

# Long-Term Care Hospitals: Interruptions

2/13/2025

**Closed Captioning:** *Auto-generated closed captioning is enabled in this course and is at best 70-90% accurate. Words prone to error include specialized terminology, proper names and acronyms.*



## Disclaimer

National Government Services, Inc. has produced this material as an informational reference for providers furnishing services in our contract jurisdiction. National Government Services employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this material. Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of publication, the Medicare Program is constantly changing, and it is the responsibility of each provider to remain abreast of the Medicare Program requirements. Any regulations, policies and/or guidelines cited in this publication are subject to change without further notice. Current Medicare regulations can be found on the [CMS website](#).



# Recording

Attendees/providers are never permitted to record (tape record or any other method) our educational events. This applies to webinars, teleconferences, live events and any other type of National Government Services educational events.

# Objective

After this session, attendees will be able to define a “three-day or less interruption”, a “greater than three-day interruption”, count the days of interruption and report the interruption(s) on your claims. Additionally, attendees will know how to handle situations in which a beneficiary receives services at another facility during an interruption.



# Today's Presenters

- Provider Outreach and Education Consultants
  - Christine Janiszczak
  - Jean Roberts, RN, BSN, CPC





# Agenda

- [LTCH Billing Reminders](#)
- [Three-day or Less Interrupted Stay Policy](#)
- [Greater Than Three-day Interrupted Stay Policy](#)
- [Claim Coding for Reportable Interruptions](#)
- [Three-day or Less Interruptions – Examples](#)
- [Greater Than Three-day Interruptions – Examples](#)
- [Multiple Interruptions](#)
- [Services Rendered During Interruptions](#)
- [Payment When Interruptions Occur](#)
- [Wrap up](#)
- [Resources](#)
- [Questions](#)

# LTCH Billing Reminders

# Frequency of Billing

- Submit
  - Admission to discharge claim (TOB 111) or
  - Interim claims (TOB 112/117) every 60 days while benefit days available
- If BE during stay, submit
  - Interim claim(s) through BE date and
  - No-payment claims (TOB 110) every 60s until final discharge or death
- Reference
  - [CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 1, Section 50.2.1](#)

# Interrupted Stay Policies for LTCHs

- Report interrupted stays on claims when applicable
  - Interrupted stay occurs when LTCH inpatient incurs
    - Three-day or less interruption
    - Greater than three-day interruption
- Reference
  - [CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 3, Section 150.9.1.2](#)





# Three-Day or Less Interrupted Stay Policy

# Three-Day or Less Interrupted Stay – Defined

- Beneficiary discharged/transferred from or leaves LTCH and readmitted (returns) to same LTCH within three days
  - Day one = day of original discharge/transfer (or 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

# Three-Day or Less Interrupted Stay – Day Count

- Beneficiary's LOS away from LTCH
  - Begins on day beneficiary discharged/transferred from or leaves LTCH
  - Ends on day beneficiary readmitted (returns) to LTCH
- Day count examples
  - Beneficiary discharged/transferred from or leaves LTCH today
    - If readmitted (returns) by midnight today = **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

- It does not matter where the beneficiary is during a three-day or less interruption from the LTCH. If the three-day or less interrupted stay definition is met, then such an interruption has occurred.





# Three-Day or Less Interrupted Stay – Claim Instructions

- Combine 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 beneficiary received services at another facility/facilities during interruption
  - Two-day or three-day interruptions when beneficiary **received services** at another facility/facilities during interruption
- **Code** on claim (reportable; we will review coding)
  - Two-day and/or three-day interruptions when beneficiary **did not receive services** at another facility during interruption

# Claim Example Assumptions

- For claim examples 1–13, assume beneficiary
  - Admitted to LTCH on 8/1 and
  - Discharged from LTCH on 8/31 (final discharge)



# Claim Example 1 – One-Day Interruption (Nonreportable)

- Beneficiary
  - Transferred to ACH on 8/10
  - Readmitted to LTCH on 8/10
- Submit
  - One claim 8/1–8/31
    - Do not code one-day interruption on claim

