

Reimbursement Policy					
Subject: Diagnoses Used in DRG Computation					
Policy Number: G-12005	Policy Section: Coding				
Last Approval Date: 03/15/2023	Effective Date: 10/08/2020				

^{****} 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://providers.anthem.com/ny. ****

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if Anthem Medicare Advantage covered the service for the member's benefit plan. 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, Anthem 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.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. Anthem 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

Anthem Medicare Advantage ensures that the diagnosis and procedure codes that generate the Diagnosis Related Groups (DRG) are accurate, valid, and sequenced in accordance with national coding standards and specified guidelines unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise.

Anthem Medicare Advantage performs DRG audits to determine that the diagnostic and procedural information that led to the DRG assignment is substantiated by the medical record. The audits utilize coding criteria to limit the billed diagnosis used in DRG computation to the following: those that are relevant to the patient's care; those that impact the patient's outcome, treatment, intensity of service or length of stay; and those that are supported by documentation within the medical record.

Anthem Medicare Advantage routinely monitors DRG billing patterns to ensure that hospitals perform fair and equitable coding and utilization.

Related Coding
Standard correct coding applies

Policy History	
03/15/2023	Review approved: Policy template updated
11/16/2018	Review approved: Policy template updated
10/03/2016	Review approved: Policy template updated
01/01/2015	Initial approval and effective

References and Research Materials

This policy has been developed through consideration of the following:

- CMS
- State contract

Definitions				
Diagnosis Related	Diagnosis Related Groups (DRGs) are a patient classification			
Groups (DRGs)	method which provides a means of relating the type of patients			
	a hospital treats to the costs incurred by the hospital.			
General Reimbursement Policy Definitions				

Related	Po	licies	and	Ma	teria	ls
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Documentation Standards for an Episode of Care

Provider Preventable Conditions

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