Highmark Reimbursement Policy Bulletin

HISTORY VERSION

Bulletin Number:	RP-050		
Subject:	Inpatient Readmissions		
Effective Date:	December 2, 2019	**End Date:**	
Issue Date:	May 29, 2023	**Revised Date:**	May 2023
Date Reviewed:	May 2023		
Source:	Reimbursement Policy		

Applicable Commercial Market	**PA**	☒	**WV**	☒	**DE**	☒	**NY**	☒
Applicable Medicare Advantage Market	**PA**	☒	**WV**	☒	**DE**	☒	**NY**	☒
Applicable Claim Type	**UB**	☒	**1500**	☐				

A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

PURPOSE:

The purpose of this policy is to promote more effective, cost efficient and improved health care through appropriate and safe hospital discharge of patients and to communicate the Plan's reimbursement direction for inpatient hospital readmissions to the same acute care hospital.

REIMBURSEMENT GUIDELINES:

Readmission within (15) Fifteen Days of Hospital Discharge

Commercial Provision

Effective January 1, 2021, the Plan will not separately reimburse acute care hospitals for a readmission occurring within fifteen (15) days of discharge from the same hospital for the same member for a related admission. The readmission policy is based on fifteen (15) calendar days, not hours.

Note: Please be advised, per your participating provider agreement, you are responsible to report the most appropriate code(s) and to accurately document the service(s) provided. Highmark reserves the right to validate the accuracy of the coding of each claim in investigation to determine if the readmission was related to the previous inpatient stay.

Medicare Advantage Provision

Effective January 1, 2021, the Plan will not separately reimburse acute care hospitals for a readmission

occurring within fifteen (15) days of discharge from the same hospital for the same member for a related admission. The readmission policy is based on fifteen (15) calendar days, not hours.

Where applicable, the Plan will bring its Medicare Advantage products in alignment with the provisions outlined for Commercial products.

Note: Please be advised, per your participating provider agreement, you are responsible to report the most appropriate code(s) and to accurately document the service(s) provided. Highmark reserves the right to validate the accuracy of the coding of each claim in investigation to determine if the readmission was related to the previous inpatient stay.

Required Documentation

The hospital must submit relevant medical records and supporting documentation, e.g. Discharge Summary from previous discharge, admission History & Physical from readmission, physician orders, emergency records, progress notes, etc., with the inpatient authorization request pertaining to the readmission to determine whether the readmission is related to the most recent inpatient hospital stay.

Claim Submission

When the Plan's Medicare Advantage or Commercial members are readmitted under qualifying conditions and within fifteen (15) days of a prior inpatient discharge, the Plan will reimburse the combined admission claim as a single DRG payment in accordance with the hospital's agreement. Providers may combine the two (2) admissions into one (1) claim if the discharge date from the first claim and the admission date from the second claim are the same, that is, same day readmission. Otherwise, the Plan requests that you submit two (2) claims separately.

Note: This policy is not based on nor intended to address medical necessity. Claims will be subject to review by the Plan for appropriate billing and payment and the member held harmless for any payment denials.

DEFINITIONS:

Readmission: For the purposes of this policy, a readmission is an unplanned inpatient acute care hospital readmission for the same patient within 15 days of discharge of the previous inpatient hospital stay for a condition related to the most recent inpatient hospital stay.

Related Readmission Reasons (not intended to be an exhaustive list):

- The same or a closely-related condition or procedure as the original admission;
- An infection or other complication of care arising from the original admission or post-discharge care;
- A condition or procedure indicative of a failed surgical intervention;
- An acute decompensation of a coexisting chronic disease that may be related to care during the initial admission or follow up care after discharge; or
- Clinical instability of the patient's condition prior to discharge (premature discharge) or not providing proper care coordination or discharge planning during the admission or during the post-discharge follow-up period.

