



Division of Medical Assistance Programs

Information Memorandum Transmittal

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DMAP Policy and Planning Section

Number: DMAP IM 12-051

Authorized Signature

Issue Date: 6/28/2012

Topic: Medical Benefits

Subject: **Provider announcement:** Hospital policy changes effective July 1, 2012

Applies to:

- All DHS employees
- Area Agencies on Aging
- Children, Adults and Families
- County DD Program Managers
- County Mental Health Directors
- Seniors and People with Disabilities
- Other (please specify): DHS and OHA staff and others identified on the SPD, CAF, AMH and DMAP transmittal lists

Message:

DMAP will post the following [OHP Provider Announcement](#) and distribute via eSubscribe. It describes two changes in DMAP's Hospital Services administrative rules effective July 1.

On July 1, the Medicaid Management Information System (MMIS) will be ready to process claims according to the new readmissions policy. DMAP will let providers know when the MMIS will be ready to deny claims according to the new Other Provider Preventable Conditions (OPPC) policy.

If you have any questions about this information, contact:

Contact(s):	Angel Wynia, Hospital Service Program Manager		
Phone:	503-945-5754	Fax:	503-947-1119
E-mail:	angel.wynia@state.or.us		

Medical and hospital providers

Policy changes effective July 1, 2012

For inpatient services, bill 30-day readmissions on same claim as original admission

Starting July 1, hospitals must bill readmissions on the same claim as the original admission when:

- The readmission is for the same or related diagnosis,
- The readmission date is within 30 (not 15) days of the original discharge date, and
- The claim includes ICD procedure codes.

Claims are considered related if the first three digits of any diagnosis code used on the original admission matches the first three digits of the primary diagnosis code used at readmission.

If billed separately, claims subject to this policy will deny with *EOB 4001 - HOSPITAL READMISSION CLAIMS MUST BE COMBINED WITH THE INITIAL INPATIENT CLAIM.*

Exceptions to this policy:

The inpatient readmissions policy does not apply to diagnoses that may require a series of acute care hospitalizations to stabilize a medical condition such as, but not limited to: diabetes, asthma, or chronic obstructive pulmonary disease.

A list of the specific diagnosis codes is available on the [Hospital Services provider guidelines page](#).

Provider preventable conditions are not covered by DMAP

Starting July 1, DMAP no longer covers surgical or invasive procedures performed in any health care setting when:

- The **wrong procedure** is performed on a patient;
- The **wrong body part** is performed upon; or
- The **wrong patient** is performed upon.

This means that our payment system will deny all claims billed with diagnosis codes in the E870-E876 series (Misadventures to Patients During Surgical and Medical Care). A full list of these codes is available on the [Hospital Services provider guidelines page](#).

Once our system is able to deny these claims, we will reprocess any claims submitted for these codes for services on or after July 1. We will let you know when this change happens.

Questions?

If you have any questions about this announcement, contact the Provider Services Unit at dmap.providerservices@state.or.us or call 1-800-336-6016, Monday through Thursday, 8:30 a.m. to 4:00 p.m. and Friday 10 a.m. to 4:00 p.m. (phone lines closed 11:30 a.m. to 12:30 p.m. daily).

Help us improve future announcements:

[Click here](#) to answer six survey questions about this provider announcement.

