

		Reimbursement Policy
Subject: Diagnosis-Related Group (DRG) Inpatient Facility Transfers		
Effective Date: 01/01/18	Committee Approval Obtained: 09/30/19	Section: Facilities
<p>*****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/wi.*****</p> <p>These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement by Anthem Blue Cross and Blue Shield (Anthem) if the service is covered by a BadgerCare Plus 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 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, Anthem may:</p> <ul style="list-style-type: none"> • Reject or deny the claim. • Recover and/or recoup claim payment. <p>Anthem 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 These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements.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, Anthem strives to minimize these variations.</p> <p>Anthem 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.</p>		
Policy	<p>Anthem allows payment for services rendered by both the sending and the receiving facility when a patient is admitted to one acute care facility and subsequently transferred to another acute care facility for the same episode of care in compliance with provider contracts, federal and/or state guidelines regarding facility transfers payment. Facility reimbursement is based on the following criteria:</p> <ul style="list-style-type: none"> • Transferring facility receives a calculated per diem rate based on length of stay not to exceed the amount that would have been paid if the patient had not been discharged to another setting • Receiving facility receives the full DRG amount 	

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	Note: Anthem does not reimburse claims assigned with a DRG for neonate transfer.
History	<ul style="list-style-type: none"> • Biennial review approved 09/30/19 • Biennial review approved 06/05/17 and effective 01/01/18: Policy language updated • Biennial review approved 11/09/15: Policy language updated; Policy template updated • Initial policy approved 07/01/14 and effective 04/01/14
References and Research Materials	<p>This policy has been developed through consideration of medical necessity, generally accepted standards of medical practice, and review of medical literature and government approval status in addition to the following:</p> <ul style="list-style-type: none"> • CMS • State Medicaid • State contracts
Definitions	<ul style="list-style-type: none"> • General Reimbursement Policy Definitions
Related Policies	<ul style="list-style-type: none"> • Diagnoses used in DRG Computation • Documentation Standards for Episodes of Care • Inpatient Readmissions • Other Provider Preventable Conditions (OPPC) • Present on Admission Facility-Acquired Conditions
Related Materials	<ul style="list-style-type: none"> • None