



June 25, 2024

Nevada Medicaid Web Announcement 3379

Attention Provider Type 11 (Inpatient Hospital) and Provider Type 13 (Inpatient Psychiatric Hospital): Administrative Days Policy

Consistent with Code of Federal Regulations (CFR) [42 CFR 482.43](#) and the Division of Health Care Financing and Policy (DHCFP) Medicaid Services Manual (MSM) [Chapter 200](#), Section 203.2(K), and [Chapter 400](#), Section 403.2B(3)(d), hospital providers are required to ensure safe discharge plans are in place prior to discharging a patient. The CFR specifically states that hospitals must be in compliance with discharge requirements that include: “transfer or refer the patient where applicable, along with all necessary medical information pertaining to the patient’s current course of illness and treatment, post-discharge goals of care, and treatment preferences, at the time of discharge, to the appropriate post-acute care service providers and suppliers, facilities, agencies, and other outpatient service providers and practitioners responsible for the patient’s follow-up or ancillary care.”

Administrative days are inpatient hospital days reimbursed at a lower per diem rate when a recipient’s status no longer meets an acute Level of Care (LOC). If discharge is ordered, a recipient’s medical record must contain documentation that alternative appropriate placement is not available, despite a hospital’s comprehensive discharge planning efforts.

The primary purpose and function of administrative days is to assist hospitals, which, through no fault of their own, cannot discharge a recipient who no longer requires acute level services, due to lack of, or a delay in, an alternative appropriate setting, which includes the adequate and comprehensive documentation of discharge planning efforts.

There are two levels of administrative days, skilled or intermediate, which are both reimbursable under Nevada Medicaid through the Administrative Days Policy as discussed within the MSM Chapter 200 and Chapter 400. Please review the following sections within these MSM chapters for more details on skilled and intermediate days: Sections 204.1 and 403.11A.

Use revenue codes 0160 and 0169 to bill for administrative days, as applicable. At least one acute inpatient hospital day must immediately precede an administrative level of care day. Admission from the community, another facility, a physician’s office, emergency department (ED), or observation directly to an administrative level of care are not covered.

Prior authorization is required for Administrative Days. Administrative day policy is consistent with the inpatient prior authorization and utilization review policies. Submit all pertinent discharge planning information to the QIO-like vendor [the Quality Improvement Organization] with a prior authorization request, when applicable, and obtain authorization for administrative days within timeframes required by the QIO-like vendor.

Maintain documentation of appropriate, comprehensive discharge planning in recipient’s medical records. This includes, but is not limited to:

1. All placement efforts, contacts and contact results;
2. Discharge planning notes from applicable social workers, case managers and/or nurses;
3. Physicians’ orders and/or progress notes;
4. Modification to the discharge plan, whenever applicable; and
5. Acceptable reason and timeframes of unavoidable discharge planning delay.

Should you have any questions regarding this notice, please reach out to the DHCFP Behavioral Health Unit at BehavioralHealth@dhcfp.nv.gov or the Medical Benefits Coverage Unit at medicalprograms@dhcfp.nv.gov