ADDITIONAL BILLING INFORMATION AND GUIDELINES:

Refer to the Plan's NaviNet Plan Central messages titled:

- Highmark's Readmission Guidelines for Medicare Advantage Acute Care Inpatient Admissions Explained Readmission Guidelines Determine Payment for Acute Inpatient Care Claims

RELATED HIGHMARK POLICIES:

Refer to the following Reimbursement Policies for additional information:

- RP-035: Correct Coding Guidelines

REFERENCES:

- Novotny, N. & Anderson, M. (2008). Prediction of early readmission in medial inpatients using the probability of repeated instrument. *Nursing Research 57(6), 406-415.*
- Lovejoy, M. (2012). 30-day patient readmissions in a small community hospital. Unpublished manuscript, Montana State University, Bozeman.
- Centers for Medicare and Medicaid Readmission Reduction Program https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/Readmissions-Reduction-Program.html
- Gerard F. Anderson and Earl P. Steinberg, "Hospital Readmissions in the Medicare Population," *New England Journal of Medicine, 311:21 (Nov. 22, 1984*), 1349-1353.
- Centers for Medicare and Medicaid Publication 100-10 (Quality Improvement Organization Manual) Chapter 4, Section 4240

POLICY UPDATE HISTORY INFORMATION:

12 / 2019	Implementation
7 / 2020	Applied Delaware region applicable to policy.
1 / 2021	Policy updated instituting a 15-day direction.
11 / 2021	Added NY region applicable to the policy
1 / 2022	Added DE Medicare Advantage applicable to the policy
5 / 2023	Administrative policy review with no changes in policy direction

Highmark Reimbursement Policy Bulletin

HIGHMARK.

HISTORY VERSION

Bulletin Number:	RP-050		
Subject:	Inpatient Readmissions		
Effective Date:	December 2, 2019	**End Date:**	
Issue Date:	January 24, 2022	**Revised Date:**	January 2022
Date Reviewed:	December 2021		
Source:	Reimbursement Policy		

Applicable Commercial Market	**PA**	☒	**WV**	☒	**DE**	☒	**NY** ☒
Applicable Medicare Advantage Market	**PA**	☒	**WV**	☒	**DE**	☒	**NY** ☒
Applicable Claim Type	**UB**	☒	**1500**	☐			

A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

History

PURPOSE:

The purpose of this policy is to promote more effective, cost efficient and improved health care through appropriate and safe hospital discharge of patients and to communicate the Plan's reimbursement direction for inpatient hospital readmissions to the same acute care hospital.

REIMBURSEMENT GUIDELINES:

Readmission within (15) Fifteen Days of Hospital Discharge

Commercial Provision

Effective January 1, 2021, the Plan will not separately reimburse acute care hospitals for a readmission occurring within fifteen (15) days of discharge from the same hospital for the same member for a related admission. The readmission policy is based on fifteen (15) calendar days, not hours.

Note: Please be advised, per your participating provider agreement, you are responsible to report the most appropriate code(s) and to accurately document the service(s) provided. Highmark reserves the right to validate the accuracy of the coding of each claim in investigation to determine if the readmission was related to the previous inpatient stay.

Medicare Advantage Provision

Effective January 1, 2021, the Plan will not separately reimburse acute care hospitals for a readmission

occurring within fifteen (15) days of discharge from the same hospital for the same member for a related admission. The readmission policy is based on fifteen (15) calendar days, not hours.

Where applicable, the Plan will bring its Medicare Advantage products in alignment with the provisions outlined for Commercial products.

Note: Please be advised, per your participating provider agreement, you are responsible to report the most appropriate code(s) and to accurately document the service(s) provided. Highmark reserves the right to validate the accuracy of the coding of each claim in investigation to determine if the readmission was related to the previous inpatient stay.

Required Documentation

The hospital must submit relevant medical records and supporting documentation, e.g. Discharge Summary from previous discharge, admission History & Physical from readmission, physician orders, emergency records, progress notes, etc., with the inpatient authorization request pertaining to the readmission to determine whether the readmission is related to the most recent inpatient hospital stay.

Claim Submission

When the Plan's Medicare Advantage or Commercial members are readmitted under qualifying conditions and within fifteen (15) days of a prior inpatient discharge, the Plan will reimburse the combined admission claim as a single DRG payment in accordance with the hospital's agreement. Providers may combine the two (2) admissions into one (1) claim if the discharge date from the first claim and the admission date from the second claim are the same, that is, same day readmission. Otherwise, the Plan requests that you submit two (2) claims separately.

