

# Inpatient Readmission Review Policy (CES)

Policy Number: ADMINISTRATIVE 292.1 TO  
Effective Date: September 1, 2021

[Instructions for Use](#)

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Related Policies
None

## Applicable Lines of Business/Products

This policy applies to Oxford Commercial plan membership.

## Application

This reimbursement policy applies to services reported using the e UB-04 claim form or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network facilities, including, but not limited to, non-network authorized and percent of charge contract facilities.

## 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

Oxford will align with the Centers for Medicare and Medicaid Services criteria for Same Day Readmissions, Planned Readmissions and Leave of Absence.

### 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 for 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

**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.

**Same Day Readmission:** An admission to the same acute care hospital on the same day as the previous admission.

## Questions and Answers

1	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?
	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.
2	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?
	A:	The claim will not be eligible for reimbursement. The claim may be resubmitted as a corrected claim reported with condition code B4.

## References

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare national policy that was researched, developed, and approved by UnitedHealthcare Reimbursement Policy Oversight Committee. [2021R5023A]

Centers for Medicare and Medicaid Services (CMS), Manual System and Other CMS publications and services

## Policy History/Revision Information

Date	Summary of Changes
09/01/2021	<ul style="list-style-type: none"><li>• New Reimbursement Policy</li></ul>

## Instructions for Use

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded members and certain insured products. Refer to the member specific benefit plan document or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The InterQual® criteria are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.