

		Reimbursement Policy
Subject: Inpatient Readmissions		
Effective Date: 01/01/20	Committee Approval Obtained: 01/01/20	Section: Administration
***** The most current version of our reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to https://providers.healthybluela.com .*****		
<p>These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by a Healthy Blue Dual Advantage (HMO D-SNP) member's plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with CPT[®] codes, HCPCS codes and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to both participating and nonparticipating providers and facilities.</p> <p>If appropriate coding/billing guidelines or current reimbursement policies are not followed, Healthy Blue Dual Advantage may:</p> <ul style="list-style-type: none"> • Reject or deny the claim. • Recover and/or recoup claim payment. <p>These policies may be superseded by provider or state contract language, or state and federal requirements or mandates. We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date, in accordance with the policy.</p> <p>Healthy Blue Dual Advantage reserves the right to review and revise its policies periodically when necessary. When there is an update, we will publish the most current policy to the website.</p>		
Policy	<p>Healthy Blue Dual Advantage does not allow separate reimbursement for claims that have been identified as a readmission to the same hospital for the same, similar or related condition unless provider, federal or CMS contracts and/or requirements indicate otherwise. In compliance with federal mandates, Healthy Blue Dual Advantage uses the following standards:</p> <ul style="list-style-type: none"> • Readmission up to 30-days from discharge • Same diagnosis or diagnoses that fall into the same grouping 	

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	<p>Healthy Blue Dual Advantage will utilize information indicating clinically related readmissions, clinical criteria and/or licensed clinical medical review for readmissions from day 2 to day 30 in order to determine if the second admission is for:</p> <ul style="list-style-type: none"> • The same or closely related condition or procedure as the prior discharge. • An infection or other complication of care. • A condition or procedure indicative of a failed surgical intervention. • An acute decompensation of a coexisting chronic disease. • A need that could have reasonably been prevented by the provision of appropriate care consistent with accepted standards in the prior discharge or during the post discharge follow up period. • An issue caused by a premature discharge from the same facility. • A reason that is medically unnecessary. <p>Readmissions occurring within 30 days for symptoms related to, or for evaluation and management of, the prior stay’s medical condition are considered part of the original admission. Healthy Blue Dual Advantage considers a readmission to the same hospital for the same, similar or related condition on the same date of service to be a continuation of initial treatment. Healthy Blue Dual Advantage defines same day as services rendered within a 24-hour period (from time of discharge to time of readmission) for participating providers.</p> <p>Healthy Blue Dual Advantage reserves the right to recoup and/or recover monies previously paid on a claim that falls within the guidelines of a readmission for a same, similar or related condition as defined above.</p> <p>Exclusions</p> <ul style="list-style-type: none"> • Admissions for the medical treatment of cancer, primary psychiatric disease and rehabilitation care • Planned readmissions • Patient transfers from one acute care hospital to another • Patient discharged from the hospital against medical advice <p>This policy only affects those facilities reimbursed for inpatient services by a diagnosis-related group (DRG) methodology.</p>
History	<ul style="list-style-type: none"> • Initial approval and effective date 01/01/20
References and Research Materials	<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> • CMS
Definitions	<ul style="list-style-type: none"> • General Reimbursement Policy Definitions
Related Policies	<ul style="list-style-type: none"> • Diagnoses used in DRG Computation

	<ul style="list-style-type: none">• Documentation Standards for Episodes of Care• Other Provider Preventable Conditions• Present on Admission Indicator for Health Care-Acquired Conditions
Related Materials	<ul style="list-style-type: none">• None