n05725
Inpatient Hospital Readmission Policy

Values

Accountability ● Integrity ● Service Excellence ● Innovation ● Collaboration

Abstract Purpose:

This reimbursement policy outlines Network Health's process, for all lines of business, related to inpatient hospital readmissions.

Policy Detail:

I. In alignment with the Centers for Medicare and Medicaid Services, claims received for inpatient hospital readmissions to the same, or affiliated hospital, within 30 days of discharge from the initial admission will be subject to clinical review at the time of the prior authorization request for the second inpatient stay.

II. If no prior authorization is requested (or needed), but identifies through the claims edit that it is a readmission to the same or affiliated hospital, the claim will be subject to clinical review.

III. This clinical review will determine if the readmission is related to, or similar to, the initial admission. Claims will remain in a pended status up to 30 days until the clinical review is completed.

IV. If the admitting diagnosis on the second inpatient stay is the same or similar to the initial admission, and/or a prior authorization is not on file, the claim will deny with Claim Adjustment Reason Code (CARC) Code 249 "*This claim has been identified as a readmission*".

V. Below are the possible types of readmissions:
   A. Clinically related readmissions
   B. Emergent readmissions
   C. Planned readmissions or leave of absence
   D. Psychiatric readmissions

Definitions:

Inpatient Hospital Readmission: An admission to an acute care hospital within 30 days of discharge from the same or another affiliated acute care hospital.

Regulatory Citations:

Centers for Medicare and Medicaid Services (CMS)

Origination Date: 8/1/2021
Update Date: 2/27/2024
Next Review Date: 2/27/2025