Note: This policy is not based on nor intended to address medical necessity. Claims will be subject to review by the Plan for appropriate billing and payment and the member held harmless for any payment denials.

History

DEFINITIONS:

Readmission: For the purposes of this policy, a readmission is an unplanned inpatient acute care hospital readmission for the same patient within 15 days of discharge of the previous inpatient hospital stay for a condition related to the most recent inpatient hospital stay.

Related Readmission Reasons (not intended to be an exhaustive list):

- The same or a closely-related condition or procedure as the original admission;
- An infection or other complication of care arising from the original admission or post-discharge care;
- A condition or procedure indicative of a failed surgical intervention;
- An acute decompensation of a coexisting chronic disease that may be related to care during the initial admission or follow up care after discharge; or
- Clinical instability of the patient's condition prior to discharge (premature discharge) or not providing proper care coordination or discharge planning during the admission or during the post-discharge follow-up period.

ADDITIONAL BILLING INFORMATION AND GUIDELINES:

Refer to the Plan's NaviNet Plan Central messages titled:

- Highmark's Readmission Guidelines for Medicare Advantage Acute Care Inpatient Admissions Explained Readmission Guidelines Determine Payment for Acute Inpatient Care Claims

REFERENCES:

- Novotny, N. & Anderson, M. (2008). Prediction of early readmission in medial inpatients using the probability of repeated instrument. *Nursing Research 57(6), 406-415.*
- Lovejoy, M. (2012). 30-day patient readmissions in a small community hospital. Unpublished manuscript, Montana State University, Bozeman.
- Centers for Medicare and Medicaid Readmission Reduction Program https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/Readmissions-Reduction-Program.html
- Gerard F. Anderson and Earl P. Steinberg, "Hospital Readmissions in the Medicare Population," *New England Journal of Medicine, 311:21 (Nov. 22, 1984)*, 1349-1353.
- Centers for Medicare and Medicaid Publication 100-10 (Quality Improvement Organization Manual) Chapter 4, Section 4240

POLICY UPDATE HISTORY INFORMATION:

12 / 2019	Implementation
7 / 2020	Applied Delaware region applicable to policy.
1 / 2021	Policy updated instituting a 15-day direction.
11 / 2021	Added NY region applicable to the policy
1 / 2022	Added DE Medicare Advantage applicable to the policy

History

Highmark Reimbursement Policy Bulletin

HISTORY VERSION

Bulletin Number:	RP-050		
Subject:	Inpatient Readmissions		
Effective Date:	December 2, 2019	**End Date:**	
Issue Date:	November 1, 2021	**Revised Date:**	July 2021
Date Reviewed:	July 2021		
Source:	Reimbursement Policy		

Applicable Commercial Market	**PA**	☒	**WV**	☒	**DE**	☒	**NY** ☒
Applicable Medicare Advantage Market	**PA**	☒	**WV**	☒	**DE**	☐	**NY** ☒
Applicable Claim Type	**UB**	☒	**1500**	☐			

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this Policy.

HISTORY

PURPOSE:

The purpose of this policy is to promote more effective, cost efficient and improved health care through appropriate and safe hospital discharge of patients and to communicate the Plan's reimbursement direction for inpatient hospital readmissions to the same acute care hospital.

REIMBURSEMENT GUIDELINES:

Readmission within (15) Fifteen Days of Hospital Discharge

Commercial Provision

Effective January 1, 2021, the Plan will not separately reimburse acute care hospitals for a readmission occurring within fifteen (15) days of discharge from the same hospital for the same member for a related admission. The readmission policy is based on fifteen (15) calendar days, not hours.

Note: Please be advised, per your participating provider agreement, you are responsible to report the most appropriate code(s) and to accurately document the service(s) provided. Highmark reserves the right to validate the accuracy of the coding of each claim in investigation to determine if the readmission was related to the previous inpatient stay.

