

Long-Term Care Hospital

Billing for Interrupted Stays – 4/21/2022





Today's Presenters

- Christine Janiszczak
 - Provider Outreach & Education Consultant
- Jean Roberts, RN, BSN, CPC
 - Provider Outreach & Education Consultant

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Objectives

- Review
 - Medicare's interrupted stay policies for LTCHs
 - Three-day or less
 - Greater than three day
 - How to code claim when such interruptions have occurred

Agenda

- Three-days or less interrupted stay policy
- Greater than three-day interrupted stay policy
- Claim coding for interruptions
- Three-day or less interruptions – Examples
- Greater than three-day interruptions – Examples
- Multiple interruptions
- Payment
- Wrap up
- Questions and answers
- Resources

Billing Resource – LTCH Interrupted Stays

- Complete IP claims in accordance with
 - [CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 3, Section 150.9.1.2 “Interrupted Stays”](#)

Frequency of Billing Guidelines for LTCHs

- Submit
 - Admission to discharge claim (TOB 111) or
 - Interim claims (TOB 112/117) every 60 days while beneficiary has Medicare benefit days available
- If beneficiary's BE during stay, submit
 - Interim claim(s) through BE date and
 - Subsequent no-payment claims (TOB 110) in 60-day increments until beneficiary's final discharge or death
 - [CR5474 "The Use of Benefit's Exhaust \(BE\) Day as the Day of Discharge for Payment Purposes for the Inpatient Psychiatric Facility Prospective Payment System \(IPF PPS\) and Clarification of Discharge for Long Term Care Hospitals \(LTCH\) and the Allowance of No-Pay Benefits Exhaust Bills \(TOB 110\)"](#)

Three-Day or Less Interrupted Stay Policy

Three-Day or Less Interrupted Stay – Defined

- Beneficiary is discharged/transferred from (leaves) LTCH and is readmitted (returns) to same LTCH within three days
 - Day one = day of original discharge/transfer
 - Day beneficiary left
 - Days two and three = calendar days that follow
- Beneficiary must be readmitted (or return) to same LTCH by midnight of day three
 - To meet definition of three-day or less interrupted stay

Three-Day or Less Interrupted Stay – Day Count

- Beneficiary's LOS away from LTCH
 - Begins on day beneficiary is discharged/transferred (leaves) from LTCH
 - Ends on day beneficiary is readmitted (returns) to LTCH
- Day count examples
 - Beneficiary is discharged/transferred (leaves) LTCH today
 - If readmitted (returns) by midnight on same day = one day interruption
 - If readmitted (returns) by midnight of next day = two day interruption
 - If readmitted (returns) by midnight of second day = three day interruption

Did You Know

- The beneficiary does not have to be formally discharged from the LTCH for the three-day or less interrupted stay definition to be met
- He/she could have received services at another facility or have gone home during interruption time
 - Examples:
 - Beneficiary received OP services at another facility (arranged or not)
 - Beneficiary was an IP at another facility
 - Beneficiary was home

Three-Day or Less Interrupted Stay – Claim Instructions

- Combine IP stays (original stay with return stay) and submit one claim
 - From original admission through final discharge
- Do not code on claim (nonreportable)
 - One-day interruptions
 - Regardless of whether or not beneficiary received services during interruption
 - Two-day or three-day interruptions
 - If beneficiary received services during interruption
- Code on claim (reportable; we will review coding)
 - Two-day and/or three-day interruptions
 - If beneficiary did not receive services during interruption

One-Day Interruption (Nonreportable) – Claim Example One

- Beneficiary is
 - Admitted to LTCH on 1/1/2022
 - Transferred to ACH on 1/10/2022
 - Readmitted to LTCH on 1/10/2022
 - Discharged from LTCH on 1/28/2022
- Submit
 - One claim 1/1/2022-1/28/2022
 - Do **not** code one-day interruption on claim

One-Day Interruption (Nonreportable) – Claim Example Two

- Beneficiary is

- Admitted to LTCH on 1/1/2022
- Sent to ACH for an arranged OP service on 1/10/2022
- Returned to LTCH on 1/10/2022
- Discharged from LTCH on 1/28/2022

