

<b>Reimbursement Policy</b>	
Subject: <b>Diagnosis-Related Group (DRG) Inpatient Facility Transfers</b>	
Policy Number: <b>G-13002</b>	Policy Section: <b>Facilities</b>
Last Approval Date: <b>10/13/21</b>	Effective Date: <b>10/13/21</b>

**Visit our provider website for the most current version of our reimbursement policies. If you are using a printed version of this policy, please verify the information by going to <https://www.bluecrossnc.com/providers/blue-medicare-providers/healthy-blue-medicare>.**

### **Disclaimer**

These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement by Blue Cross and Blue Shield of North Carolina (Blue Cross NC) if the service is covered for Healthy Blue + Medicare<sup>SM</sup> (HMO D-SNP). 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<sup>®</sup> 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 participating providers and facilities; a noncontracting provider who accepts Medicare assignment will be reimbursed for services according to the original Medicare reimbursement rates.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Blue Cross NC Medicare Advantage may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.
- Adjust the reimbursement to reflect the appropriate services and/or procedures performed.

Blue Cross NC Medicare Advantage 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 These policies may be superseded by mandates in provider, state, federal, or CMS contracts and/or requirements.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 set up may prevent the loading of policies into the claims platforms in the same manner as described; however, Blue Cross NC Medicare Advantage strives to minimize these variations.

<https://www.bluecrossnc.com/provider-home>

Healthy Blue + Medicare<sup>SM</sup> (HMO D-SNP) is a Medicare Advantage plan offered by Blue Cross and Blue Shield of North Carolina (Blue Cross NC). Certain administrative services for Healthy Blue + Medicare are provided by Amerigroup Partnership Plan, LLC (Amerigroup) pursuant to an administrative services agreement. References to Blue Cross NC may mean Blue Cross NC or their designee, Amerigroup.

Blue Cross NC Medicare Advantage reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy on our provider website.

**Policy**

Blue Cross NC Medicare Advantage 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 and federal and/or state guidelines regarding facility transfers payment. In the absence of such guidelines, we will use the following criteria:

- Transferring facility will receive a calculated per diem rate based on length of stay not to exceed the amount that would have been paid if the patient had been discharged to another setting.
- Receiving facility will receive full DRG payment.

Blue Cross NC Medicare Advantage claims for members who leave against medical advice and are admitted to another acute care facility on the same day are considered transfers.

The appropriate discharge status code must be used on the transferring claim to indicate that the member was transferred from one acute care facility to another acute care facility.

**Related Coding**

Policy Section	Code(s)	Comments
N/A	N/A	Standard correct coding applies

**Policy History**

<b>(10/13/21)</b>	Biennial review approved
<b>(11/30/21)</b>	Policy Language updated
<b>(07/01/21)</b>	Initial approval and effective <b>07/01/21</b>

**References and Research Materials**

<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> <li>• CMS</li> <li>• State contract</li> </ul>
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**Definitions**

<b>General Reimbursement Policy Definitions</b>
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**Related Policies and Materials**

Diagnoses Used in DRG Computation
Documentation Standards for Episodes of Care
Inpatient Readmissions
Preventable Adverse Events

Blue Cross and Blue Shield of North Carolina  
Healthy Blue + Medicare (HMO D-SNP)  
DRG Inpatient Facilities Transfers