

1 Department of Human Services

2

3 Adopted Permanent Rules Relating to Reimbursement for Inpatient  
4 Hospital Services

5

6 Rules as Adopted

7 9500.1090 PURPOSE AND SCOPE.

8 Parts 9500.1090 to 9500.1155 establish a prospective  
9 reimbursement system for inpatient hospital services provided  
10 under medical assistance.

11 All provisions of parts 9500.1090 to 9500.1155, except part  
12 9500.1155, subpart 6, shall apply to general assistance medical  
13 care substituting the terms and data for general assistance  
14 medical care for the terms and data referenced for medical  
15 assistance.

16 Effective January 1, 1987, reimbursements for medical  
17 assistance shall be partitioned into reimbursements for persons  
18 determined eligible for Aid to Families with Dependent Children  
19 or Aid to Families with Dependent Children extended medical  
20 coverage and for persons determined eligible for medical  
21 assistance on some other basis, including persons eligible  
22 because of receipt of Supplemental Security Income and Minnesota  
23 Supplemental Aid and persons eligible as medically needy.

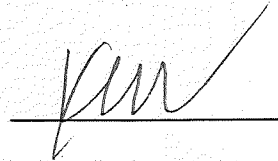
24 9500.1095 STATUTORY AUTHORITY.

25 Parts 9500.1090 to 9500.1155 are authorized by Minnesota  
26 Statutes, section 256.969, subdivisions 2 and 6. Parts  
27 9500.1090 to 9500.1155 must be read in conjunction with Titles  
28 XVIII and XIX of the Social Security Act, Code of Federal  
29 Regulations, title 42, Minnesota Statutes, chapters 256, 256B,  
30 and 256D, and parts 9505.0500 to 9505.0540.

31 9500.1100 DEFINITIONS.

32 Subpart 1. to 19. [Unchanged.]

33 Subp. 20. Diagnostic categories. "Diagnostic categories"  
34 means the list of diagnostic diagnosis related groups in the



1 diagnostic classification system established under Minnesota  
 2 Statutes, section 256.969, subdivision 2, according to the  
 3 diagnostic diagnosis related groups (DRGs) under medicare with  
 4 adjustments as follows:

5	Diagnostic Categories	DRG Numbers Within the
6		Diagnostic Category

7 A. to NN. [Unchanged.]

8 Subp. 21. [Unchanged.]

9 Subp. 21a. [See Repealer.]

10 Subp. 22. to 26. [Unchanged.]

11 Subp. 27. **Inpatient hospital service.** "Inpatient hospital  
 12 service" means a service provided by or under the supervision of  
 13 a physician after a recipient's admission to a hospital and  
 14 furnished in the hospital for the care and treatment of the  
 15 recipient. The inpatient hospital service may be furnished by a  
 16 hospital, physician, or a vendor of an ancillary service which  
 17 is prescribed by a physician and which is eligible for medical  
 18 assistance or general assistance medical care reimbursement.

19 Subp. 28. [Unchanged.]

20 Subp. 29. **Medical assistance or MA.** "Medical assistance"  
 21 or "MA" means the program established under Title XIX of the  
 22 Social Security Act and Minnesota Statutes, chapter 256B. For  
 23 purposes of parts 9500.1090 to 9500.1155, except part 9500.1155,  
 24 subpart 6, "medical assistance" includes general assistance  
 25 medical care unless otherwise specified.

26 Subp. 30. to 41. [Unchanged.]

27 Subp. 42. **Readmission.** "Readmission" means an admission  
 28 that occurs within 15 days of a discharge of the same  
 29 recipient. The 15-day period does not include the day of  
 30 discharge or the day of readmission.

31 Subp. 43. to 49. [Unchanged.]

32 Subp. 50. **Transfer.** "Transfer" means the movement of a  
 33 recipient after admission from one hospital directly to another.

34 Subp. 51. and 52. [Unchanged.]

35 9500.1130 REIMBURSEMENT PROCEDURES.

36 Subpart 1. to 3. [Unchanged.]

1 Subp. 4. Adjustment to reimbursement. Reimbursements  
2 shall be adjusted by the department for the reasons specified in  
3 subpart 5 and for inappropriate utilization as determined by the  
4 commissioner under parts 9505.0500 to 9505.0540 and parts  
5 9505.1910 to 9505.2020 and as otherwise provided by law.  
6 Adjustment to a hospital's account shall be according to parts  
7 9505.0500 to 9505.0540.

8 Subp. 5. Rejection of claims. Claims shall be rejected by  
9 the department for the reasons specified in items A and B.

10 A. Claims will not be reimbursed if the hospital  
11 fails to:

12 (1) obtain prior authorization;

13 (2) provide documentation of a confirming second  
14 surgical opinion;

15 (3) receive admission certification; or

16 (4) assign a claim to one of diagnostic

17 categories in part 9500.1100, subpart 20.

18 B. Claims will not be reimbursed if inpatient  
19 hospital services also covered under Medicare have already been  
20 denied under Medicare, on grounds other than medical necessity.

21 Subp. 6. [Unchanged.]

22 Subp. 7. Reimbursement for transfers. Reimbursement for  
23 transfers shall be made as specified in items A and B.

24 A. [Unchanged.]

25 B. A discharging hospital is not eligible for a  
26 transfer reimbursement under item A for services provided to a  
27 discharged recipient if the admission to the discharging  
28 hospital was not due to an emergency, as defined in part  
29 9505.0500, subpart 11, and the discharging hospital knew or had  
30 reason to know at the time of admission that the inpatient  
31 hospital services that were medically necessary for treatment of  
32 the recipient were outside the scope of the hospital's available  
33 services and the readmission to another hospital resulted  
34 because of the recipient's need for those services.

35 Subp. 8. Reimbursement for readmissions. An admission and  
36 readmission to the same or a different hospital shall be

1 eligible for reimbursement according to the criteria in parts  
2 9505.0500 to 9505.0540.

3 Subp. 9. to 12. [Unchanged.]

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5 REPEALER. Minnesota Rules, part 9500.1100, subpart 21a is  
6 repealed.