- Submit

- One claim 1/1/2022-1/28/2022
 - Do **not** code one-day interruption on claim

One-Day Interruption (Nonreportable) – Claim Example Three

- Beneficiary is
 - Admitted to LTCH on 1/1/2022
 - Discharged to home on 1/10/2022
 - Readmitted to LTCH on 1/10/2022
 - Discharged from LTCH on 1/28/2022
- Submit
 - One claim 1/1/2022-1/28/2022
 - Do **not** code one-day interruption on claim

Two-Day Interruption (Nonreportable) – Claim Example Four

- Beneficiary is
 - Admitted to LTCH on 1/1/2022
 - Discharged to home on 1/10/2022
 - Received OP services at ACH
 - Readmitted to LTCH on 1/11/2022
 - Discharged from LTCH on 1/28/2022
- Submit
 - One claim 1/1/2022-1/28/2022
 - Do **not** code two-day interruption on claim

Two-Day Interruption (Nonreportable) – Claim Example Five

- Beneficiary is
 - Admitted to LTCH on 1/1/2022
 - Transferred to SNF on 1/10/2022
 - Remained an IP in SNF
 - Readmitted to LTCH on 1/11/2022
 - Discharged from LTCH on 1/28/2022
- Submit
 - One claim 1/1/2022-1/28/2022
 - Do **not** code two-day interruption on claim

Two-Day Interruption (**Reportable**) – Claim Example Six

- Beneficiary is
 - Admitted to LTCH on 1/1/2022
 - Discharged to home on 1/10/2022
 - Did not receive services at another facility during interruption
 - Readmitted to LTCH on 1/11/2022
 - Discharged from LTCH on 1/28/2022
- Submit
 - One claim 1/1/2022-1/28/2022
 - Code two-day interruption on claim (we will review coding)

Three-Day Interruption (Nonreportable) – Claim Example Seven

- Beneficiary is
 - Admitted to LTCH on 1/1/2022
 - Transferred to ACH on 1/10/2022
 - Remained an IP in ACH
 - Readmitted to LTCH on 1/12/2022
 - Discharged from LTCH on 1/28/2022
- Submit
 - One claim 1/1/2022-1/28/2022
 - Do **not code** three-day interruption on claim

Three-Day Interruption (Nonreportable) – Claim Example Eight

- Beneficiary is
 - Admitted to LTCH on 1/1/2022
 - Transferred to ACH on 1/10/2022
 - Discharged to home on 1/11/2022
 - Readmitted to LTCH on 1/12/2022
 - Discharged from LTCH on 1/28/2022
- Submit
 - One claim 1/1/2022-1/28/2022
 - Do **not code three**-day interruption on claim

Three-Day Interruption (**Reportable**) – Claim Example Nine

- Beneficiary is
 - Admitted to LTCH on 1/1/2022
 - Discharged to home on 1/10/2022
 - Did not receive services at another facility during interruption
 - Readmitted to LTCH on 1/12/2022
 - Discharged from LTCH on 1/28/2022
- Submit
 - One claim 1/1/2022-1/28/2022
 - Code three-day interruption on claim (we will review coding)

Greater Than Three-Day Interrupted Stay Policy

Did You Know

- When the three-day or less interrupted stay policy definition has not been met (e.g., the beneficiary is readmitted to/returns to LTCH in more than three days), submit separate claims for each LTCH stay unless the situation falls under the definition of the greater than three-day interrupted stay policy

Greater Than Three-Day Interrupted Stay – Defined

- Beneficiary is
 - Discharged/transferred (leaves) from LTCH
 - Admitted to a certain facility type
 - Facility types = ACH, IRF, SNF and Swing Bed
 - Readmitted (returns) to same LTCH within a fixed day period
 - Fixed day periods depend on facility type

Greater Than Three-Day Interrupted Stay – Defined

- Facility types and fixed day periods
 - If beneficiary went to an ACH
 - He/she must be readmitted (return) to LTCH within four to nine days
 - If beneficiary went to an IRF
 - He/she must be readmitted (return) to LTCH within four to 27 days
 - If beneficiary went to a SNF or Swing Bed
 - He/she must be readmitted (return) to LTCH within four to 45 days

Admitted Directly

- For greater than three-day interruption to be met, beneficiary must be admitted **directly** to an ACH, IRF, SNF or Swing Bed
 - Admitted directly is met even if receiving facility does not admit beneficiary immediately as an inpatient

Greater Than Three-Day Interrupted Stay – Day Count

- Beneficiary's LOS away from LTCH
 - Begins on day beneficiary is discharged/transferred (leaves) from LTCH
 - Ends on day beneficiary is readmitted (returns) to same LTCH
 - Greater than three-day policy governs beginning on beneficiary's fourth day away from LTCH

