



Provider Alert

Revision to Readmission Policy for Facilities

We want to let you know about a change to our Readmission Policy for UnitedHealthcare Community Plan members in Virginia. Starting March 1, 2019, the policy requirements will apply to all inpatient admissions.

To help ensure your claims are reimbursed correctly, please follow these guidelines:

- If an inpatient readmission meets Centers for Medicare & Medicaid Services (CMS) billing guidelines for same day and leave of absence within five days, please combine it with the index/anchor admission into one episode of care Diagnosis-Related Group (DRG) claim.
- To avoid claim denial, submit a single inpatient claim for both the index/anchor admission and readmission.

If we find your readmission claim meets these billing guidelines, we may combine it into one episode of care DRG claim or ask you to combine the claims. We may also conduct a clinical quality review for any inpatient readmission with the same, similar, or related diagnosis that occurs within five days (or as specified in your provider contract) of the index/anchor admission claim before reimbursement. If we find the readmission was preventable, we may deny the readmission claim.

To read the policy, please visit UHCprovider.com > Menu > Policies and Protocol > Community Plan Policies > Reimbursement Policies for Community plan > Reimbursement Policies.

Note About Reimbursement Policies

As with all UnitedHealthcare Community Plan policies, other factors affecting reimbursement may supplement, modify or in some cases supersede this policy. These factors include but are not limited to federal and/or state regulatory requirements, physician or other provider contracts, and/or the member's benefit coverage documents. Unless otherwise noted, these reimbursement policies apply to services reported using the CMS-1500 or its electronic equivalent, or its successor form.

UnitedHealthcare Community Plan reimbursement policies don't address all issues related to reimbursement for services rendered to our members, such as the member's benefit plan documents, our medical policies and the UnitedHealthcare Community Plan Administrative Guide or Care Provider Manual. Meeting the terms of a particular reimbursement policy is not a guarantee of payment. Likewise, retirement of a reimbursement policy affects only those system edits associated with the specific policy being retired. Retirement of a reimbursement policy is not a guarantee of payment. Other applicable reimbursement and medical policies and claims edits will continue to apply. If there's an inconsistency or conflict between the information in this provider notification and the posted policy, the provisions of the posted reimbursement policy prevail.

We're Here to Help

If you have questions about this policy, please call Provider Services at the number listed on the back of the member's ID card. Thank you.