Medicare Advantage Provision

Effective January 1, 2021, the Plan will not separately reimburse acute care hospitals for a readmission

occurring within fifteen (15) days of discharge from the same hospital for the same member for a related admission. The readmission policy is based on fifteen (15) calendar days, not hours.

Where applicable, the Plan will bring its Medicare Advantage products in alignment with the provisions outlined for Commercial products.

Note: Please be advised, per your participating provider agreement, you are responsible to report the most appropriate code(s) and to accurately document the service(s) provided. Highmark reserves the right to validate the accuracy of the coding of each claim in investigation to determine if the readmission was related to the previous inpatient stay.

Required Documentation

The hospital must submit relevant medical records and supporting documentation, e.g. Discharge Summary from previous discharge, admission History & Physical from readmission, physician orders, emergency records, progress notes, etc., with the inpatient authorization request pertaining to the readmission to determine whether the readmission is related to the most recent inpatient hospital stay.

Claim Submission

When the Plan's Medicare Advantage or Commercial members are readmitted under qualifying conditions and within fifteen (15) days of a prior inpatient discharge, the Plan will reimburse the combined admission claim as a single DRG payment in accordance with the hospital's agreement. Providers may combine the two (2) admissions into one (1) claim if the discharge date from the first claim and the admission date from the second claim are the same, that is, same day readmission. Otherwise, the Plan requests that you submit two (2) claims separately.

Note: This policy is not based on nor intended to address medical necessity. Claims will be subject to review by the Plan for appropriate billing and payment and the member held harmless for any payment denials.

HISTORY

DEFINITIONS:

Readmission: For the purposes of this policy, a readmission is an unplanned inpatient acute care hospital readmission for the same patient within 15 days of discharge of the previous inpatient hospital stay for a condition related to the most recent inpatient hospital stay.

Related Readmission Reasons (not intended to be an exhaustive list):

- The same or a closely-related condition or procedure as the original admission;
- An infection or other complication of care arising from the original admission or post-discharge care;
- A condition or procedure indicative of a failed surgical intervention;
- An acute decompensation of a coexisting chronic disease that may be related to care during the initial admission or follow up care after discharge; or
- Clinical instability of the patient's condition prior to discharge (premature discharge) or not providing proper care coordination or discharge planning during the admission or during the post-discharge follow-up period.

ADDITIONAL BILLING INFORMATION AND GUIDELINES:

Refer to the Plan's NaviNet Plan Central messages titled:

- Highmark's Readmission Guidelines for Medicare Advantage Acute Care Inpatient Admissions Explained Readmission Guidelines Determine Payment for Acute Inpatient Care Claims

REFERENCES:

- Novotny, N. & Anderson, M. (2008). Prediction of early readmission in medial inpatients using the probability of repeated instrument. *Nursing Research 57(6), 406-415.*
- Lovejoy, M. (2012). 30-day patient readmissions in a small community hospital. Unpublished manuscript, Montana State University, Bozeman.
- Centers for Medicare and Medicaid Readmission Reduction Program https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/Readmissions-Reduction-Program.html
- Gerard F. Anderson and Earl P. Steinberg, "Hospital Readmissions in the Medicare Population," *New England Journal of Medicine, 311:21 (Nov. 22, 1984)*, 1349-1353.
- Centers for Medicare and Medicaid Publication 100-10 (Quality Improvement Organization Manual) Chapter 4, Section 4240

HISTORY

POLICY UPDATE HISTORY INFORMATION:

12 / 2019	Implementation
7 / 2020	Applied Delaware region applicable to policy.
1 / 2021	Policy updated instituting a 15-day direction.
11 / 2021	Added NY region applicable to the policy

Highmark Reimbursement Policy Bulletin

HIGHMARK.

HISTORY VERSION

Bulletin Number:	RP-050		
Subject:	Inpatient Readmissions		
Effective Date:	December 2, 2019	**End Date:**	
Issue Date:	October 1, 2020	**Revised Date:**	September 2020
Date Reviewed:	September 2020		
Source:	Reimbursement Policy		

Applicable Commercial Market	**PA** ☒	**WV** ☒	**DE** ☒
Applicable Medicare Advantage Market	**PA** ☒	**WV** ☒	
Applicable Claim Type	**UB** ☒	**1500** ☐	

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this Policy.

