

## HOSPITAL REIMBURSEMENT - OUTPATIENT SERVICES

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### I. APPLICABILITY

This policy is mandatory for reimbursement of services provided by either network or non-network providers. However, alternative network reimbursement methodologies are permitted when approved by TMA and specifically included in the network provider agreement.

### II. ISSUE

How are outpatient hospital services to be reimbursed?

### III. POLICY

A. Since there is not a payment reimbursement system developed for outpatient hospital services, billed charges are used in the payment of such services.

B. Exceptions to the POLICY in [paragraph III.A.](#) above:

When the claim has sufficient HCPCS (Levels - I, II, III) coding information, services are to be processed using existing allowable charges. These services could include professional services that have CMAC pricing ([Chapter 5, Section 2](#)); ambulance services, durable medical equipment (DME) and supplies, and oxygen and related supplies that have area prevailing charges ([Chapter 5, Section 1](#)); and anesthesia services that have a allowable charges ([Chapter 1, Section 9](#)).

C. Outpatient hospital services including professional services, provided in the state of Maryland are paid at the rates established by the Maryland Health Services Cost Review Commission (HSCRC). Since hospitals are required to bill these rates, reimbursement for these services is to be based on the billed charge.

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