



Behavioral Health Readmission

Reimbursement Policy ID: RPC.0106.7700

Recent review date: 01/2026

Next review date: 09/2026

AmeriHealth Caritas Ohio 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 Ohio 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 Ohio recognizes that the frequency of behavioral health readmissions to an acute care facility or Institution of Mental Disease (IMD) shortly after a behavioral health discharge is a potential indicator of quality of care. AmeriHealth Caritas Ohio has implemented a process for reviewing those readmissions.

Exceptions

See bullets under **excluded** located in the reimbursement guidelines section below.

Reimbursement Guidelines

AmeriHealth Caritas Ohio will evaluate behavioral health inpatient claims with admission dates that are within 30 days following a discharge from the same facility or a different acute-care facility or Institution of Mental Disease where the primary discharge diagnosis was behavioral health, to determine whether the subsequent admission was related to the initial admission.

Readmissions within 30 days of discharge from an acute-care facility or Institution of Mental Disease, that are due to complications, preventable clinically related conditions, or other circumstances that are related to the earlier admission will be subject to recoupment.

***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 inadequate coordination of care between facility, providers, and caregivers.
- If the readmission was the result of an acute complication related to care from the initial admission
- If the readmission is due to premature, inadequate, or incomplete discharge planning.

The following readmissions are **excluded** from a 30-day readmission review:

- The original discharge was initiated by the patient and was against medical advice (AMA) and the circumstances of that discharge are documented in the patient's medical record, including the discharge status
- Any planned or staged readmission including staged surgical procedures or treatments, including chemotherapy
- Transfers from an out-of-network facility to an in-network facility
- Transfers of patients to receive care that is not available at the first facility
- Readmissions that occur greater than 30 days from the discharge date of the initial admission
- Readmissions when a patient has any of the following conditions in addition to their behavioral health condition: cancer, transplants, HIV infection, pregnancy, and poisoning.

Post Payment Review:

AmeriHealth Caritas Ohio will request medical records for both admissions for review to determine if the initial and subsequent admissions are related. While a readmission may be medically necessary, it may still be preventable and subject to review. AmeriHealth Caritas Ohio or its designee will review retrospectively, post-payment, through a medical record review to determine if the readmission is related to the previous admission.

- Pertinent medical records for both admissions must be included upon request to determine if the readmission(s) is related to the earlier admission. Medical records at a minimum should include:
 - Admission history and physical
 - Physicians' orders
 - Progress notes
 - Emergency room records
 - Operative records
 - Testing (laboratory and diagnostic)
 - Discharge summary/summaries
 - Discharge medications
 - Medication adjudication records
- If the readmission is within 30 days, AmeriHealth Caritas Ohio will determine, through a clinical review, if the readmission was related to the first admission.
- If it is determined that the readmission within 30 days is unrelated to the earlier admission, the claims will be treated as two separate admissions.

- If it is determined that the readmission within 30 days is related to the first, then the two inpatient stays will be combined into one claim and any overpayment will be recouped.
- The hospital/facility will be instructed to submit a new claim with both inpatient stays and will be reimbursed as one DRG payment. Any payment made for the separate admissions will be recouped.

Failure of the acute care facility or Institute of Mental Disease to provide complete medical records will result in an automatic recoupment of the claim.

Per Ohio Department of Medicaid, the following are related to inpatient behavioral health admissions. For psychiatric admissions, the DRG assigned to the claim 740, 750-760 (ICD-10) and diagnoses codes, including F01.50-F99, G47.00, G47.9, H93.25, Q90.0-Q90.2, Q90.9-Q91.7, Q93.3-Q93.5, Q93.7, Q93.88-Q93.89, Q93.9, Q99.2, R37, R41.81, R41.840-R41.841, R41.843-R41.844, R44.0, R44.2-R44.3, R45.0-R45.7, R45.81-R45.82, R45.850-R45.851, R45.86-R45.87, R45.89, R46.81, R46.89, R48.0-R48.2, R48.8-R48.9, R54, Z72.810-Z72.811, Z87.890, or Z91.830.

Inpatient Hospital Behavioral Health Admissions APR-DRG (Ohio Department of Medicaid-ODH) Psychiatric Admissions

- 740-Mental Illness Diagnosis w O.R procedure
- 750-Schizophrenia
- 751-Major Depressive Disorder & Other/Unspecified Psychoses
- 752-Disorder of Personality & Impulse Control
- 753-Bipolar Disorders
- 754-Depression except Major Depressive Disorder
- 755-Adjustment Disorders & Neuroses Except Depressive Diagnoses
- 756-Acute Anxiety & Delirium States
- 757-Organic Mental Health Disturbances
- 758-Childhood Behavioral Disorders
- 759-Eating Disorders
- 760-Other Mental Health Disorders

Detoxification APR-DRG (principal diagnosis starting with “F”)

- 772-Alcohol & Drug Dependence w Rehab or Rehab/Detox Therapy
- 773-Opioid Abuse & Dependence
- 774-Cocaine Abuse & Dependence
- 775-Alcohol Abuse & Dependence
- 776-Other Drug Abuse & Dependence

Appeals Process

- All acute care facilities, inpatient hospitals, or Institutions of Mental Disease have the right to appeal any readmission denial and request a peer-to-peer review or formal appeal.

Definitions

Planned Readmission- A non-acute admission for a scheduled procedure to include further treatment is indicated following diagnostic tests but cannot begin at the time of initial admission.

Premature Discharge – Occurs when a member is discharged even though they should have remained in the hospital for further medically necessary testing or treatment, was not clinically stable at the time of discharge, medication management was inadequate or discharge planning was inadequate, or the developed treatment/discharge plan was not able to be implemented because of unaddressed social determinant of health needs. Symptoms that had onset or were present during a previous admission and subsequently

worsened, leading to a readmission, are a possible indicator of a premature discharge. Discharge prior to establishing the safety or efficacy of a new treatment regimen is also considered a premature discharge.

Preventable Clinically Related Readmission - A readmission within a specific time frame that is clinically related and may have been prevented had appropriate care and/or discharge planning/coordination been provided during the initial hospital stay and discharge process.

Readmission

Readmissions happen within 30 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. Hospital Readmission Reduction Program. (2018, December 04). Retrieved from www.cms.gov
- II. Medicare Claims Processing Manual. (2018, November 9). Retrieved January 23, 2019, from www.cms.gov
- III. Centers for Medicare and Medicaid Services (CMS).
- IV. Ohio Administrative Code (OAC) 5160-2-07.13
- V. Ohio Administrative Code (OAC) Rule 5160-2-12
- VI. Ohio Administrative Code (OAC) Rule 5160-2-14
- VII. Ohio Administrative Code (AOA) 5160-1-27
- VIII. <https://medicaid.ohio.gov/resources-for-providers/bh>

Attachments

N/A

Associated Policies

N/A

Policy History

01/2026	Reimbursement Policy Committee Approval
01/2026	Annual Review <ul style="list-style-type: none">• No major changes
09/2024	Reimbursement Policy Committee Approval
04/2024	Revised preamble
08/2023	Removal of policy implemented by AmeriHealth Caritas Ohio 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