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READMISSION GUIDELINES DETERMINE PAYMENT FOR ACUTE INPATIENT CARE CLAIMS

Highmark applies its readmission policy guidelines to determine the appropriate payment for Commercial acute care hospital inpatient claims with respect to one or more inpatient hospital readmissions to the same hospital.

Effective with a discharge date (of the first inpatient confinement) of June 1, 2017, or after, Highmark will not reimburse acute care hospitals for a readmission occurring within three days of discharge from the same hospital for a related diagnosis. **The readmission policy is based on three full days, not hours.** The three-day readmission time frame is based on the time span from the day of discharge for each hospital confinement to the following third day. Here is an example: Assume the patient is an inpatient at the same hospital and has a related diagnosis. If that patient is discharged on Monday and is readmitted on Monday, Tuesday, Wednesday, or Thursday the policy applies and the provider will be paid as a single admission. If the patient is readmitted on Friday, or any day thereafter, Highmark will pay the provider for the initial admission and the subsequent admission. **In this instance, submit two separate claims unless the second admission is the same day of the first discharge.**

An admission and readmission have a related diagnosis if the patient is readmitted with either the same Diagnosis Related Group (DRG) as the previous admission or a similar DRG. Some DRGs are by definition stand alone and would not be subject to the similar DRG concept.

Similar DRGs are defined as groups of two or three 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 |

Note: This policy applies to services or admissions performed at the same facility.

Claim Submission

When Highmark members are readmitted under qualifying conditions and within three days of a prior inpatient discharge, Highmark will pay the combined admission claim as a single DRG payment in accordance with the hospital's agreement. Providers may combine the two admissions into one 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, Highmark requests that you submit two claims separately.

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Note: This policy is not based on nor intended to address medical necessity. Claims will be subject to retrospective review by Highmark for appropriate billing and payment.

Important Note: Please refer to the member's specific benefit program for the terms, conditions, limitations and exclusions of coverage. Highmark does not provide health care services, medical advice or treatment, or guarantee the outcome or results of any medical services or treatments. Highmark reserves the right at any time to change or update its policies. **There may be provider specific contractual provisions based on legacy contracts that specify different terms and conditions for readmissions and those provisions would supersede this guidance.**

