

30 Day Facility Readmission

Consistent with the Centers for Medicare & Medicaid Services (CMS) guidelines, **beginning March 1, 2020**, Blue Cross and Blue Shield of Texas (BCBSTX) will review acute hospital claims, to determine if such readmissions to the same facility within 30 days of discharge are related and may deny payment to the facility for related admissions. These changes help support quality of care improvement efforts by linking payment to the quality of facility care for our Blue Cross Medicare Advantage (PPO)SM and Blue Cross Medicare Advantage (HMO)SM members.

As a provider what should I expect?


- **Beginning March 1, 2020**, BCBSTX will perform a clinical review of acute care facility readmissions that occur within 30 days of discharge from the same facility.
- If BCBSTX determines that a provider has submitted a second claim after a patient has been discharged from an acute in patient stay, BCBSTX may request medical records from the provider.

As a provider what should I do?

- Upon request of medical records, the facility must forward related medical records and any documents involving the admissions.
- If it is determined that the acute stays were clinically related, BCBSTX may deny payment to the facility for the readmission.
- Providers may dispute determinations through existing processes, which can be found in the provider manual located on our website.

Learn More

- Visit the [CMS website](#).
- If you have questions, contact your [Network Management Consultant](#).

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