

		Reimbursement Policy
Subject: Inpatient Readmissions		
Effective Date: 06/01/18	Committee Approval Obtained: 06/01/18	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 These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements.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 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 Anthem will use 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 	

<https://mediproviders.anthem.com/wi>

	<p>Anthem will utilize clinical criteria and 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 postdischarge follow-up period. • An issue caused by a premature discharge from the same facility. • A reason that is medically unnecessary. <p>Readmissions occurring on the same day for symptoms related to or for evaluation and management of the prior stay’s medical condition are considered part of the original admission and should be combined. Anthem 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.</p> <p>Anthem 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 DRG methodology.</p>
<p>History</p>	<ul style="list-style-type: none"> • Biennial review approved and effective 06/01/18: Different hospital language removed • Review approved 04/03/17: Policy template updated • Review approved 08/01/16 and effective 04/01/17: Different hospital language added • Biennial review approved 04/27/15: “Provider” added to absence of mandates language • Initial approval 07/01/14 and effective date 04/01/15

References and Research Materials	This policy has been developed through consideration of the following: <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• Other Provider Preventable Conditions (OPPC)• Present on Admission Indicator for Health Care-Acquired Conditions
Related Materials	<ul style="list-style-type: none">• None