

## Semiprivate Vs Private Room

### Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plans supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

### Policy Overview

Semi-private and private hospital rooms refer to various levels of accommodation and privacy for patients in a hospital setting. Here is a breakdown of the key differences between the two:

#### **Semi-Private Hospital Room:**

- **Shared Accommodation:** In a semi-private room, you share the room with another patient. These rooms typically have two beds separated by a curtain or partition for some degree of privacy.
- **Cost:** Semi-private rooms are usually less expensive than private rooms because you are sharing the space with another patient.
- **Privacy:** While semi-private rooms provide some privacy through curtains or partitions, they do not offer the same level of privacy as private rooms. You can still hear and see the other patient.
- **Amenities:** The amenities in a semi-private room may be shared, such as a bathroom. This means you may need to wait your turn to use the facilities.

#### **Private Hospital Room:**

- **Private Accommodation:** In a private hospital room, you have the entire room to yourself. There is no sharing with other patients.
- **Cost:** Private rooms are typically more expensive than semi-private rooms due to the exclusive use of the space.
- **Privacy:** Private rooms offer the highest level of privacy. You have your own space, and there are no curtains or partitions separating you from other patients.
- **Amenities:** Private rooms often come with exclusive amenities, such as a private bathroom and sometimes additional seating for visitors. Patients in private rooms may have more control over the room's environment, including lighting and temperature.

It is important to check with the hospital and your insurance provider to understand the options available and the associated costs when making this decision.

## Reimbursement Guidelines

Molina Healthcare has established guidelines for the payment of inpatient hospital accommodations. Regardless of the room type, Molina Healthcare will pay the same amount for routine inpatient hospital accommodations. However, there are specific circumstances under which Molina Healthcare will cover private room charges:

1. **Medically Necessary Private Room:** Molina Healthcare will cover the cost of a private room when it is medically necessary for isolation to protect the patient's health or recovery, or when it is necessary for the well-being of other patients.
2. **Private Room as the Only Option:** If a private room is the only available option and the hospital stay is medically necessary, Molina Healthcare will cover the private room charges.
3. **Facility with Only Private Accommodations:** In cases where the facility exclusively offers private accommodations, Molina Healthcare will cover the private room charges.

Please note that if a patient requests a private room without a written order for medical necessity, they will be responsible for covering the difference between the semi-private and private room rates. The private room differential should not exceed the difference between the customary charge for the accommodations and the most common semi-private accommodation rate at the time of admission.

For billing purposes, hospitals should adhere to the following guidelines:

### Medically Necessary Private Room:

- Revenue code 0110: Room and board - private room
  - Condition code:
    - 38: Semi-private room not available
    - 39: Private room medically necessary
- No comments are required.

### Non-Medically Necessary Private Room:

- Revenue code 0110: Room and board - private room
- Remarks should indicate the private room rate minus the semi-private room rate, displaying the private room differential (e.g., \$500 - \$400 = \$100).
- No condition code or value code.

Claims for non-medically necessary private room rates that do not include the appropriate calculation in remarks will be returned to the provider.

#### Facilities with Only Private Rooms:

- Revenue code 0110: Room and board - private room
  - Value code:
    - 02: Hospital has no semi-private rooms
    - This value code should have an amount of \$0.00.
- No comments are required.

## Supplemental Information

### Definitions

Term	Definition
CMS	Center for Medicare and Medicaid

## State Exceptions

State	Exception

## Documentation History

Type	Date	Action
Initial Creation Date	09/08/2023	New Policy
Revised Date	12/17/2024	Updated Policy language and template
Revised Date	08/10/2025	Updated template
Revised Date	08/19/2025	Updated Initial Creation Date

## References

This policy was developed using.

- CMS
- State Medicaid Regulatory Guidance
- State Contracts

Reference	Link
CMS	<a href="https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c01.pdf">https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c01.pdf</a>

**\*CODING DISCLAIMER.** Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT<sup>®</sup>), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.