# Claim Example 2 – One-Day Interruption (Nonreportable)

- Beneficiary
  - Sent to ACH for arranged OP service on 8/10
  - Returned to LTCH on 8/10
- Submit
  - One claim 8/1–8/31
    - Do not code one-day interruption on claim



# Claim Example 3 – One-Day Interruption (Nonreportable)

- Beneficiary
  - Discharged to home on 8/10
  - Readmitted to LTCH on 8/10
- Submit
  - One claim 8/1–8/31
    - Do not code one-day interruption on claim

# Claim Example 4 – Two-Day Interruption (Nonreportable)

- Beneficiary
  - Discharged to home on 8/10
    - Received OP services at ACH
  - Readmitted to LTCH on 8/11
- Submit
  - One claim 8/1–8/31
    - Do not code two-day interruption on claim
      - Services rendered during interruption

# Claim Example 5 – Two-Day Interruption (Nonreportable)

- Beneficiary
  - Transferred to SNF on 8/10
    - Remained IP in SNF
  - Readmitted to LTCH on 8/11
- Submit
  - One claim 8/1–8/31
    - Do not code two-day interruption on claim
      - Services rendered during interruption

# Claim Example 6 – Two-Day Interruption (Reportable)

- Beneficiary
  - Discharged to home on 8/10
    - Did not receive services at another facility during interruption
  - Readmitted to LTCH on 8/11
- Submit
  - One claim 8/1–8/31
    - **Code two-day interruption on claim (we will review coding)**
      - No services rendered during interruption



# Claim Example 7 – Three-Day Interruption (Nonreportable)

- Beneficiary
  - Transferred to ACH on 8/10
    - Remained IP in ACH
  - Readmitted to LTCH on 8/12
- Submit
  - One claim 8/1–8/31
    - Do not code three-day interruption on claim
      - Services rendered during interruption

# Claim Example 8 – Three-Day Interruption (Nonreportable)

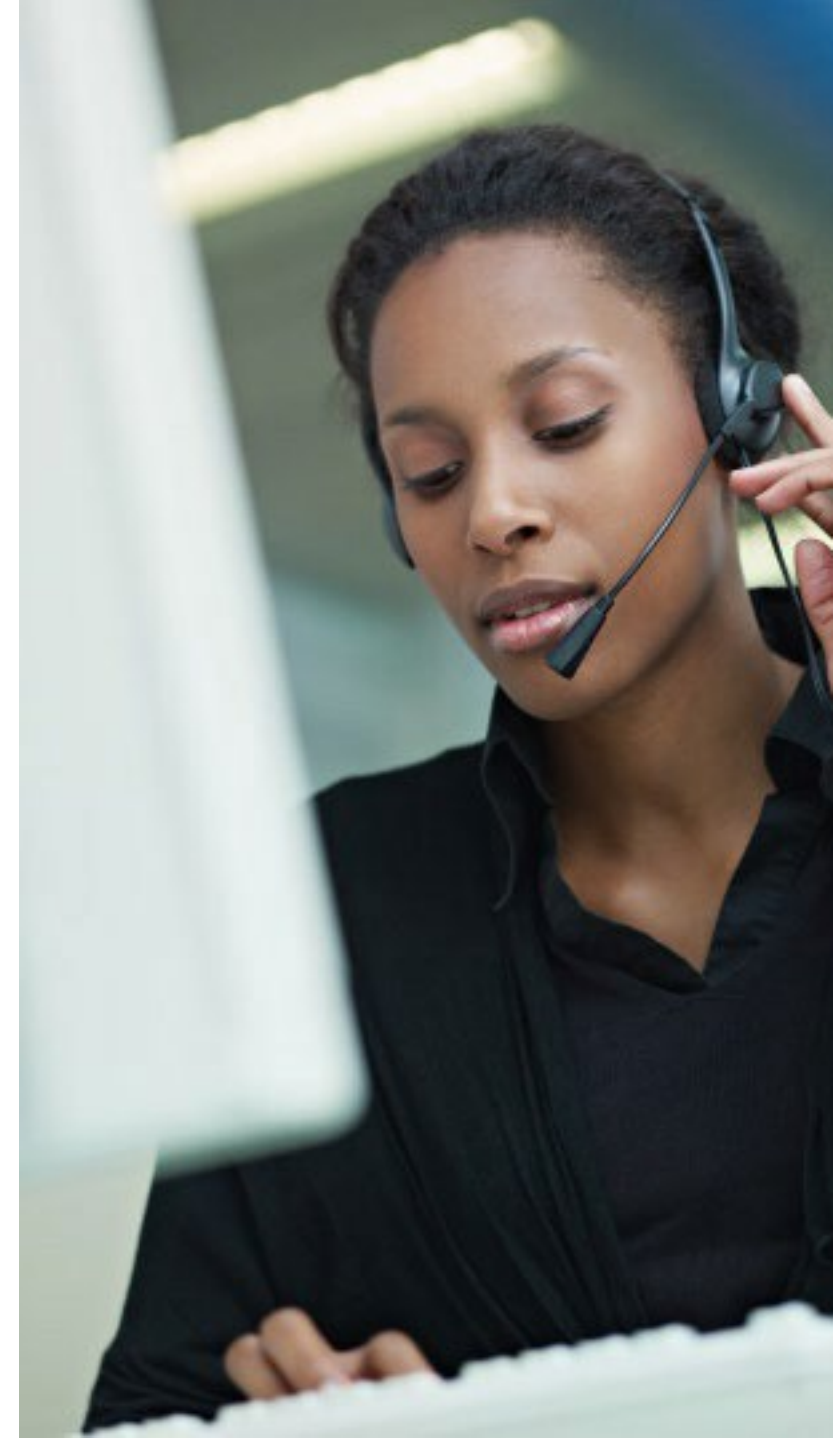
- Beneficiary
  - Transferred to ACH on 8/10
    - Discharged to home on 8/11
  - Readmitted to LTCH on 8/12
- Submit
  - One claim 8/1–8/31
    - Do not code three-day interruption on claim
      - Services rendered during interruption

