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Authorized Signature
Number: DMAP-IM-09-056

Issue Date: 04/30/2009

Topic: Medical Benefits

Subject: Provider announcement: Billing for hospital readmissions

Applies to (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Children, Adults and Families | <input type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> County DD Program Managers | <input checked="" type="checkbox"/> Other (please specify): DHS staff and others identified on the SPD, CAF, AMH and DMAP transmittal lists |

Message:

DMAP will distribute the following announcement to hospitals. The announcement reminds hospitals to bill readmissions on the same claim as the original hospitalization if:

- The readmission occurs within 15 days after the date of discharge; and
- The patient is readmitted for the same or related diagnosis.

If you have any questions about this information, contact:

Contact(s):	Angel Wynia, Hospital Policy Analyst		
Phone:	503-945-5754	Fax:	503-947-1119
E-mail:	Angel.Wynia@state.or.us		

Important Information

Billing for hospital readmissions

Billing for hospital readmissions

According to Oregon Administrative Rule (OAR), when hospitals readmit an Oregon Health Plan (OHP) client within 15 days after the date of discharge, hospitals must combine both admissions on one claim. This rule applies to both planned and unplanned readmissions for the same or related diagnosis. For example:

- A patient's surgery cannot be scheduled immediately;
- A patient requires further treatment, but it cannot begin immediately; or
- Complications from the same condition, such as pneumonia, cause the patient to be readmitted to the hospital.

Bill hospital readmissions on the same claim if:

- The readmission occurs within 15 days after the date of discharge; and
- The patient is readmitted for the same or related diagnosis.

This rule does not apply to readmissions:

- Occurring more than 15 days after the date of discharge;
- For an unrelated diagnosis; or
- For a diagnosis that require a series of acute care hospitalizations to stabilize a medical condition, such as diabetes or asthma.

The entire rule (OAR 410-125-0410 Readmissions) is available online at www.dhs.state.or.us/policy/healthplan/guides/hospital/rulebook/125rb0109b.pdf.

Adjusting claims

The Division of Medical Assistance Programs (DMAP) will not reimburse hospitals for readmissions submitted on separate claims. If the hospital has already submitted a claim for the first hospitalization when a patient is readmitted, you can adjust the claim one of the two following ways:

- **Submit an Individual Adjustment Request (DMAP 1036).** Download the form at <http://dhsforms.hr.state.or.us/Forms/Served/OE1036.pdf>. Instructions at www.oregon.gov/DHS/healthplan/tools_prov/tips/dmap1036inst.pdf.
- **Adjust the claim online using the Provider Web Portal** at <https://www.or-medicaid.gov/>. Instructions at www.oregon.gov/DHS/healthplan/portal/adjust-webclaims.pdf.

More information on how to complete billing forms is available at www.oregon.gov/DHS/healthplan/tools_prov/tips/main.shtml.

Questions?

If you have any questions about this announcement, please call the Provider Services Unit at 800-336-6016, Monday through Friday, 8 a.m. to 5 p.m.

