

## Readmission Policy, Facility for Louisiana

### **IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY**

*You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Procedural Terminology (CPT<sup>®\*</sup>), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.*

*This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.*

*This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.*

***Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee's benefit coverage documents, and/or other reimbursement, medical or drug policies.***

*Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.*

*UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.*

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### Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products. This reimbursement policy applies to services reported using the UB-04 form or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network facilities that are paid based on Diagnosis Related Grouping (DRG) payment methodology.

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### Policy

#### Overview

**Note:** Louisiana is excluded from this policy

### Definitions

|                         |   |
|-------------------------|---|
| <b>Medical Records</b>  | Major documentation components of the Medical Record from both stays, particularly those relevant to the quality of care concern, including, but not limited to the following: <ul style="list-style-type: none"> <li>• Face sheet</li> <li>• Admission history and physical</li> <li>• Physicians' orders</li> <li>• Emergency room records</li> <li>• Operative notes</li> <li>• Progress notes</li> <li>• Nursing notes</li> <li>• Diagnostic and laboratory testing</li> <li>• Discharge summaries</li> <li>• Discharge medication list</li> <li>• Intake and output flowsheets</li> <li>• Vital signs flow sheets</li> <li>• Physical/Occupational/Speech Therapy notes</li> <li>• Social work/discharge planning notes</li> <li>• Medication Adjudication Record (MAR)</li> </ul> |
| <b>Leave of Absence</b> | A leave of absence for the purposes of this policy is a situation where readmission is expected and the patient does not require a hospital level of care during the interim period.  |
| <b>Readmission</b>      | A return hospitalization to an acute care hospital that follows a prior acute admission within a specified time period, which is clinically related to that prior admission.  |

### Resources

1. Individual state Medicaid regulations, manuals & fee schedules
2. Quality Improvement Organization Manual; Chapter 4 Case Review
3. CMS Medicare Claims Process Manual; Chapter 3 - Inpatient Hospital Billing
4. Social Security Act, §1886(d)
5. AHCCCS APR-DRG Payment System Design

### History

|                   |  |
|-------------------|--|
| <b>2/25/2020</b>  | LA version created<br>History section: Entries prior to 2/25/2020 archived |
| <b>11/14/2011</b> | Policy implemented by UnitedHealthcare Community & State                   |