

Inpatient Readmission Review Policy, Facility

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies may use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design, and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to legislative mandates, the physician or other provider contracts, the enrollee's benefit coverage documents and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations. UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to services reported using the UB04 claim form or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network inpatient facilities, including, but not limited to, non-network authorized and percent of charge contract facilities.

United Healthcare Commercial

This Reimbursement Policy applies to all UnitedHealthcare Commercial benefit plans.

UnitedHealthcare Individual Exchange

This Reimbursement Policy applies to all Individual Exchange benefit plans.

Policy

Overview

This policy describes the reimbursement for inpatient readmissions of members to the same facility for the same or related condition on the same date of service, planned readmissions and leave of absence readmissions within 30 days.

Reimbursement Guidelines

UnitedHealthcare will align with the Centers for Medicare and Medicaid Services (CMS) criteria by utilizing the CMS guidelines to evaluate Same Day Readmissions, Planned Readmissions and Leave of Absence.

Medical records may be requested to ensure the reimbursement guidelines have been followed. The medical record review process is consistent with CMS guidelines.

Same Day Readmissions

Same Day Readmissions for the same or related condition as the initial admission must be combined with the initial admission and reported on the same UB-04 claim form.

Same Day Readmissions for a condition unrelated to the initial admission must be reported with condition code B4 on the UB-04 claim in order to be eligible for separate reimbursement.

Planned Readmission/Leave of Absence

A Planned Readmission/Leave of Absence within 30 days of the initial admission must be combined with the initial admission and reported on the same UB-04 claim form with occurrence span code 74, reporting the dates the leave began and ended.

Exclusions

This policy does not apply to the following admissions:

- Admissions for chemotherapy or immunotherapy treatment
- Admissions to a substance abuse unit or facility
- Admissions to an inpatient rehabilitation unit
- Readmission after a patient is discharged from the hospital against medical advice
- Admissions for covered transplant services during the global case rate period for the transplant

Definitions

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|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Same Day Readmission | An admission to the same acute care hospital on the same day as the previous admission. |
| Planned Readmission/Leave of Absence | An intentional readmission within 30 days to an acute care hospital that is a scheduled part of the patient’s plan of care, but the patient does not require a hospital level of care. The facility may discharge and readmit the patient or may place the patient on leave of absence. |

Questions and Answers

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| 1 | <p>Q: If a claim is submitted with the same or related condition for the same member, same provider, reporting the same date of service as the discharge, will the claim be eligible for reimbursement?</p> <p>A: The claim will not be eligible for separate reimbursement. The claim may be resubmitted as a corrected claim on a combined bill with the initial admission.</p> |
| 2 | <p>Q: If a claim is submitted with an unrelated condition for the same member, same provider, reporting the same date of service as the discharge, and is not reported with condition code B4, will the claim be eligible for reimbursement?</p> <p>A: The claim will not be eligible for reimbursement. The claim may be submitted as a corrected claim reported with condition code B4, when appropriate.</p> |

Resources

Centers for Medicare and Medicaid Services (CMS), CMS Medicare Claims Process Manual; Chapter 3 - Inpatient Hospital Billing, Manual System and Other CMS publications and services

| History | |
|------------------|-----------------------------------------------------------------------------------------------|
| 4/1/2026 | Anniversary review and version change History Section: Entries prior to 4/1/2024 archived |
| 5/25/2025 | Anniversary review and version change History Section: Entries prior to 5/25/2023 archived |
| 9/1/2021 | Policy implemented by UnitedHealthcare Employer & Individual |
| 4/22/2021 | Policy approved by Reimbursement Policy Oversight Committee |