

**INPATIENT ONLY PROCEDURES**

Date of origin: Jan. 2024

Review dates: None yet recorded

**APPLIES TO**

This policy applies to all Priority Health Medicare and Medicaid plans for both professional and facility claims, in and out of network.

For Priority Health commercial plans, follow the current authorization process for those inpatient only codes falling under InterQual criteria.

**DEFINITION**

This policy describes Priority Health's guidelines for inpatient only procedures reported in an outpatient setting.

**POLICY SPECIFIC INFORMATION****General guidelines**

The Centers for Medicare and Medicaid Services (CMS) inpatient only list is a listing of services that should only be performed in an inpatient setting due to the level of medical complexity.

Claims will be denied and returned to the provider when a procedure code with a status indicator of "C" (inpatient only) is reported in any place of service other than inpatient.

**RESOURCES**

- [CMS's Medicare Claims Processing Manual](#)
- [CMS's Hospital Outpatient PPS](#)

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**CHANGE / REVIEW HISTORY**

Date	Revisions made