



Acute Inpatient Diagnosis in the Office Setting

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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROFESSIONAL	FACILITY	DME	AMBULATORY SURGERY	LAB	OTHER

LINES OF BUSINESS IMPACTED

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
COMMERCIAL	BLUE MEDICARE ADVANTAGE	ACA QHP¹	SMALL GROUP ACA	JAA²	FEP³	DENTAL

¹ ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family ² JAA: Joint Administrative Account ³ FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

Description/Application

CMS compensates Medicare Care Organizations (such as Blue Cross Blue Shield of Kansas City) using a risk adjustment payment methodology. This methodology assigns members a clinical risk score that is calculated based on their medical conditions and demographic/socio-economic factors.

Policy

In September 2020, the Office of Inspector General (OIG) published a report that identified CMS overpayments to health plans due to providers in professional settings over-coding of acute conditions. The report identified the need for health plans to ensure providers in professional settings do not inappropriately document acute conditions where the patient's severity of illness and/or servicing the patient's medical conditions are performed in an inpatient setting.

To adopt OIG's recommendations, Blue Cross Blue Shield of Kansas City contracted providers shall not charge, bill, or collect a fee when an acute inpatient diagnosis is submitted with POS 11 (office).

When a patient is seen in an outpatient setting, conditions that are no longer active and/or not being treated should not be actively reported; this includes problem list diagnoses that have been resolved.

When a diagnosis no longer exists and has been resolved, document as "history of." Examples include the history of a cerebrovascular accident (CVA) or history of a myocardial infarction.

Report history of and status codes when pertinent and/or influential to the current care or treatment.

To view the Office of Inspector General's report of "Incorrect Acute Stroke Diagnosis Codes Submitted by Traditional Medicare Providers," please see Incorrect Acute Stroke Diagnosis

Coding

Codes	Description
N/A	N/A

References and Resources

Blue KC Provide Reference Guide
American Medical Association
Office of Inspector General (OIG)

Related Documents

N/A

Revision History

Version	Date	Summary of Revisions
001	1/1/2022	Initial Version

002	1/1/2023	Annual review, there were no changes or updates made to the policy.
003	1/1/2024	Annual review, there were no changes or updates made to the policy.
004	1/1/2025	Annual review, there were no changes or updates made to the policy.
05	1/1/2026	Annual review, there were no changes or updates made to the policy.