Anthem. HealthKeepers Plus
Offered by HealthKeepers, Inc.

	Reimbursement Policy

Subject: Inpatient Readmissions

Effective Date: **07/01/20**	Committee Approval Obtained: **06/01/18**	Section: **Facilities**

*****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://mediproviders.anthem.com/va**.*****

These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement by HealthKeepers, Inc. if the service is covered for Anthem HealthKeepers Plus members. 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.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, HealthKeepers, Inc. may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

Reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, HealthKeepers, Inc. strives to minimize these variations.

HealthKeepers, Inc. reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to this site.

Policy	HealthKeepers, Inc. 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, state, federal or CMS contracts and/or requirements indicate otherwise. In the absence of provider, federal, state and/or contract mandates, HealthKeepers, Inc. will use the following standards: • Readmission up to 30 days: o Days one through five follow the same day readmission process and should be combined into one admission.

HealthKeepers, Inc. is an independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. Anthem HealthKeepers Plus, offered by HealthKeepers, Inc., is a health plan that contracts with the Virginia Department of Medical Assistance Services to provide Commonwealth Coordinated Care Plus (CCC Plus) benefits to enrollees.

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<table>
<tr><td></td><td>
<li style="list-style:circle">Preventable readmissions for days six through 30, which meet policy criteria, will be reimbursed separately at 50% of the normal rate for same or similar principle diagnosis.
Same or similar principle diagnosis
Readmissions occurring within one to five days from discharge for the same or similar diagnosis, or for evaluation and management of the prior stay’s medical condition, are considered part of the original admission and should be combined. HealthKeepers, Inc. 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.
HealthKeepers, Inc. 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
Obstetrical readmissions
Critical Access Hospitals (CAH)

This policy only affects those facilities reimbursed for inpatient services by a drug-related groups (DRG) methodology.
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<tr><td>History</td><td>

Update due to regulatory directive effective 07/01/20
Biennial review approved and effective 06/01/18: policy template updated
Biennial review approved 08/01/16: policy template updated
Biennial approved 04/27/15: Provider added to absence of mandates language
Initial approval and effective 11/01/13

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<tr><td>References and Research Materials</td><td>
This policy has been developed through consideration of the following:

CMS
State Medicaid
State contract

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<tr><td>Definitions</td><td>
General Reimbursement Policy Definitions
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<tr><td>Related Policies</td><td>

Diagnoses used in DRG Computation
Documentation Standards for Episodes of Care
Other Provider Preventable Conditions (OPPC)
Present on Admission Indicator for Health Care-Acquired Conditions

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<tr><td>Related Materials</td><td>
None
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