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## HIGHMARK'S READMISSION GUIDELINES FOR MEDICARE ADVANTAGE ACUTE CARE INPATIENT ADMISSIONS EXPLAINED

Highmark uses its readmission policy guidelines to determine the appropriate payment for Medicare Advantage acute care hospital inpatient claims paid on a Diagnosis Related Group (DRG) reimbursement methodology with respect to one or more inpatient hospital readmissions to the same hospital.

This policy applies to Medicare Advantage members when an inpatient admission occurs within three days of discharge from an initial (prior) inpatient stay. The three-day readmission time frame is based on the time span from the day of discharge for the initial (prior) hospital confinement to the following third day. For example: Assume the patient is an inpatient at the same hospital and has a related diagnosis. If the patient is discharged on Monday and readmitted on Monday, Tuesday, Wednesday, or Thursday, the policy applies and the provider will be paid as a single admission. If the readmission occurs on Friday, or any day thereafter, the provider is paid 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 the same DRG as the previous admission.

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

### Claim Submission

When Highmark Medicare Advantage 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.

**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.***