HISTORY

PURPOSE:

The purpose of this policy is to promote more effective, cost efficient and improved health care through appropriate and safe hospital discharge of patients and to communicate the Plan's reimbursement direction for inpatient hospital readmissions to the same acute care hospital.

DEFINITIONS:

Readmission: For the purposes of this policy, a readmission is an unplanned inpatient acute care hospital readmission for the same patient within 15 days of discharge of the previous inpatient hospital stay for a condition related to the most recent inpatient hospital stay.

Related Readmission Reasons (not intended to be an exhaustive list):

- The same or a closely-related condition or procedure as the original admission;
- An infection or other complication of care arising from the original admission or post-discharge care;
- A condition or procedure indicative of a failed surgical intervention;
- An acute decompensation of a coexisting chronic disease that may be related to care during the initial admission or follow up care after discharge; or
- Clinical instability of the patient's condition prior to discharge (premature discharge) or not providing proper care coordination or discharge planning during the admission or during the post-discharge follow-up period.

REIMBURSEMENT GUIDELINES:

Readmission within (15) Fifteen Days of Hospital Discharge

Commercial Provision

Effective January 1, 2021, the Plan will not separately reimburse acute care hospitals for a readmission occurring within fifteen (15) days of discharge from the same hospital for the same member for a related admission. The readmission policy is based on fifteen (15) calendar days, not hours.

Note: Please be advised, per your participating provider agreement, you are responsible to report the most appropriate code(s) and to accurately document the service(s) provided. Highmark reserves the right to validate the accuracy of the coding of each claim in investigation to determine if the readmission was related to the previous inpatient stay.

Medicare Advantage Provision

Effective January 1, 2021, the Plan will not separately reimburse acute care hospitals for a readmission occurring within fifteen (15) days of discharge from the same hospital for the same member for a related admission. The readmission policy is based on fifteen (15) calendar days, not hours.

Where applicable, the Plan will bring its Medicare Advantage products in alignment with the provisions outlined for Commercial products.

Note: Please be advised, per your participating provider agreement, you are responsible to report the most appropriate code(s) and to accurately document the service(s) provided. Highmark reserves the right to validate the accuracy of the coding of each claim in investigation to determine if the readmission was related to the previous inpatient stay.

HISTORY

Required Documentation

The hospital must submit relevant medical records and supporting documentation, e.g. Discharge Summary from previous discharge, admission History & Physical from readmission, physician orders, emergency records, progress notes, etc., with the inpatient authorization request pertaining to the readmission to determine whether the readmission is related to the most recent inpatient hospital stay.

Claim Submission

When the Plan's Medicare Advantage or Commercial members are readmitted under qualifying conditions and within fifteen (15) days of a prior inpatient discharge, the Plan will reimburse the combined admission claim as a single DRG payment in accordance with the hospital's agreement. Providers may combine the two (2) admissions into one (1) claim if the discharge date from the first claim and the admission date from the second claim are the same, that is, same day readmission. Otherwise, the Plan requests that you submit two (2) claims separately.

Note: This policy is not based on nor intended to address medical necessity. Claims will be subject to review by the Plan for appropriate billing and payment and the member held harmless for any payment denials.

ADDITIONAL BILLING INFORMATION AND GUIDELINES:

Refer to the Plan's NaviNet Plan Central messages titled:

Highmark's Readmission Guidelines for Medicare Advantage Acute Care Inpatient Admissions Explained
Readmission Guidelines Determine Payment for Acute Inpatient Care Claims

REFERENCES:

- Novotny, N. & Anderson, M. (2008). Prediction of early readmission in medial inpatients using the probability of repeated instrument. *Nursing Research 57(6), 406-415.*
- Lovejoy, M. (2012). 30-day patient readmissions in a small community hospital. Unpublished manuscript, Montana State University, Bozeman.
- Centers for Medicare and Medicaid Readmission Reduction Program https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/Readmissions-Reduction-Program.html
- Gerard F. Anderson and Earl P. Steinberg, "Hospital Readmissions in the Medicare Population," *New England Journal of Medicine, 311:21 (Nov. 22, 1984)*, 1349-1353.
- Centers for Medicare and Medicaid Publication 100-10 (Quality Improvement Organization Manual) Chapter 4, Section 4240

HISTORY

POLICY UPDATE HISTORY INFORMATION:

12 / 2019	Implementation
07 / 2020	Applied Delaware region applicable to policy.
01 / 2021	Policy updated instituting a 15-day direction.

