



Reimbursement Policy	
Subject: DRG Inpatient Facility Transfers	
Policy Number: G-13002	Policy Section: Administration
Last Approval Date: 07/07/2023	Effective Date: 10/13/2021

**** Visit our provider website for the most current version of the 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 reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by a member’s Blue Cross and Blue Shield of North Carolina (Blue Cross NC) Medicare Advantage benefit plan if the service is covered for Healthy Blue + MedicareSM (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 Current Procedure Terminology® (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes, and/or revenue codes. These codes denote the services and/or procedures performed and, when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

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.

<https://www.bluecrossnc.com/providers/networks-programs/blue-medicare/healthy-blue-medicare>

Blue Cross and Blue Shield of North Carolina Senior Health, DBA Blue Cross and Blue Shield of North Carolina, is an HMO D-SNP plan with a Medicare contract and a NC State Medicaid Agency Contract (SMAC). Enrollment in Blue Cross and Blue Shield of North Carolina Senior Health depends upon contract renewal.

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These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. Blue Cross NC Medicare Advantage strives to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

Policy

Blue Cross NC Medicare Advantage allows payment for services rendered by both the sending and the receiving facility when a member is admitted to one acute care facility and subsequently transferred to another acute care facility for same episode of care unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise.

Blue Cross NC Medicare Advantage will use the following criteria:

- Transferring facility receives 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 receives full DRG payment

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.

Markets that do not reimburse DRG methodology are exempt from this policy.

Related Coding

Standard correct coding applies

Policy History

07/07/2023	Review approved: no changes
10/13/2021	Review approved
11/30/2021	Policy language updated
07/01/2021	Initial approval and effective

References and Research Materials

This policy has been developed through consideration of the following:

- CMS
- State contract
- State Medicaid

Definitions

General Reimbursement Policy Definitions

Related Policies and Materials

Diagnoses used in DRG Computation

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

Documentation Standards for Episodes of Care
Inpatient Readmissions
Provider Preventable Conditions

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