Greater Than Three-Day Interrupted Stay – Day Count

- Day one
 - Day of original discharge or transfer (day beneficiary left)
- Remaining days depend on where beneficiary was during interruption
 - If beneficiary went to an ACH
 - He/she must be readmitted (return) to LTCH by midnight of day nine
 - If beneficiary went to an IRF
 - He/she must be readmitted (return) to LTCH by midnight of day 27
 - If beneficiary went to a SNF or Swing Bed
 - He/she must be readmitted (return) to LTCH by midnight of day 45

Greater Than Three-Day Interrupted Stay (ACH) – Definition and Example

- Definition

- Beneficiary is transferred from LTCH, admitted to an ACH, and readmitted to same LTCH by midnight of ninth day

- Example

- Transferred to ACH on 1/10/2022
- Readmitted to LTCH by 1/18/2022
 - Readmission could be on any day beginning on 1/13/2022 up to/including 1/18/2022
 - 1/10, 1/11, 1/12, 1/13, 1/14, 1/15, 1/16, 1/17 and 1/18 = nine days
 - If readmitted on 1/10, 1/11 or 1/12 = three-day or less interrupted stay policy

Greater Than Three-Day Interrupted Stay (IRF) – Definition and Example

- Definition

- Beneficiary is transferred from LTCH, admitted to an IRF, and readmitted to same LTCH by midnight of 27th day

- Example

- Transferred to IRF on 1/10/2022
- Readmitted to LTCH by 2/5/2022
 - Readmission could be on any day beginning on 1/13/2022 up to/including 2/5/2022
 - 1/10 to 1/31 (22 days) and 2/1 to 2/5 (5 days) = 27 days
 - If readmitted on 1/10, 1/11 or 1/12 = three-day or less interrupted stay policy

Greater Than Three-Day Interrupted Stay (SNF or Swing Bed) – Definition and Example

- Definition

- Beneficiary is transferred from LTCH, admitted to a SNF or Swing Bed, and readmitted to same LTCH by midnight of 45th day

- Example

- Transferred to SNF or Swing Bed on 1/10/2022
- Readmitted to LTCH by 2/23/2022
 - Readmission could be on any day beginning on 1/13/2022 up to/including 2/23/2022
 - 1/10 to 1/31 (22 days) and 2/1 to 2/23 (23 days) = 45 days
 - If readmitted on 1/10, 1/11 or 1/12 = three-day or less interrupted stay policy

Greater Than Three-Day Interrupted Stay – Claim Instruction

- Combine IP stays (original stay with return stay) and submit one claim
 - From original admission through final discharge
- Code on claim
 - All interruptions that meet greater than three-day interruption definition

LTCH Should Submit Claims for Separate Stays When...

- Beneficiary is transferred to
 - ACH, IRF, SNF, or Swing Bed but
 - Remains there for more than nine, 27, or 45 days respectively before being readmitted to LTCH
 - Went elsewhere between fourth and last day of interruption before being readmitted to LTCH
 - Facility type other than ACH, IRF, SNF, or Swing Bed and
 - Remains there between fourth day and last day of interruption before being readmitted to LTCH

Claim Coding for Interruptions

Reportable vs. Nonreportable Interruptions

- Some interruptions are coded on Medicare claim
 - Reportable
 - Use specific claim coding to represent such interruption(s)
- Other interruptions are not coded on Medicare claim
 - Nonreportable
 - Combine IP stays but do not use claim coding to represent such interruption(s)

Coding Interrupted Days

- Reportable interruptions are coded in several locations on claim
 - FLs 35-36
 - OSC 74 and from/through dates
 - FLs 39-41
 - VC 81 and number of noncovered days
 - FL 42 and FL 46
 - Revenue code 0180 for LOA in FL 42
 - Number of units in FL 46

OSC 74 with From/Through Dates

- From date
 - Date of beneficiary's discharge/transfer from LTCH
 - *Date he/she left LTCH*
- Through date
 - Last date beneficiary was not present in LTCH at midnight
 - *Date prior to his/her readmission/return to LTCH*

