

Reimbursement Policy	
Subject: Inpatient Readmissions	
Policy Number:	Policy Section: Administration
Last Approval Date: 01/01/2021	Effective Date: 01/01/2021

\*\*\*\* Visit our provider website for the most current version of the reimbursement policies. If you aare using a printed version of this policy, please verify the information by going to https://www.bluecrossnc.com/providers/blue-medicare-providers/healthy-blue-medicare. \*\*\*\*

# Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if Blue Cross and Blue Shield of North Carolina (Blue Cross NC) Medicare Advantage covered the service for the Healthy Blue + Medicare<sup>SM</sup> (HMO-POS D-SNP) member's benefit 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 Current Procedure Terminology<sup>®</sup> (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes, and/or revenue codes. These codes denote the services and/or procedures performed and, when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Blue Cross NC Medicare Advantage may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.
- Adjust the reimbursement to reflect the appropriate services and/or procedures performed.

#### https://www.bluecrossnc.com/providers/networks-programs/blue-medicare/healthyblue-medicare

Blue Cross and Blue Shield of North Carolina Senior Health, DBA Blue Cross and Blue Shield of North Carolina, is an HMO-POS D-SNP plan with a Medicare contract and a NC State Medicaid Agency Contract (SMAC). Enrollment in Blue Cross and Blue Shield of North Carolina Senior Health depends upon contract renewal.

®, SM are marks of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield plans. All other marks and names are property of their respective owners. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross Blue Shield Association. NCBCBS-CR-RP-059493-24 May 2024 These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. Blue Cross NC Medicare Advantage strives 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. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

# Policy

Blue Cross NC Medicare 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, Blue Cross NC Medicare Advantage uses the following standards:

- Readmission up to 30-days from discharge
- Same diagnosis or diagnoses that fall into the same grouping

Blue Cross NC Medicare 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:

- 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.

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. Blue Cross NC Medicare 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. Blue Cross NC Medicare Advantage defines same day as services rendered within a 24-hour period (from time of discharge to time of readmission) for participating providers.

Blue Cross NC Medicare 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.

# Exclusions

 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
- This policy only affects those facilities reimbursed for inpatient services by a diagnosisrelated group (DRG) methodology.

# **Related Coding**

Standard correct coding applies

#### Policy History

01/01/2021 Initial approval and effective date

#### **References and Research Materials**

This policy has been developed through consideration of the following:

- CMS
- Department of Health and Human Services, DHB Contract
- Blue Cross NC Medicare Advantage contract(s)

### Definitions

**General Reimbursement Policy Definitions** 

# **Related Policies and Materials**

Diagnoses used in DRG Computation

Documentation Standards for Episodes of Care

Other Provider Preventable Conditions

Present on Admission Indicator for Health Care-Acquired Conditions

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