Highmark Reimbursement Policy Bulletin

HISTORY VERSIONS

Bulletin Number:	RP-050		
Subject:	Inpatient Readmissions		
Effective Date:	December 2, 2019	**End Date:**	
Issue Date:	April 27, 2020	**Revised Date:**	April 2020
Date Reviewed:	April 2020		
Source:	Reimbursement Policy		

Applicable Commercial Market	**PA**	☒	**WV** ☒	**DE**	☒
Applicable Medicare Advantage Market	**PA**	☒	**WV** ☒		
Applicable Claim Type	**UB**	☒	**1500** ☐		

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this Policy.

HISTORY

PURPOSE:

The purpose of this policy is to promote more effective, cost efficient and improved health care through appropriate and safe hospital discharge of patients.

REIMBURSEMENT GUIDELINES:

Readmission within (3) Three Days of Discharge

Commercial Provision

The Plan will not separately reimburse acute care hospitals for a readmission occurring within three (3) days of discharge from the same hospital for the same member for a "related diagnosis" (i.e. DRG). The readmission policy is based on three (3) full calendar days, not hours.

An admission and readmission have a "related diagnosis" if the patient is readmitted with either the same Diagnosis Related Group (DRG) **or similar** DRG as the previous admission.

Similar DRGs are defined as groups of two (2) or three (3) DRGs that are identical except for the presence or absence of a complication/comorbidity (CC) or major complication/comorbidity (MCC).

Note: The Delaware region applies to this policy effective July 27, 2020.

Example of a similar DRG	
088	Concussion with MCC
089	Concussion with CC
090	Concussion without CC/MCC

Medicare Advantage Provision

The Plan will not separately reimburse acute care hospitals for a readmission occurring within seventy-two (72) hours of discharge for the same hospital from the same member for a related diagnosis. An admission and readmission have a related diagnosis if the patient is readmitted with the **same** Diagnosis Related Group (DRG) as the previous admission.

Where applicable, the Plan has given notice that the standard will be measured based on (3) three full calendar days, not hours. Where applicable, the Plan will bring its Medicare Advantage products in alignment with the provisions outlined above for Commercial products.

Claim Submission

When the Plan's Medicare Advantage or Commercial members are readmitted under qualifying conditions and within three (3) days of a prior inpatient discharge, the Plan will reimburse the combined admission claim as a single DRG payment in accordance with the hospital's agreement. Providers may combine the two (2) admissions into one (1) claim if the discharge date from the first claim and the admission date from the second claim are the same, that is, same day readmission. Otherwise, the Plan requests that you submit two (2) claims separately.

Note: This policy is not based on nor intended to address medical necessity. Claims will be subject to retrospective review by the Plan for appropriate billing and payment and the member held harmless for any payment denials.

HISTORY

ADDITIONAL BILLING INFORMATION AND GUIDELINES:

Refer to the Plan's NaviNet Plan Central messages titled:

Highmark's Readmission Guidelines for Medicare Advantage Acute Care Inpatient Admissions Explained
Readmission Guidelines Determine Payment for Acute Inpatient Care Claims

REFERENCES:

- Novotny, N. & Anderson, M. (2008). Prediction of early readmission in medial inpatients using the probability of repeated instrument. *Nursing Research 57(6), 406-415.*
- Lovejoy, M. (2012). 30-day patient readmissions in a small community hospital. Unpublished manuscript, Montana State University, Bozeman.
- Centers for Medicare and Medicaid Readmission Reduction Program https://www.cms.gov/Medicare/Medicare-Fee-for-Service-

Payment/AcuteInpatientPPS/Readmissions-Reduction-Program.html

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- Centers for Medicare and Medicaid Publication 100-10 (Quality Improvement Organization Manual) Chapter 4, Section 4240

POLICY UPDATE HISTORY INFORMATION:

12 / 2019	Implementation
7 / 2020	Applied Delaware region applicable to policy.

