



Inpatient (IP) Hospital Services Covered Under Part B

**Welcome to WPS - Medicare's
Computer Based Training on Inpatient
(IP) Hospital Services Covered Under
Part B.**

Objectives

- Understand when IP Part B services are payable
- Understand what IP Part B services are payable
- Understand billing requirements
- Understand the editing of hospital IP Part B services

When Can IP Part B Services Be Paid?

- **In PPS hospitals, Part B payment can be made if:**
 - **Benefit days exhausted before admission**
 - **Admission disapproved as not reasonable and necessary**

When Can IP Part B Services Be Paid? (Con't)

- The day or days of the otherwise covered stay were not reasonable and necessary**
- The patient was not otherwise eligible for or entitled to coverage under Part A**

When Can IP Part B Services Be Paid? (Con't)

- **In non-PPS hospitals, Part B payment can be made for services on any day if:**
 - **Benefit days are exhausted**
 - **Services are not at the hospital level of care**
 - **The patient is not otherwise eligible or entitled to payment under Part A**

What Inpatient Part B Services Are Payable?

- **Diagnostic tests**
- **X-ray, radium and radioactive isotope therapy**
- **Surgical dressings, and splints, casts and other devices**
- **Prosthetic devices**
- **Braces, trusses, and artificial legs, arms, and eyes**

What Inpatient Part B Services Are Payable? (Con't)

- **Outpatient PT, SLP & OT**
- **Screening mammography services**
- **Screening pap smears**
- **Influenza, pneumococcal pneumonia,
& hepatitis B vaccines**
- **Colorectal screening**
- **Bone mass measurements**

What Inpatient Part B Services Are Payable? (Con't)

- **Diabetes self-management**
- **Prostate screening**
- **Ambulance service**
- **Hemophilia clotting factors**
- **Immunosuppressive drugs**

What Inpatient Part B Services Are Payable? (Con't)

- **Oral anti-cancer drugs**
- **Oral drugs prescribed for use as an acute anti-emetic used as part of an anti-cancer chemotherapeutic regimen**
- **Epoetin Alfa (EPO)**

Inpatient Part B Billing Requirements

- **Coding for inpatient Part B must include:**
 - **FL 4 Type of Bill (012x)**
 - **FL 12 Admission Date**
 - **FL 14 Admission Type**
 - **FL 15 Source of Admission**
 - **FL 17 Patient Status Code**
 - **FL 69 Admitting Diagnosis Code**

Editing of Hospital Part B Inpatient Services

- **Edits are in place to prevent payment on 012x type of bills containing certain revenue codes**
 - **These revenue codes can be found in the Medicare Claims Processing Manual (Pub. 100-04), Chapter 4, Section 240.1**

Resources

- **CMS Internet-Only Manual System**
 - **www.cms.hhs.gov/manuals/**
 - **Pub. 100-02, Chapter 6, Section 10**
 - **Pub. 100-02, Chapter 11**
 - **Pub. 100-02, Chapter 14**
 - **Pub. 100-02, Chapter 15**
 - **Pub. 100-04, Chapter 4, Section 240 - 240.1**
 - **WPS Medicare Web Site**
 - **www.wpsmedicare.com**

Summary

- **Payment may be made under Part B for hospital inpatients if payment cannot be made under Part A**
- **Hospital providers need to be aware of when and what services are payable**
- **There are special billing requirements**
- **Edits are in place to insure proper payment**

This presentation is intended to be used for educational purposes only. Medicare regulations and guidelines are to be used as the final authority.

**Thank you, you have completed
the CBT.**

**Would you like to take a 10 question
knowledge check?**

Yes, let's get started.

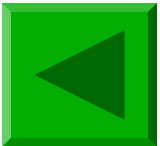
No, please take me back to
WPS Medicare's Provider
Homepage.

Inpatient Part B billing applies to PPS hospitals as well as to non-PPS hospitals.

True

False

**That is not correct, please try
again.**



**This is true. Inpatient Part B
billing applies to both PPS
and non-PPS hospitals.**

Only diagnostic services, such as x-ray and laboratory tests, are payable as an inpatient Part B service.

True

False

This is false. Other services, such as prosthetic devices, therapies, preventive services, etc., may be billed as inpatient Part B services.

Claims are edited to prevent payment on Type of Bill 12x for claims containing certain revenue codes.

True

False

This is true. CMS Pub. 100-04, Chapter 4, Section 240.1 lists revenue codes which are not applicable to inpatient Part B services.

Part B payment can be made if no Part A prospective payment is made at all for the hospital stay because of patient exhaustion of benefits days before admission.

True

False

**This is true. Part B services may
be paid when benefits are
exhausted before admission.**

Part B payment can not be made if the admission was disapproved as not reasonable and necessary.

True

False

This is false. Part B services may be paid when the admission was disapproved as not reasonable and necessary.

Part B payment may be made if the patient is otherwise eligible for or entitled to coverage under Part A.

True

False

**This is false. Part B payment
may not be made when a
patient is otherwise eligible
for or entitled to coverage
under Part A.**

In-non-PPS hospitals, Part B payment may be made for services on any day for which Part A payment is denied. This includes when benefit days are exhausted, services are not at the hospital level of care, or patient is not otherwise eligible or entitled to payment under Part A.

True

False

**This is true. This information
is located in CMS Pub. 100-
02, Chapter 6, Section 10.**

Drugs are not considered billable
as an inpatient Part B service.

True

False

This is false.

Immunosuppressive drugs, oral anti-cancer drugs and oral drugs prescribed for use as an anti-cancer chemotherapeutic regimen, and epoetin alfa (EPO) may be billed as an inpatient Part B service.

Inpatient Part B services are paid under OPPS as well as other payment methods.

True

False

This is true. CMS Pub. 100-04, Chapter 4, Section 240 lists which services are paid under OPPS and which services are paid under other payment methods.

Catheters and colectomies are not classified as prosthetic devices and cannot be billed as inpatient Part B services.

True

False

This is false. Catheters and colectomies are classified as prosthetic devices.

Thank you, you have completed the Knowledge Check.

Would you like to take another CBT?

Yes, let's get started.

No, please take me back to
WPS Medicare's Provider
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