

<b>Department:</b>	Medical Management	<b>Original Approval:</b>	12/30/2015
<b>Policy No:</b>	MM156	<b>Last Approval:</b>	08/12/2024
<b>Policy Title:</b>	Administrative Days Policy		
<b>Approved By:</b>	Clinical Services Leadership Team		
<b>Dependencies:</b>	N/A		

## Purpose

The purpose of this policy is to outline the role of Administrative Days in alignment with WAC and HCA contract requirements.

## Policy

**Administrative Days:** One or more days of an inpatient physical health hospital or behavioral health hospital stay when an acute inpatient level of care, observation level of care, or BH inpatient level of care is no longer medically necessary, and a lower level of care is appropriate.

Administrative Days for AH and BHSO members are granted in the following situations:

1. The member is in a hospital setting, either physical health hospital, Long Term Acute Care Hospital (LTACH), Inpatient Rehabilitation Facility, or voluntary inpatient behavioral health hospital (does not include E&T, residential treatment facilities, withdrawal management, or crisis stabilization); and
2. The member no longer requires or never required inpatient level of care (e.g., member was in observation status, or was in the hospital solely for placement without observation, or in the ED as a voluntary admit); and
3. A lower level of care (e.g., skilled nursing facility, inpatient rehabilitation, long-term acute care, home health, inpatient or residential behavioral health level of care, respite care, or home) is unavailable or inappropriate for non-medical reasons, or the member is a postpartum parent whose newborn is currently inpatient for in-utero exposure to substance(s) and the postpartum parent is providing continuous care for the newborn; or the hospital provided treatment that could be provided in a different setting; and
4. For BHSO members, Administrative Days are only granted for admissions or continued stays in licensed inpatient psychiatry units and psychiatric hospitals, or after single-bed

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certification involuntary stays on other hospital units that are not otherwise covered;  
and

5. The hospital is expected to be actively looking for the appropriate lower level of care for the patient, or working on discharge planning, if additional discharge planning is required. CHPW Utilization Management and Complex Discharge teams are available to assist with discharge planning; and
6. The Administrative Day Rate is automatically applied when the stay at a covered level of care is determined not to be medically necessary. A letter informing the facility that the Administrative Day Rate is in effect will be sent with the denial letter. The facility does not need to request the Administrative Day Rate.
7. If the providers believe the stay was medically necessary and should not be paid at the Administrative Day Rate, they can discuss medical necessity in a peer-to-peer call with a CHPW Medical Director or in an appeal. The Administrative Days will be reversed if the denial is overturned.

### **Provider Billing Information**

The Administrative Days must be billed on a separate claim with the following Revenue Codes:

- 1. Revenue Code 0191**
  - a. Inpatient hospitals using Prospective Payment System (PPS)
  - b. Inpatient hospitals that are Certified Public Expenditure (CPE)
  - c. Inpatient hospitals that are Critical Access Hospitals (CAH)
- 2. Revenue Code 0169**
  - a. Inpatient Rehab Facilities
  - b. Long Term Acute Care facilities
  - c. Inpatient Psych facilities

Administrative Days only applies after DRG (Diagnosis Related Group) period; and are not subject to outlier considerations.

### **Special Considerations**

CHPW UM and Complex Discharge teams are available to assist with discharge planning and can be reached by contacting CHPW Customer Service.

### **List of Appendices**

- A. Detailed Revision History

### **Citations & References**

CFR	
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<b>WAC</b>	<a href="#">182-550-4550</a> ; <a href="#">284-43-2050</a> ; <a href="#">182-550-1050</a> ; <a href="#">246-322-170</a> ; <a href="#">182-550-2600</a> ;	
<b>RCW</b>		
<b>LOB &amp; Contract Citation</b>	<input checked="" type="checkbox"/> <b>WAHIMC</b>	IMC Section 1.7: Administrative Day; IMC Section 5.21.3: Administrative Day Rate Criteria; IMC Section 11.1: Utilization Management General Requirements ; IMC Section 11.4: Medical Necessity Determination ; IMC Section 11.1.25: Discharge Planning BHSO: P&P supports all LOB requirements
	<input checked="" type="checkbox"/> <b>BHSO</b>	
	<input type="checkbox"/> <b>Wraparound</b>	
	<input type="checkbox"/> <b>SMAC</b>	
	<input type="checkbox"/> <b>HH</b>	
	<input type="checkbox"/> <b>AHE</b>	
	<input type="checkbox"/> <b>MA/DSNP</b>	
	<input type="checkbox"/> <b>CS</b>	
<b>Other Requirements</b>		
<b>NCQA Elements</b>	UM 2, UM 5	
<b>References</b>		

