
Inpatient Hospital Services

4.200 Inpatient Hospital Services (09/01/2023, GCR 22-107)

4.200.1 Definitions

The following definitions shall apply for use in 4.200:

- (a) **Inpatient** means a Vermont Medicaid beneficiary who has been admitted to a medical institution as an inpatient on recommendation of a physician, naturopathic physician, dentist, or other qualified practitioner with admitting privileges and who –
- (1) Receives room, board, and professional services in the institution for a 24-hour period or longer, or
 - (2) Is expected by the institution to receive room, board, and professional services in the institution for a 24-hour period or longer even though it later develops that the patient dies, is discharged, or is transferred to another facility and does not actually stay in the institution for 24 hours.
- (b) **Inpatient hospital services** means services that:
- (1) are ordinarily furnished in a hospital for the care and treatment of inpatients;
 - (2) are furnished under the direction of a physician, naturopathic physician, or dentist;
 - (3) are furnished in a hospital that is maintained primarily for the care and treatment of patients with disorders other than mental diseases and meets the requirements for participation in Medicare as a hospital; and
 - (4) do not include skilled nursing facility and intermediate care facility services furnished by a hospital with a swing-bed approval.

4.200.2 Covered Services

- (a) Inpatient hospital services are covered by Vermont Medicaid according to the conditions for coverage at section 4.200.3 of this rule.
- (b) Inpatient psychiatric services provided in a hospital that is maintained primarily for the care and treatment of patients with disorders other than mental diseases are covered to the same extent as inpatient hospital services related to any other type of care or treatment.
- (c) Drugs furnished by the hospital as part of inpatient care and treatment, including drugs furnished in limited supply to permit or facilitate discharge from a hospital to meet the patient's requirements until a continuing supply can be obtained, are covered.

4.200.3 Conditions for Coverage

- (a) Coverage for inpatient hospital services is limited to those instances in which the admission and continued stay of the beneficiary are determined medically necessary by the appropriate utilization review authority.
- (b) Inpatient hospital services are covered at hospitals included in the Vermont Medicaid provider network.

- (c) Coverage for hospitals outside of the Vermont Medicaid provider network is only available if:
 - (1) an out-of-network hospital is approved either for Medicare participation or for Medical Assistance (Title XIX) participation by the single state agency administering the Title XIX program within the state where it is located; and
 - (2) the admission receives any required prior authorization as described in Section 4.200.4 of this rule.
- (d) The current list of hospitals included in the Vermont Medicaid provider network is located on the Department of Vermont Health Access web site.
- (e) Coverage may also be extended for inpatients who are determined no longer in need of hospital care but have been certified for care in a nursing facility (Medicaid Rule 7606), behavioral health facility, or other specialized treatment center.

4.200.4 Prior Authorization Requirements

- (a) Elective inpatient admissions may require prior authorization at certain hospitals prior to the provision of services. Clinical prior authorization forms and the list of hospitals that require prior authorization for elective inpatient admissions can be found on the Department of Vermont Health Access website.
- (b) Prior authorization is not required for emergent and urgent inpatient care, however, notification to Vermont Medicaid is required within 24 hours of admission or the next business day. Emergency services are defined in Health Care Administration Rule 4.102.

4.200.5 Non-Covered Services

- (a) The following inpatient hospital services are excluded from coverage:
 - (1) Private room at patient's request for their personal comfort;
 - (2) Personal comfort items such as telephone, radio, or television in hospital room;
 - (3) Private duty nurses; and
 - (4) Experimental treatment and other non-covered procedures.