

Procedure 1602- Inpatient Hospital Readmissions

Lines of Business: All lines of business

Purpose: This guideline provides Network Health's reimbursement process related to inpatient hospital readmissions.

Definitions: An inpatient hospital readmission is defined as a subsequent acute care inpatient admission of the same patient within or up to 30 days of discharge of the initial inpatient acute care admission.

Procedure: Inpatient hospital readmission to the same, or affiliated, hospital within or up to 30 days of the discharge from the initial admission will be subject to clinical review at the time of precertification of the second inpatient stay. The clinical review will determine if the readmission is related to, or similar to, the initial admission.

In the event that the readmission is found to be related to the initial inpatient admission, the claim for the second hospital admission will be denied.

The Procedure applies to the following types of readmissions:

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

This guideline is not a guarantee of coverage or payment. The claim(s) will be denied if it does not meet with all the terms and provisions of the members Certificate of Coverage. Actual benefits will be determined when the claim(s) or bill(s) are submitted to NHP/NHIC/NHAS. NHP/NHIC/NHAS reserves the right to periodically review and update all claim guidelines, policies and procedures.

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