HOSPITAL AND SKILLED NURSING FACILITY ADMISSION DIAGNOSTIC PROCEDURES (NCD 70.5)

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INSTRUCTIONS FOR USE

This Policy Guideline is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates for health care services submitted on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450), or their electronic comparative. The information presented in this Policy Guideline is believed to be accurate and current as of the date of publication.

This Policy Guideline provides assistance in administering health benefits. All reviewers must first identify member eligibility, any federal or state regulatory requirements, Centers for Medicare and Medicaid Services (CMS) policy, the member specific benefit plan coverage, and individual provider contracts prior to use of this Policy Guideline. When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document may differ greatly from the standard benefit plan upon which this Policy Guideline is based. In the event of a conflict, the member specific benefit plan document supersedes this Policy Guideline. Other Policies and Guidelines may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

UnitedHealthcare follows Medicare coverage guidelines and regularly updates its Medicare Advantage Policy Guidelines to comply with changes in CMS policy. UnitedHealthcare encourages physicians and other healthcare professionals to keep current with any CMS policy changes and/or billing requirements by referring to the CMS or your local carrier website regularly. Physicians and other healthcare professionals can sign up for regular distributions for policy or regulatory changes directly from CMS and/or your local carrier. This Policy Guideline is provided for informational purposes. It does not constitute medical advice.

POLICY SUMMARY

Overview
These instructions describe the application of the reasonable and necessary payment exclusion to diagnostic procedures, such as chest x-rays, urinalysis, etc. provided to patients upon admission to a hospital or skilled nursing facility.

Guidelines
The major factors which support a determination that a diagnostic procedure performed as part of the admitting procedure to a hospital or skilled nursing facility is reasonable and necessary, are:

a. The test is specifically ordered by the admitting physician (or a hospital or skilled nursing facility staff physician having responsibility for the patient where there is no admitting physician): i.e., it is not furnished under the standing orders of a physician for his patients;

b. The test is medically necessary for the diagnosis or treatment of the individual patient’s condition; and

c. The test does not unnecessarily duplicate the same test performed on an outpatient basis prior to admission or performed in connection with a recent hospital or skilled nursing facility admission.

REFERENCES

CMS National Coverage Determinations (NCDs)
NCD 70.5 Hospital and Skilled Nursing Facility Admission Diagnostic Procedures
**CMS Benefit Policy Manual**  
*Chapter 1; § 10 Covered Inpatient Hospital Services Covered Under Part A*

### GUIDELINE HISTORY/REVISION INFORMATION

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<th>Date</th>
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| 12/14/2016 | • Annual review  
 |             | • No changes               |