**CHAPTER 67:16:03**

**HOSPITAL SERVICES**

Section

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67:16:03:01.01 Repealed.

67:16:03:01.02 Repealed.

67:16:03:01.03 Determination of emergency hospital care.

67:16:03:02 Inpatient hospital services covered.

67:16:03:02.01 Inpatient hospital services requiring prior authorization.

67:16:03:03 Outpatient hospital services covered.

67:16:03:04 Inpatient hospital services not covered.

67:16:03:05 Repealed.

67:16:03:06 Basis of reimbursement -- Inpatient services -- Hospitals with more than 30 Medicaid discharges.

67:16:03:06.01 Basis of reimbursement -- Outpatient services other than outpatient laboratory and outpatient surgical procedures.

67:16:03:06.02 Certain in-state hospitals, hospital units, and procedures exempt from DRG basis of reimbursement.

67:16:03:06.03 Basis of reimbursement -- Inpatient services -- Hospitals with less than 30 Medicaid discharges.

67:16:03:06.04 Basis of reimbursement -- Inpatient services -- Out-of-state hospitals.

67:16:03:06.05 Repealed.

67:16:03:06.06 Reimbursement for in-state DRG-exempt hospitals and units.

67:16:03:06.07 Reimbursement of outpatient laboratory services.

67:16:03:06.08 Payment for above-average, access-critical and above-average, at-risk hospitals.

67:16:03:06.09 Disproportionate share hospitals.

67:16:03:06.10 Classification of hospitals providing certain outpatient surgical procedures.

67:16:03:06.11 Basis of reimbursement -- Outpatient surgical procedures covered under subdivision 67:16:03:03(10).

67:16:03:06.12 Services included in reimbursement rate for outpatient surgical procedures covered under chapter 67:16:28.

67:16:03:06.13 Items and services not included in reimbursement rate for outpatient surgical services covered under chapter 67:16:28 and paid under the provisions of chapter 67:16:03.

67:16:03:06.14 Payment groups for outpatient hospital surgical procedures covered under chapter 67:16:28.

67:16:03:06.15 Rate of payment -- Medicare crossover claims for certain inpatient hospital services.

67:16:03:06.16 Rate of reimbursement if individual subject to care management remains in psychiatric unit beyond established discharge date.

67:16:03:06.17 Basis of reimbursement – Inpatient services – Claims containing revenue code 275 or 278.

67:16:03:06.18 Basis of reimbursement -- OPPS.

67:16:03:07 Payment of hospital services.

67:16:03:07.01 Maximum rate of payment -- Transfers between DRGreimbursed hospital unit and DRG-exempt intensive care nursery unit in same hospital.

67:16:03:07.02 Maximum rate of payment -- Patient transfer not medically necessary.

67:16:03:08 Repealed.

67:16:03:09 Repealed.

67:16:03:10 Utilization review.

67:16:03:11 Inpatient psychiatric hospital services.

67:16:03:12 Transferred.

67:16:03:13 Repealed.

67:16:03:14 Claim requirements.

67:16:03:14.01 Billing requirements.

67:16:03:14.02 Claim requirements for individuals subject to managed care who remain in psychiatric unit beyond established discharge date.

67:16:03:15 Application of other chapters.

Appendix A List of Diagnosis-Related Groups (DRGs), repealed, 30 SDR 26, effective September 3, 2003.

Appendix B List of Outpatient Laboratory Services, repealed, 30 SDR 26, effective September 3, 2003.

Appendix C List of Inpatient Services Requiring Prior Authorization, repealed, 42 SDR 51,

effective October 13, 2015.