

	30 Day Readmission	
	Policy Number: POL-PP-239	Original Creation Date 5/1/2023
	Version Number: 006	Version Effective Date 5/1/2023
	Policy Status: Active	Next Review Date 5/1/2027

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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/> PROFESSIONAL	<input checked="" type="checkbox"/> FACILITY	<input type="checkbox"/> DME	<input type="checkbox"/> AMBULATORY SURGERY	<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> OTHER

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> BLUE MEDICARE ADVANTAGE	<input checked="" type="checkbox"/> ACA QHP¹	<input checked="" type="checkbox"/> SMALL GROUP ACA	<input checked="" type="checkbox"/> JAA²	<input checked="" type="checkbox"/> FEP³	<input type="checkbox"/> DENTAL

¹ ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family ² JAA: Joint Administrative Account ³ FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

Description/Application

Blue KC will make only one payment for the first or subsequent admission when a preventable hospital readmission has been identified. Blue KC defines a preventable hospital readmission as an episode where a patient who has been

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discharged from a hospital is admitted again to the same hospital for the same or related care within 30 days of the previous discharge. Facilities are to submit a claim for the subsequent admission. If the subsequent admission is deemed to be a higher allowable, the claim for the first admission will be recovered, and the claim for the subsequent admission will then be reimbursed.

Blue KC defines a preventable hospital readmission as an episode where a patient who has been discharged from a hospital is admitted again to the same hospital for the same or related care within 30 days of the previous discharge.

Any readmission to the same hospital within the thirty (30) days of initial discharge is subject to a medical record review on a pre-adjudication or post-payment basis.

Policy

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Examples of clinical scenarios that may be considered avoidable readmission include, but are not limited to, the following

- Same or closely related condition or procedure as the prior discharge
- Infection or other complication of care
- Condition or procedure indicative of a surgical complication
- Acute decompensation of a coexisting chronic disease managed during the previous admission
- The absence of quality care in the initial hospitalization
- Inadequate discharge planning
- Inadequate post discharge follow-up

While some re-admissions are preventable it is understood that other re-admissions are planned or are not preventable.

The following readmissions are excluded from review for a preventable readmission:

- Transfers from out-of-network to in-network facilities or for patients needing care not available at the first facility.
- Planned readmissions for repetitive or staged treatments, such as chemotherapy or staged surgical procedures.
- Readmission to an acute hospital from Skilled Nursing Facilities, Long Term Acute Care facilities, and Inpatient Rehabilitation Facilities (SNF, LTAC, and IRF)
- Readmissions where the first admission had a discharge status of "left against medical advice"
- Neonatal and Obstetrical admissions
- Transplant and transplant-related admissions
- Admissions for treatment of behavioral, mental health, and substance abuse diagnoses.

Blue KC conducts reviews for hospital readmissions occurring within thirty (30) days, (or the number of days specified in the provider's contract if different), of the initial discharge for the same, similar, or related diagnosis. When a readmission is reviewed by our Utilization Management Department and has been determined to be a preventable readmission, the treating hospital will be notified of the denial and peer-to-peer rights will be provided.

If a 30-day readmission is determined to NOT be preventable, Utilization Management will review as a standard admission and will be reviewed for medical necessity on its own merits.

Readmissions occurring within zero and one day, for symptoms related to or for evaluation and management of the prior stay's medical condition, are considered part of the original admission and the claim should be combined.

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Blue KC considers a readmission to the same hospital for the same or related condition on the same date, or the following day of service, to be a continuation of the initial treatment. This will apply regardless of whether member went home or was discharged to a post-acute facility.

Blue KC reserves the right to recoup and/or recover monies previously paid on claims that fall within the guidelines of a readmission for the same or related condition as defined above.

Coding

CPT/HCPCS	Definition
N/A	

References and Resources

Centers for Medicare and Medicaid Services

Related Documents

NA

Revision History

Version	Date	Summary of Revisions
001	5/1/2023	Initial Version
002	7/31/2023	Update - Updated language regarding payment for higher DRG when a preventable readmission occurs; removed "same or similar hospital."
003	11/29/2023	Update - Updated language regarding readmissions occurring within zero and one day to apply whether patient was discharged to home or post-acute facility.
004	5/1/2024	Annual review, no updates, or changes were made to the policy
005	5/1/2025	Annual review, no updates, or changes were made to the policy
006	5/1/2026	Annual review, no updates, or changes were made to the policy