

INPATIENT READMISSIONS

Policy # 94

Implementation Date: 9/1/22

Revision Dates:

Disclaimer:

1. Policies are subject to change without notice.
2. Policies outline coverage determinations for SelectHealth Commercial, SelectHealth Advantage (Medicare), and SelectHealth Community Care (Medicaid) 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

This policy does not apply to Commercial plans.

SelectHealth Advantage (Medicare/CMS)

SelectHealth 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)

SelectHealth Advantage aligns with CMS guidelines in that hospitals shall adjust the original claim generated by 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, SelectHealth will deny the subsequent claim.

SelectHealth 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

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

At this time, SelectHealth 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

SelectHealth Community Care (Medicaid)

SelectHealth Community Care will follow the SH 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.

SelectHealth makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in this policy. SelectHealth updates its Coverage Policies regularly, and reserves the right to amend these policies without notice to healthcare providers or SelectHealth members. Claims will be reviewed based on current policy language at time of review.

Members may contact Customer Service at the phone number listed on their member ID Card to discuss their benefits more specifically. Providers with questions about this Coverage Policy may call SelectHealth Provider Relations at 801-442-3692.

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