400.80.3 30-Day Readmission Review

Department: Utilization Management

Effective Date: January 2024

Revision Date: January 2026

Purpose:

To provide a clinical process for the concurrent review of 30-day hospital readmissions of plan members.

Policy:

It is the policy of the plan to perform a clinical review 30-day readmissions. This applies to contracted and noncontracted facilities, who are not exempt from Diagnosis-Related Group (DRG) reimbursement.

A readmission is defined as:

- Admission(s) to the same facility (based on TAX ID NUMBER); AND
- Within 30 days from discharge of the previous admission; AND
- During an episode of care. **An episode of care is defined as 60 days from the original admission date**.

Procedure:

1. The facility notifies the plan of a hospital admission and supplies all necessary clinical information needed to make a medical necessity determination, unless the plan has obtained EMR access.
2. The Utilization Management (UM) Nurse identifies the case as a readmission. At that time, the plan will utilize clinical judgment to determine if the subsequent admission is for any of the following:
    a. Care provided for the same or closely related clinical condition as the prior admission;
    b. Potential issues related to premature discharge;
    c. Clinical concerns which may have been prevented by appropriate discharge follow-up;
    d. Potential complications related to a previous procedure or service, including medications prescribed;
    e. The plan's process excludes the following from readmission review:

- Oncology related services
- Behavioral Health related services
- Transplant related services
- Patients who leave the facility against medical advice (AMA)

3. The authorization will be processed by the UM staff as follows:
    a. The original admission, previously approved, will be reinstated for applicable readmissions. This is not considered a reopening. The UM Nurse will adjust appropriate approved dates of service to represent both the original and subsequent admissions. In effect, one authorization represents the original applicable readmission;
    b. If the UM Nurse determines this is not a readmit, a new authorization will be created for the subsequent admission. (See Policy 400.00 Utilization Review of Hospital Admissions)
4. The UM Nurse routes the authorization for review by a Plan Medical Director.
5. Upon return from a Plan Medical Director, the UM Nurse communicates the decision back to the facility. A notification is also mailed to the member.
6. For reimbursement, see Policy 300.73 titled Readmission Payment Policy.