



Administrative Policy Statement KENTUCKY MARKETPLACE PLANS

Original Issue Date	Next Annual Review	Effective Date	
11/30/2018	1/1/2020	1/1/2019	
Policy Name		Policy Number	
30 Day Readmission		AD-0706	
Policy Type			
Medical	ADMINISTRATIVE	Pharmacy	Reimbursement

- A. If the member is being transferred from an out-of-network to an in-network facility or if the member is being transferred to a facility that provides care that was not available at the initial facility;
- B. If the readmission is part of planned repetitive treatments or staged treatments, such as chemotherapy or staged surgical procedures;
- C.
- D. Obstetrical readmissions;
- E. Readmissions that are greater than 31 days from the date of discharge from the initial admission;
- F. Readmission for patients who are under the age of 12 months at the time of service.

IV. Post Payment Review

- A. CareSource reserves the right to monitor and review claim submissions to minimize the need for post-payment claim adjustments as well as review payments retrospectively.
 - 1. If a claim is reviewed and determined to be an inappropriate, unnecessary, or preventable readmission, the hospital must be able to provide documentation to CareSource upon request. The documentation will be reviewed to determine if the admission was a preventable readmission based on the criteria listed above.
 - 2. If the readmission is determined at the time of documentation review to be a preventable readmission, all appeals timeframes are expired and/or appeals exhausted, claim will be returned to claims for post-payment adjustment.

E. Conditions of Coverage

HCPCS
 CPT

AUTHORIZATION PERIOD

F. Related Policies/Rules

G. Review/Revision History

DATES		ACTION
Date Issued	11/30/2018	
Date Revised		
Date Effective	1/1/2019	

H. References

1. CMS Hospital-Wide 30-Day Risk-Standardized Readmission Measure, retrieved on November 21st, 2018 from CMS.gov
2. Ohio Administrative Code 5160-2-14v1, <http://codes.ohio.gov/oac/5160-2-14v1>

This guideline contains custom content that has been modified from the standard care guidelines and has not been reviewed or approved by MCG Health, LLC.

The Administrative Policy Statement detailed above has received due consideration as defined in the Administrative Policy Statement and is approved.



Independent medical review 2/2015

Archived

