



## AETNA BETTER HEALTH® OF PENNSYLVANIA AETNA BETTER HEALTH® KIDS

Date: March 3, 2018

### Inpatient Stay Readmission Policy - Updated

Dear Aetna Better Health Provider:

We want you to receive payment for care you've provided to Aetna Better Health members enrolled in the Health Choices and the CHIP programs. We're pleased to provide you with this quick guide to help expedite authorization, billing and payment for services performed.

Beginning **September 1, 2016** if an inpatient stay for readmission within 30 days of the first stay for the same diagnosis is denied, we will inform you that the authorization is denied for readmission and the previously approved authorization will be updated to cover the 2<sup>nd</sup> stay. The facility should **submit a corrected claim using bill type 117** and combine both inpatient stays on a single claim.

- Hospital readmissions following a discharge to home and occurring within 30 days for the same condition should be billed and paid as one charge.
- The first inpatient stay that was approved and paid by Aetna Better Health will be reversed in our system so we can pay the corrected, combined claim for both inpatient stays.
- The authorization will show admission date through discharge date from the beginning of the first stay to the end of the 2<sup>nd</sup> stay. Aetna Better Health will deny days in between as non-covered days.
- The corrected claim for the combined stays will still go through the 3M grouper to determine the correct DRG payment for the combined stay. This will allow for the higher DRG payment. High dollar (greater than \$25,000) outlier claims will continue to be reviewed for eligible payment.
- If the facility bills the inpatient stay that has been denied for readmission within 30 days of the first stay with the same diagnosis, this claim will be denied. The facility should combine both stays on one claim and bill with corrected bill type of 117.

Additional information regarding the Department of Human Service's guidelines on readmissions can be found here: [http://www.dhs.pa.gov/cs/groups/webcontent/documents/bulletin\\_admin/d\\_005743.pdf](http://www.dhs.pa.gov/cs/groups/webcontent/documents/bulletin_admin/d_005743.pdf).

#### Questions?

Please contact our Provider Relations department at **1-866-638-1232, option 3, then 5** with any questions regarding assessment coding. Thank you for the quality care you give our members. [aetnabetterhealth.com/pa](http://aetnabetterhealth.com/pa)