



Readmissions

Reimbursement Policy ID: RPC.0093.7100

Recent review date: 10/2025

Next review date: 10/2026

AmeriHealth Caritas Delaware reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas Delaware may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT®); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Policy Overview

AmeriHealth Caritas Delaware will align with the Delaware Medical Assistance Program by utilizing those guidelines to evaluate hospital readmissions within 10 days.

Exceptions

Never events are not reimbursable. See Health Care-Acquired Conditions policy RPC.0044.7100

Reimbursement Guidelines

AmeriHealth Caritas Delaware will deny claims that occur within 10 days following a discharge to the same facility to determine whether the subsequent admission was related to the initial admission.

Hospital readmissions within 10 days that are due to complications, preventable clinically related conditions, or other circumstances that arose because of an early discharge and/or other treatment errors will result in no additional payment.

Preventable Clinically Related Admissions

Readmissions that are preventable and clinically related to the first admission include but not limited to:

- If the readmission is due to premature, inadequate, or incomplete discharge planning
- If the readmission is due to inadequate coordination of care between facility, providers, and caregivers
- If the readmission was the result of avoidance of the contracted rate by the hospital

Claims submitted for a subsequent stay during 10 days of the original admission will not be reimbursed. When submitting claims for readmission within 10 days of a previous admission, attach discharge summaries for both admissions. If the visits are determined to be related, no additional payment will be made. If the visits are determined to be unrelated, both visits will be reimbursed. While a readmission may be medically necessary, it can be preventable and subject to review.

Appeals Process

- All acute care facilities and inpatient hospitals have the right to appeal any readmission denial and request a peer-to-peer review or formal appeal.
- Never events are not reimbursable.

Definitions

Readmission

Readmissions happen within 10 days of discharge from the initial admission. Includes patients who are readmitted to the same hospital, or another applicable acute care hospital for any reason.

Edit Sources

- I. Current Procedural Terminology (CPT) and associated publications and services.
- II. International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10).
- III. Healthcare Common Procedure Coding System (HCPCS).
- IV. Delaware Health and Social Services Division of Medicaid & Medical Assistance Delaware Medical Assistance Program Inpatient Hospital Provider Specific Provider Manual.

Attachments

N/A

Associated Policies

N/A

Policy History

10/2025	Reimbursement Policy Committee Approval
04/2025	Revised preamble
04/2024	Revised preamble
08/2023	Removal of policy implemented by AmeriHealth Caritas Delaware from Policy History section
01/2023	Template Revised <ul style="list-style-type: none">• Revised preamble• Removal of Applicable Claim Types table• Coding section renamed to Reimbursement Guidelines• Added Associated Policies section