



Important Reimbursement Policy Reminder

Readmission Policy

UnitedHealthcare Community Plan's quality of care program factors readmission review to its reimbursements to participating and non-participating facilities based upon individual state and Centers for Medicare & Medicaid Services (CMS) published guidelines.

Acute care admissions which occur within 30 days - or other time period depending on state guidelines or your provider agreement - of another acute care admission with the same or similar diagnosis will require a medical record review on a post service/prepayment basis. If a readmission undergoes clinical review because of a potential quality issue, the claim may be denied. Please note that if the claim is denied in full or part, providers cannot balance bill the member for a denied claim. Please note individual state regulations and contract requirements supersede specific policy language.

For more information, please refer to the UnitedHealthcare Community Plan Readmission Policy (F7001).

Information that may be requested for medical record reviews

Patient medical records containing the admit through discharge information for the hospital stays beginning on admit dates of service (initial admission date and subsequent admission date) need to include:

- History and Physical
- Admission and Discharge Summary
- Physicians' orders
- Emergency room records
- Progress notes
- Nurses' notes
- Diagnostic and laboratory testing

General Information regarding Our Reimbursement Policies

Unless otherwise noted, our reimbursement policies apply to services reported using the CMS 1450 claim form (formerly known as UB-04), or its electronic equivalent, or its successor form.

UnitedHealthcare Community Plan reimbursement policies do not address all issues related to reimbursement for services rendered to UnitedHealthcare Community Plan members. Other resources that address reimbursement include the member's benefit plan documents, UnitedHealthcare Community Plan medical policies, and the UnitedHealthcare Community Plan Physician, Health Care Professional, Facility and Ancillary Provider Administrative Guide.

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 on claims associated with the specific policy

being retired. Retirement of a reimbursement policy is not a guarantee of payment. Other applicable reimbursement policies, medical policies and claims edits will continue to apply.

Once implemented, the policies may be viewed in their entirety at UHCommunityPlan.com > Find Plans By State (click on the appropriate state) > If you are a Health Professional > Reimbursement Policies.

In the event of an inconsistency or conflict between the information provided in this notification and the posted policy on UHCommunityPlan.com, the provisions of the posted reimbursement policy will prevail.

If you have any questions please contact your Provider Advocate or call the number on your Provider Remittance Advice/Explanation of Benefits. Thank you.