimbursement Policies](#)**

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