



**EFFECTIVE DATE:** 02 | 01 | 2016

**POLICY LAST REVIEWED:** 08 | 30 | 2024

### OVERVIEW

This payment policy is applicable to facilities reimbursed based on Diagnosis-Related Group (DRG) or case rate payment methodology. It defines the payment guidelines for readmissions to an acute short-term hospital that begin during thirty (30) calendar days from the date of discharge from the same hospital or hospital system for the same, similar, and/or a related diagnosis.

*Please note: The day of discharge from the initial hospital stay is not counted when determining the number of days between admissions. In the instance of multiple readmissions, each admission will be reviewed against criteria relative to the most recent/immediate preceding admission.*

### Effective November 1, 2024

This policy applies to in-network facilities for readmissions that begin during the thirty (30) calendar days following a previous discharge from the same hospital or a different hospital within the same hospital system.

Blue Cross & Blue Shield of Rhode Island (BCBSRI) shall conduct a medical record review to determine if the subsequent hospital admission/readmission is related to the most recent previous hospital admission.

### PRIOR AUTHORIZATION

This policy does not supersede or in any way impact any other BCBSRI policies related to inpatient recommended or required preauthorization or any other notification policies that are in place when inpatient services are provided.

### POLICY STATEMENT

BCBSRI shall conduct a hospital readmission review to determine if the readmission was considered clinically related to the most recent previous admission. Readmissions determined to be related to the most recent previous admission will not be reimbursed and the hospital may not bill a member for the readmission.

Excluded from readmission review are:

- Readmissions that are planned for repetitive treatments such as cancer chemotherapy, and scheduled staged elective surgeries;
- Readmissions due to malignancies (limited to those who are in an active chemotherapy regimen – both infusion and oral) or cystic fibrosis;
- Readmissions due to bone marrow transplants;
- Readmissions with a documented discharge status of left against medical advice;
- Readmissions beginning more than 30 calendar days from the most recent discharge (not including the date of discharge, as noted above);
- In-network facilities that are not reimbursed based on a contracted DRG or case rate methodology (e.g. per diem) or otherwise not applicable to this policy

BCBSRI reserves the right to perform retrospective medical records reviews and retract payment according to the guidelines in this policy. These medical record reviews are not medical necessity reviews and as such are not required to follow or are applicable to Rhode Island's utilization review law. (Chapter 23-17.12 of the Rhode Island General Laws – Utilization Review Act).

Standard administrative provider appeal rights/process are applicable in cases in which BCBSRI determines the readmission is related to the previous admission.

### **CRITERIA**

Medical records shall be reviewed to determine if the readmission was related to the previous admission.

*Note: Medical record review is to determine if the admission is related and not an assessment of medical necessity or appropriateness of the setting.*

### **COVERAGE**

Benefits may vary between groups/contracts. Please refer to the appropriate Subscriber Agreement or Evidence of Coverage for applicable inpatient coverage/benefits.

### **CODING**

Not applicable

### **RELATED POLICIES**

Inpatient Admissions

### **PUBLISHED**

Provider Update, September 2024

Provider Update, September 2023

Provider Update, March 2020

Provider Update, May 2018

Provider Update, May 2017

Provider Update, August 2016

### **REFERENCES**

1. Centers for Medicare & Medicaid Services (CMS). *Medicare Claims Processing Manual*. Chapter 3: Inpatient Hospital Billing. §40.2.4: IPPS Transfers Between Hospitals. Part A: Transfers Between IPPS Prospective Payment Acute Care Hospitals; p.116. [CMS Web site]. 12/10/10. Available at: <http://www.cms.gov/manuals/downloads/clm104c03.pdf>. Accessed September 29, 2011.
2. Centers for Medicare & Medicaid Services (CMS). *Medicare Learning Network*. Acute Care Hospital Inpatient Prospective Payment. [CMS Web site]. 12/17/10. Available at: <http://www.cms.gov/MLNProducts/downloads/AcutePaymtSysfctsh.pdf>. Accessed September 29, 2011.

**CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS**

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