OSC 74 Examples

- Beneficiary is
 - Discharged/transferred on 1/10/2022 and readmitted on 1/11/2022
 - Two-day interruption (reportable if no services received during interruption)
 - OSC 74 from date = 1/10/2022; OSC through date = 1/10/2022
 - Discharged/transferred on 1/10/2022 and readmitted on 1/12/2022
 - Three-day interruption (reportable if no services received during interruption)
 - OSC 74 from date = 1/10/2022; OSC 74 through date = 1/11/2022
 - Discharged/transferred on 1/10/2022 and readmitted on 1/13/2022
 - Four-day interruption (to ACH, IRF, SNF/Swing Bed only)
 - OSC 74 from date = 1/10/2022; OSC through date = 1/12/2022

Noncovered Days

- Coded with VC 81
 - If submitting in FISS DDE, use N-C field on claim entry page 01
- Examples
 - Two-day interruption (when reportable) = one noncovered day
 - Code VC 81 = 1.00
 - Three-day interruption (when reportable) = two noncovered days
 - Code VC 81 = 2.00
 - Four-day interruption = three noncovered days
 - Code VC 81 = 3.00

Revenue Code 0180 and Units

- Revenue code 0180 coded in FL 42
 - Number of units coded in FL 46 without rate or charges
- Examples
 - Two-day interruption (when reportable) = Revenue code 0180 with one unit
 - Three-day interruption (when reportable) = Revenue code 0180 with two units
 - Four-day interruption = Revenue code 0180 with three units

Patient Status Code (PSC)

- PSC coded on LTCH's combined claim in FL 17
 - Should always represent beneficiary's status at final discharge

Diagnosis Coding

- Do not change principal diagnosis
 - When beneficiary is readmitted/returns to LTCH
- Note additional diagnosis codes on claim
 - If other medical conditions are apparent on beneficiary's readmission/return

Three-Day or Less Interrupted Stay Policy – Claim Coding Examples

Two-Day Interruption (**Reportable**) – Claim Example Six (Revisited)

- Beneficiary is
 - Admitted to LTCH on 1/1/2022
 - Discharged to home on 1/10/2022
 - Did not receive services at another facility during interruption
 - Readmitted to LTCH on 1/11/2022
 - Discharged from LTCH on 1/28/2022
- Submit one claim 1/1/2022-1/28/2022 and code two-day interruption
 - Noncovered days = one day
 - OSC 74 from 1/10/2022; through 1/10/2022
 - Revenue code 0180 = one unit

Three-Day Interruption (**Reportable**) – Claim Example Nine (Revisited)

- Beneficiary is
 - Admitted to LTCH on 1/1/2022
 - Discharged to home on 1/10/2022
 - Did not receive services at another facility during interruption
 - Readmitted to LTCH on 1/12/2022
 - Discharged from LTCH on 1/28/2022
- Submit one claim 1/1/2022-1/28/2022 and code three-day interruption
 - Noncovered days = Two days
 - OSC 74 from 1/10/2022; through 1/11/2022
 - Revenue code 0180 = two units

RTP Reason Code C7278

- Why did claim RTP?
 - An IP LTCH record has an admit date less than three days from discharge date from same LTCH
- Provider action
 - Verify billing and, if appropriate, combine two stays into one claim

Three-Day or Less Interrupted Stay Policy Does Not Apply to TOB 110 Claims

- Once BE and LTCH is submitting TOB 110 claims
 - Three-day or less interrupted stay policy does not apply
 - If one-day interruption occurs, combine stays into one claim
 - If two- or three-day interruption occurs, do not combine stays into one claim; submit separate TOB 110 claims
- Submit
 - TOB 112/117 through BE date
 - TOB 110 from day after BE date through date beneficiary is discharged/transferred (left) for two- or three-day interruption
 - TOB 110 from date beneficiary is readmitted (returns) within two or three days

Greater Than Three-Day Interrupted Stay Policy – Claim Coding Examples

Four-Day Interruption – Claim Example 10

- Beneficiary is
 - Admitted to LTCH
 - 1/1/2022
 - Transferred to ACH
 - 1/10/2022
 - Remained an IP in ACH
 - Readmitted to LTCH
 - 1/13/2022
 - Discharged from LTCH
 - 1/28/2022
- Submit
 - One claim
 - 1/1/2022-1/28/2022
 - Code four-day interruption
 - Noncovered days = three days
 - OSC 74 from 1/10/2022; through 1/12/2022
 - Revenue code 0180 = three units

