

**HOSPITAL SERVICES REIMBURSEMENT**

The Division of Vocational Rehabilitation (DVR) will reimburse hospital services under the Medicaid Reimbursement Program outlined in the **Florida Medicaid Hospital Services Coverage and Limitations Handbook** administered by the Agency for Health Care Administration.

DVR will pay the Medicaid per diem rate for **inpatient** hospital care and treatment. The per diem covers all services and items furnished during a 24-hour period. The total payment for an inpatient claim equals the number of covered inpatient days multiplied by the per diem rate minus any third party payments. The per diem rate is determined based upon the latter of the following:

- The date of admission.
- The recipient's eligibility date.
- The peer review organization's (PRO) certified FROM date.

For **outpatient** hospital services, DVR will pay the Medicaid per diem rate by a line item. A line item rate applies one time to each covered outpatient revenue center code billed, regardless of the charges.

Reimbursement for **outpatient laboratory and pathology services** is the lesser of the amount charged or a technical fee. These services are identified by a 5-digit code that must accompany laboratory and pathology revenue codes 0300 through 0314.

By signing this acknowledgement form, you agree to be reimbursed by the DVR at the Florida Medicaid Program rates for inpatient and outpatient services.

Hospital Name: \_\_\_\_\_

Hospital Medicaid Provider #: \_\_\_\_\_ AHCA License #: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_