

INPATIENT READMISSIONS**Policy # 94**

Implementation Date: 9/1/22

Review Dates: 6/6/24

Revision Dates:

Disclaimer:

1. Policies are subject to change without notice.
2. Policies outline coverage determinations for Select Health Commercial, Select Health Advantage (Medicare/CMS), and Select Health Community Care (Medicaid/CHIP) plans. Refer to the "Policy" section for more information.

Description

According to CMS guidelines and definitions, a readmission occurs when a patient is discharged/transferred from an acute care, Prospective Payment System (PPS) hospital, and is then readmitted to that same acute care PPS hospital within 30 days of discharge. This policy applies to MS-DRG facilities only.

COMMERCIAL PLAN POLICY AND CHIP (CHILDREN'S HEALTH INSURANCE PROGRAM)

This policy does not apply to Commercial plans.

SELECT HEALTH ADVANTAGE (MEDICARE/CMS)

Select Health Advantage follows the Centers for Medicare and Medicaid Services (CMS) criteria by utilizing the CMS guidelines to evaluate readmissions within less than 24 hours.

Readmissions within 24 hours or less for same or related condition(s)

Select Health Advantage aligns with CMS guidelines in that hospitals shall adjust the original claim generated for the initial stay by combining it with the subsequent stay onto a single claim.

This will apply to the following readmissions:

- Clinically related readmissions
- Planned readmissions or leave of absence
- Emergent readmissions
- Psychiatric readmissions

When both stays remain billed separately, Select Health will deny the subsequent claim.

Select Health may request medical records to ensure reimbursement guidelines have been followed; the review process is consistent with CMS guidelines.

Readmissions within 24 hours or less for unrelated condition

Select Health Advantage aligns with CMS guidelines in that hospitals should bill condition code B4 on the claim for the unrelated condition.

At this time, Select Health will not deny the subsequent admission when the following apply:

- Transfer from one inpatient stay at an acute care hospital to an inpatient stay at another acute care hospital
- Patient discharged from the hospital against medical advice
- Planned readmissions for cancer chemotherapy, transfusion for chronic anemia, or other similar repetitive treatments
- Readmission for unrelated condition
- Readmission for the medical treatment of rehabilitation care
- Readmission for pre-delivery obstetrical care

SELECT HEALTH COMMUNITY CARE (MEDICAID)

Select Health Community Care will follow the Select Health Advantage Medicare plan policy.

Sources

1. Centers for Medicare & Medicaid Services (CMS). (Revised 2014, March 25). Medicare Claims Processing Manual Chapter 12 - Physicians/Nonphysician Practitioners. Retrieved August 27, 2014, from <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c12.pdf>
2. *Current Procedural Terminology (CPT®)*, (2014) – American Medical Association.
3. ICD-9-CM Coding Guidelines. (2013, January 1). Retrieved July 8, 2014, from https://www.encoderpro.com/epro/physicianDoc/pdf/i9v1/i9_guidelines.pdf
4. The Medicare Claims Processing Manual, Chapter 3, Section 40.2.5

Disclaimer

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult with appropriate healthcare providers to obtain needed medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member's individual benefit plan that is in effect at the time services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

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Members may contact Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Coverage Policy may call Select Health Provider Relations at (801) 442-3692.

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