Five-Day Interruption – Claim Example 11

- Beneficiary is
 - Admitted to LTCH
 - 1/1/2022
 - Transferred to IRF
 - 1/10/2022
 - Remained an IP in IRF
 - Readmitted to LTCH
 - 1/14/2022
 - Discharged from LTCH
 - 1/28/2022
- Submit
 - One claim
 - 1/1/2022-1/28/2022
 - Code five-day interruption
 - Noncovered days = four days
 - OSC 74 from 1/10/2022; through 1/13/2022
 - Revenue code 0180 = four units

Six-Day Interruption – Claim Example -12

- Beneficiary is
 - Admitted to LTCH
 - 1/1/2022
 - Transferred to SNF
 - 1/10/2022
 - Remained an IP in SNF
 - Readmitted to LTCH
 - 1/15/2022
 - Discharged from LTCH
 - 1/28/2022
- Submit
 - One claim
 - 1/1/2022-1/28/2022
 - Code six-day interruption
 - Noncovered days = five days
 - OSC 74 from 1/10/2022; through 1/14/2022
 - Revenue code 0180 = five units

Seven-Day Interruption – Claim Example - 13

- Beneficiary is
 - Admitted to LTCH
 - 1/1/2022
 - Transferred to Swing Bed
 - 1/10/2022
 - Remained an IP in Swing Bed
 - Readmitted to LTCH
 - 1/16/2022
 - Discharged from LTCH
 - 1/28/2022
- Submit:
 - One claim
 - 1/1/2022-1/28/2022
 - Code seven-day interruption
 - Noncovered days = six days
 - OSC 74 from 1/10/2022; through 1/15/2022
 - Revenue code 0180 = six units

RTP Reason Code C7268

- Why did claim RTP?
 - LTCH's admit date is less than specified number of days allowed for same LTCH in history based on through date and PSC, or
 - LTCH's through date and PSC is less than specified number of days allowed for same LTCH's admit date in history
 - If PSC = 02 and nine days less
 - If PSC = 62 and 27 days or less
 - If PSC = 03 and 45 days or less
 - If PSC = 61 and 45 days or less
- Provider action
 - Verify billing and, if appropriate, correct

Greater Than Three-Day Interrupted Stay Policy Does Not Apply to TOB 110 Claims

- Once BE and LTCH is submitting TOB 110 claims
 - Greater than three-day interrupted stay policy does not apply
 - If greater than three-day interruption occurs, do not combine stays into one claim; may submit separate TOB 110 claims
- Submit
 - TOB 112/117 through BE date
 - TOB 110 from day after BE date through date beneficiary is discharged/transferred (or left)
 - TOB 110 from date beneficiary is readmitted (returns) within four-nine (ACH), four-27 (IRF) or four-45 (SNF or Swing Bed) day policy

Multiple Interruptions

Interrupted Stays – Multiple Two- and Three-Day Reportable Interruptions

- Code all reportable interruptions on claim
 - Multiple OSC 74 (with from/through dates)
 - Maximum number of days **per interruption**
 - For three-day interruption, maximum is two days
 - For two-day interruption, maximum is one day
 - Maximum allowance of ten OSCs per claim
 - Total all noncovered days related to interruption (and for other reasons as applicable)
 - Total all units for revenue code 0180

Interrupted Stays – Multiple Greater Than Three Day Interruptions

- Code all reportable interruptions on claim
 - Multiple OSC 74 (with from/through dates)
 - Maximum number of days per interruption (for greater than three-day interruptions)
 - For ACH interruption, maximum is eight days
 - For IRF interruption, maximum is 26 days
 - For SNF or Swing Bed interruption, maximum is 44 days
 - Maximum allowance of ten OSCs per claim
 - Total all noncovered days related to interruption (and for other reasons as applicable)
 - Total all units for revenue code 0180

LTCH Billing Reminder...

- Submit one claim for beneficiary's stay
 - Admit to discharge claim (TOB 111) or
 - Interim claims for stays greater than 60 days
 - Initial 60-day interim claim (TOB 112)
 - Subsequent 60-day interim claims (TOB 117)
 - Each adjusts prior claim

Billing Claims With Unlimited OSCs

- Lengthy claims may require numerous OSCs
 - You may need to code more than ten OSCs per stay
 - If so, submit interim claim(s) using TOB 112/117 as applicable
 - Interim claims submitted for this reason may include less than 60 days since you will submit when you incur more than ten OSCs even if 60 days has not passed
 - Follow instructions in [CR6777 “Billing and Processing Claims with Unlimited Occurrence Span Codes \(OSCs\)”](#)

Payment

Remember...