HISTORY

Highmark Reimbursement Policy Bulletin

Bulletin Number:	RP-050		
Subject:	Inpatient Readmissions		
Effective Date:	December 2, 2019	**End Date:**	
Issue Date:	September 30, 2019	**Revised Date:**	
Date Reviewed:	August 2019		
Source:	Reimbursement Policy		

Applicable Commercial Market	**PA**	☒	**WV** ☒	**DE**	☐
Applicable Medicare Advantage Market	**PA**	☒	**WV** ☒		
Applicable Claim Type	**UB**	☒	**1500** ☐		

HISTORY

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this Policy.

PURPOSE:

The purpose of this policy is to promote more effective, cost efficient and improved health care through appropriate and safe hospital discharge of patients.

REIMBURSEMENT GUIDELINES:

Readmission within (3) Three Days of Discharge

Commercial Provision

The Plan will not separately reimburse acute care hospitals for a readmission occurring within three (3) days of discharge from the same hospital for the same member for a "related diagnosis" (i.e. DRG). The readmission policy is based on three (3) full calendar days, not hours.

An admission and readmission have a "related diagnosis" if the patient is readmitted with either the same Diagnosis Related Group (DRG) **or similar** DRG as the previous admission.

Similar DRGs are defined as groups of two (2) or three (3) DRGs that are identical except for the presence or absence of a complication/comorbidity (CC) or major complication/comorbidity (MCC).

Example of a similar DRG	
088	Concussion with MCC
089	Concussion with CC
090	Concussion without CC/MCC

Medicare Advantage Provision

The Plan will not separately reimburse acute care hospitals for a readmission occurring within seventy-two (72) hours of discharge for the same hospital from the same member for a related diagnosis. An admission and readmission have a related diagnosis if the patient is readmitted with the **same** Diagnosis Related Group (DRG) as the previous admission.

Where applicable, the Plan has given notice that the standard will be measured based on (3) three full calendar days, not hours. Where applicable, the Plan will bring its Medicare Advantage products in alignment with the provisions outlined above for Commercial products.

Claim Submission

When the Plan's Medicare Advantage or Commercial members are readmitted under qualifying conditions and within three (3) days of a prior inpatient discharge, the Plan will reimburse the combined admission claim as a single DRG payment in accordance with the hospital's agreement. Providers may combine the two (2) admissions into one (1) claim if the discharge date from the first claim and the admission date from the second claim are the same, that is, same day readmission. Otherwise, the Plan requests that you submit two (2) claims separately.

Note: This policy is not based on nor intended to address medical necessity. Claims will be subject to retrospective review by the Plan for appropriate billing and payment and the member held harmless for any payment denials.

HISTORY

ADDITIONAL BILLING INFORMATION AND GUIDELINES:

Refer to the Plan's NaviNet Plan Central messages titled:

Highmark's Readmission Guidelines for Medicare Advantage Acute Care Inpatient Admissions Explained
Readmission Guidelines Determine Payment for Acute Inpatient Care Claims

REFERENCES:

- Novotny, N. & Anderson, M. (2008). Prediction of early readmission in medial inpatients using the probability of repeated instrument. *Nursing Research 57(6), 406-415.*
- Lovejoy, M. (2012). 30-day patient readmissions in a small community hospital. Unpublished manuscript, Montana State University, Bozeman.
- Centers for Medicare and Medicaid Readmission Reduction Program https://www.cms.gov/Medicare/Medicare-Fee-for-Service-

Payment/AcuteInpatientPPS/Readmissions-Reduction-Program.html

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- Centers for Medicare and Medicaid Publication 100-10 (Quality Improvement Organization Manual) Chapter 4, Section 4240

POLICY UPDATE HISTORY INFORMATION:

12 / 2019	Implementation

HISTORY