

Provider Update

Prepayment Reviews for Amerivantage Inpatient Readmission Claims

Summary of Change: Effective March 22, 2013, Amerivantage (Medicare Advantage) claims submitted by Amerigroup*participating providers for inpatient readmissions to the same institution for the same or related condition within a 24-hour period will be subject to prepayment review. Subsequent claims for readmission within the 24-hour period will be denied if not billed in accordance with the Centers for Medicare & Medicaid Services' (CMS) regulations detailed in the [Medicare Claims Processing Manual](#).

✦ **What this means to you:** Pass this information to your office or billing staff — claims may be denied if not properly coded.

Why is this change necessary?

Per CMS guidelines, when a member is discharged from an institution and is readmitted to the same institution **on the same day** for symptoms related to or for evaluation and management of the prior stay's medical condition, the hospital will adjust the original claim generated by the original stay by combining the original and subsequent stay into a single claim. In an effort to promote the best care for our members and reduce inappropriate readmissions, we will expand these guidelines to include claims for readmissions **within a 24-hour period** (i.e., from the time of discharge to the time of readmission) submitted by participating providers for Amerivantage members. To prevent hospital readmissions, we encourage you to promote enhanced posthospitalization care.

What is the impact of this change?

Claims for readmission to the same institution for the same or related condition within a 24-hour period must be submitted as corrected claims that include both the original and subsequent stay as a single claim. To support claim submissions, we may request additional documentation, including medical records or other documentation not directly related to the member. If documentation is not provided following the request or notification or if documentation does not support the services billed for the episode of care, we may:

- Deny the claim
- Recover and/or recoup monies previously paid on the claim

Amerigroup is not liable for interest or penalties when payment is denied or recouped because the provider fails to submit required or requested documentation.

What if I need assistance?

If you have questions about this communication or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at the Dedicated Service Unit at 1-866-805-4589.

*In New Mexico, Amerigroup Community Care of New Mexico, Inc.

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