	Reimbursement Policy	
Subject: Inpatient Readmissions		
Effective Date: **06/01/18**	Committee Approval Obtained: **06/01/18**	Section: **Facilities**

*****The most current version of our reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to https://providers.amerigroup.com/IA.*****

These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement if the service is covered by a member's Amerigroup Iowa, Inc. 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, Amerigroup may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

Amerigroup 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 These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements.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, Amerigroup strives to minimize these variations.

Amerigroup reserves the right to review and revise its policies periodically when necessary. When there is an update, we will publish the most current policy to this site.

Policy	Amerigroup 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, federal or CMS contracts and/or requirements indicate otherwise. In the absence of provider, federal, state and/or contract mandates, Amerigroup will use the following standards: • Readmission up to thirty days from discharge • Same diagnosis or condition

	Readmissions occurring within thirty days from discharge for the same diagnosis or condition, or for evaluation and management of, the prior stay's medical condition are considered part of the original admission and should be combined. Amerigroup considers a readmission to the same hospital for the same, similar or related condition on the same date of service to be a continuation of initial treatment. Amerigroup 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, primary psychiatric disease and rehabilitation care • Planned readmissions • Patient transfers from one acute care hospital to another • Patient discharged from the hospital against medical advice • Critical Access Hospital admissions This policy only affects those facilities reimbursed for inpatient services by a diagnosis related group (DRG) methodology.
History	• Update due to regulatory directive: Critical access hospitals language added effective **11/16/18** • Biennial review approved and effective **06/01/18**: Policy template updated • Review approved **08/01/16**: Policy templated updated • Initial approval **08/04/15** and effective date **04/01/16**
References and Research Materials	This policy has been developed through consideration of the following: • CMS • State Medicaid • Amerigroup contract
Definitions	• **General Reimbursement Policy Definitions**
Related Policies	• Diagnoses used in DRG Computation • Documentation Standards for Episodes of Care • Other Provider Preventable Conditions (OPPC) • Present on Admission Indicator for Health Care-Acquired Conditions
Related Materials	• None