

Reimbursement Policy	
Subject: Inpatient Readmissions	
Policy Section: Facilities	
Last Approval Date: 07/13/2022	Effective Date: 07/13/2022

**** Visit our provider website for the most current version of our reimbursement policies. If you are using a printed version of this policy, please verify the information by going to <https://provider.simplyhealthcareplans.com> or <https://provider.clearhealthalliance.com>. ****

Disclaimer

These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement by Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA) if the service is covered by a member’s benefit plan. The determination that a service, procedure, item, etc. is covered under a member’s benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member’s state of residence. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with CPT® codes, HCPCS codes, and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to both participating and nonparticipating providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Simply and CHA may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.
- Adjust the reimbursement to reflect the appropriate services and/or procedures performed.

Simply and CHA reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Simply and CHA strive to minimize these variations.

Simply and CHA reserve the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to our provider site.

Policy

Simply and CHA does not allow separate reimbursement for claims that have been identified as a readmission to the same hospital for the same, similar, or related condition unless provider, state,

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Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Medicaid contract. Simply Healthcare Plans, Inc. dba Clear Health Alliance is a Managed Care Plan with a Florida Medicaid contract.

Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Healthy Kids contract.

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federal, or CMS contracts and/or requirements indicate otherwise. In the absence of provider, federal, state, and/or contract mandates, Simply and CHA will use the following standards:

- Readmission up to 30-days from discharge
- Same diagnosis or diagnoses that fall into the same grouping

Simply and CHA will utilize *Clinical Criteria* and/or licensed clinical medical review, to determine if the subsequent admission is for:

- The same or closely related condition or procedure as the prior discharge.
- An infection or other complication of care.
- A condition or procedure indicative of a failed surgical intervention.
- An acute decompensation of a coexisting chronic disease.
- A need that could have reasonably been prevented by the provision of appropriate care consistent with accepted standards in the prior discharge or during the post discharge follow up period.
- An issue caused by a premature discharge from the same facility.

Note: Readmissions occurring on the same day (same date of service) for the same, similar, or related condition of the prior stay's medical condition are considered to be a continuation of initial treatment and part of the original admission and should be combined. Providers should submit both admissions on a single claim.

Simply and CHA reserves the right to recoup and/or recover monies previously paid on a claim that falls within the guidelines of a readmission for a same, similar, or related condition as defined above.

Exclusions:

- Admissions for the medical treatment of:
 - Cancer
 - Neonatal/Newborn
 - Obstetrical deliveries
 - Behavioral Health
 - Rehabilitation care
 - Sickle Cell Anemia
 - Transplants
- Patient transfers from one acute care hospital to another
- Member discharged from the hospital against medical advice

Planned Readmission/Leave of Absence

When a member is readmitted within 30 days as part of a planned readmission and/or placed on a leave of absence, the admissions are considered to be one admission, and only one DRG will be reimbursed.

Providers are to submit one bill for covered days and days of leave when the patient is ultimately discharged.

This policy applies to those facilities reimbursed for inpatient services by a DRG methodology.

Related Coding

Standard Correct Coding Applies

Policy History

07/13/2022	Policy review approved and effective 07/13/2022: Policy language updated (planned readmission/LOA language added), definition section updated to include LOA and planned readmission, and related policy section updated
06/01/2018	Biennial review approved and effective: Different hospital language removed
12/01/2018	Policy template updated
04/03/2017	Review approved: Policy template updated
06/19/2017	Biennial review approved 08/01/2016 and effective 06/19/2017: Different hospital language added
10/01/2013	Initial approval 03/25/2013 and effective date 10/01/2013

References and Research Materials

This policy has been developed through consideration of the following:

- CMS
- State Medicaid
- State contracts
- American Hospital Association

Definitions

Leave of Absence	Interim period when readmission is expected, and the patient does not require a hospital level of care
Planned Readmission	Non-acute readmission for a scheduled procedure
Same Hospital System	Two or more hospitals owned, leased, sponsored, or contract managed by a central organization
General Reimbursement Policy Definitions	

Related Policies and Materials

Diagnoses Used in DRG Computation
Documentation Standards for Episodes of Care
Preventable Adverse Events