- Do not code
 - One-day interruptions
 - Two-day and/or three-day interruptions when beneficiary receives services at another facility during such interruptions
- Do code
 - Two-day and/or three-day interruptions when beneficiary does not receive services at another facility during such interruptions
 - Interruptions of four days or more (up to fixed-day period) to provider types under policy

Payment for LTCH Claims With Interruptions

- One payment is made for services from original admission through final discharge
 - Includes payment for
 - Original stay
 - Readmission
 - One-day interruptions
 - Nonreportable two-day and/or three-day interruptions
 - Does not include payment for
 - Reportable two-day and/or three-day interruptions
 - Interruptions of four days or more (up to fixed-day period) to facility types under policy

Payment for Services During One, Two and Three-Day Interruptions

- For LTCH pays other facility and reports costs on its claim
 - Follow “under arrangements” policy in [CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 3, Section 10.4 “Payment of Nonphysician Services for Inpatients”](#)
- Medicare will not pay other facility
 - Unless other facility’s claim is received first
 - Other facility must cancel claim so LTCH’s claim can process

Under Arrangements Policy

- LTCH includes services beneficiary received at other facility on its IP claim
 - Do code
 - Revenue code of service provided by other facility and
 - All associated costs including transportation costs
 - Do not code
 - Transportation revenue code 0540

What Other Providers Need to Know About LTCH Interrupted Stays

- Resource article for other providers that render services during a three-day or less interruption from LTCH
 - NGS article [“What Other Providers Need to Know About the Long-Term Care Hospital Three Day or Less Interrupted Stay Policy”](#)

Wrap-Up



Wrap-Up

- Combine separate stays into one claim
 - When an interrupted stay occurs
- Do not code on Medicare claims
 - One-day interruptions
 - Two- and three-day interruptions when beneficiary received services at another facility during such interruptions
- Do code on Medicare claims
 - Two- and three-day interruptions when beneficiary did not receive services at another facility during such interruptions
 - Greater than three-day interruptions that meet such policy definition

Wrap-Up

- When coding interrupted stays on claims, use
 - OSC 74 with from and through date(s), noncovered day(s) and revenue code 0180 with units
 - When coding OSC 74, use
 - From date = date beneficiary is discharged/transferred (left) LTCH
 - Through date = last day beneficiary was not in LTCH at midnight (day before readmission)
- Do reimburse other facilities under arrangement
 - If beneficiary receives services there during a one-, two- or three-day interruption from LTCH
- Do not reimburse other facilities under arrangement
 - If beneficiary receives services there during a greater than three-day interruption from LTCH

What You Should Do Now...

- Review LTCH resources slides
- Review handouts in Webinar handout window
- Share information with other staff members
- Follow instructions for submitting LTCH claims
- Develop and implement policies that ensure claims are correctly submitted to Medicare
- Attend future education for LTCHs

Resources



CMS' Resources

- CMS IOMs
 - CMS IOM Publication 100-04, *Medicare Claims Processing Manual*
 - Chapter 1, Section 50.2.1, Frequency of Billing
 - Chapter 3, Section 10.4, Payment of Nonphysician Services for Inpatients
 - Chapter 3, Section 150, LTCH PPS
- LTCH Web page
- LTCH Pricer
- LTCH Fact Sheet

CMS' Resources

- [MLN Matters® Article MM3279 “Extension of Interrupted Stay Policy Under Long Term Care Hospital \(LTCH\) Prospective Payment System \(PPS\)”](#)
- [CR5073 “Modifications to the Common Working File \(CWF\) Interrupted Stay Edits for Long Term Care Hospital \(LTCH\) Claims for Discharges to an Acute Care Hospital”](#)
- [CR5474 “The Use of Benefit's Exhaust \(BE\) Day as the Day of Discharge for Payment Purposes for the Inpatient Psychiatric Facility Prospective Payment System \(IPF PPS\) and Clarification of Discharge for Long Term Care Hospitals \(LTCH\) and the Allowance of No-Pay Benefits Exhaust Bills \(TOB 110\)”](#)
- [CR6777 “Billing and Processing Claims with Unlimited Occurrence Span Codes \(OSCs\)”](#)

Thank You!

- Follow-up email
 - Attendees will be provided a Medicare University Course Code
- Questions?