### Revision History

<b>SME Review:</b>	12/28/2015; 06/09/2016; 07/05/2017; 03/28/2018; 05/03/2018; 09/24/2018; 11/15/2018; 12/07/2018; 07/03/2019; 01/28/2020; 01/22/2021; 05/10/2021; 03/09/2022; 02/27/2023; 02/13/2024; 05/07/2024; 08/09/2024;
<b>Approval:</b>	12/30/2015; 06/14/2016; 06/22/2018; 11/15/2018; 07/05/2019; 01/31/2020; 01/25/2021; 05/14/2021; 03/15/2022; 03/09/2023; 02/26/2024; 05/08/2024;

## Appendix A: Detailed Revision History

Revision Date	Revision Description	Revision Made By
12/28/2015	Document created	Jane Daughenbaugh, RN, CCM
12/30/2015	Approval	MMLT
06/09/2016	Revised	Jane Daughenbaugh, RN, CCM
06/09/2016	Policy formerly numbered as MM123	Compliance
06/14/2016	Approval	MMLT
07/05/2017	Minor Formatting changes	Cyndi Stilson, RN
03/28/2018	Changed from UM425 to MM156	Cindy Bush
05/03/2018	Clarified prospective nature of Administrative Days and criteria for Administrative Days. Added a list of the required documentation needed for review of a request.	LuAnn Chen, MD
06/22/2018	Approved	UM Committee
09/24/2018	Clarified that admin days can be concurrently requested going back to a recently denied continuation of inpatient level of care.	LuAnn Chen, MD
11/15/2018	Removed requirement for physician to review Admin Days. Clarified that Admin Days can follow a stay for observation level of care and the member does not need to require skilled care after transfer. Admin days do not have to be prospective (based on conversation with HCA).	LuAnn Chen, MD
11/15/2018	Approved	UM Medical Subcommittee
12/07/2018	Approval	UM Committee
07/03/2019	Added section for Provider Billing Information.	Yves Houghton, RN, BSN
07/05/2019	Approval	UM Medical Subcommittee
01/28/2020	Updated indications/criteria to include behavioral health facilities	Yves Houghton, RN, BSN, LuAnn Chen MD

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01/31/2020	Approval	UM Medical Subcommittee
01/22/2021	Reviewed, no changes	LuAnn Chen, MD
01/25/2021	Approval	UM Medical Subcommittee
05/10/2021	Clarified that member can be placed on admin day even if member was never admitted as IP (ex. member was in obs status or member was a voluntary admit through the ED) in a medical hospital or behavioral health facility. Clarified WAC definition of Inpatient Behavioral Health facility, that the patient must be voluntary, and removed E&T. Clarified that the appropriate level of care can be discharged to home. Added WAC 182-550-2600. Updated citations.	Yves Houghton, RN, BSN; LuAnn Chen, MD
05/14/2021	Approval	BH UM Subcommittee
05/14/2021	Approval	UM Medical Subcommittee
03/09/2022	Clarified that once Administrative Days are requested, the facility can no longer appeal a denied continued stay for that same period. Updated citations.	LuAnn Chen, MD
03/15/2022	Approval	UM Medical Subcommittee
02/27/2023	Reviewed policy and updated citations.	LuAnn Chen, MD
03/09/2023	Approval	UM Medical Subcommittee
02/13/2024	Minor edits. Updated citations.	LuAnn Chen, MD
02/26/2024	Approval	UM Criteria Subcommittee
05/07/2024	Clarified criteria and added post-partum criterion. Clarified hospitals eligible for Administrative Days.	LuAnn Chen, MD
05/08/2024	Approval	UM Criteria Subcommittee
08/09/2024	Changed to a policy. Clarified that the Admin Day Rate is automatically applied, and hospitals have appeal rights.	LuAnn Chen, MD

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08/12/2024	Approval	Clinical Services Leadership Team
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