# Claim Example 9 – Three-Day Interruption (Reportable)

- Beneficiary
  - Discharged to home on 8/10
    - Did not receive services at another facility during interruption
  - Readmitted to LTCH on 8/12
- Submit
  - One claim 8/1–8/31
    - **Code three-day interruption on claim (we will review coding)**
      - No services rendered during interruption

# 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 the 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 Policy

# Greater Than Three-Day Interrupted Stay – Defined

- Beneficiary
  - Discharged/transferred from or leaves LTCH
  - **Admitted directly to ACH, IRF, SNF or swing bed**
  - Readmitted (returns) to same LTCH within a **fixed day period**
    - Fixed day period depends on facility type
      - For **ACH**, readmission to LTCH must be within **four to nine days**
      - For **IRF**, readmission to LTCH must be within **four to 27 days**
      - For **SNF or swing bed**, readmission to LTCH must be within **four to 45 days**





# Admitted Directly

- Admitted directly to ACH, IRF, SNF or swing bed
  - Typically means beneficiary transferred to and admitted by receiving facility as IP
- Requirement met even if receiving facility does not admit as IP immediately
  - Beneficiary may be discharged from LTCH but not admitted to receiving facility until later that day or next day

# Greater Than Three-Day Interrupted Stay – Day Count

- Beneficiary's LOS away from LTCH
  - Begins on day beneficiary discharged/transferred from or leaves LTCH
  - Ends on day beneficiary 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/transfer (day beneficiary left)
- Remaining days
  - Depend on facility beneficiary in (as IP) during interruption
    - If in ACH = must be readmitted (return) to LTCH by midnight of day nine
    - If in IRF = must be readmitted (return) to LTCH by midnight of day 27
    - If in SNF/swing bed = must be readmitted (return) to LTCH by midnight of day 45

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

- Definition
  - Beneficiary transferred from LTCH, admitted to ACH, and readmitted to same LTCH by midnight of ninth day
- Example; beneficiary
  - Transferred to ACH on 8/10
  - Readmitted to LTCH 8/13–8/18 = greater than three-day interruption
    - Readmission could be on any day beginning 8/13 up to/including 8/18
    - If readmitted
      - 8/10–8/12 = three-day or less interruption
      - 8/13–8/18 (six days)
      - Total days = nine

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

- Definition
  - Beneficiary transferred from LTCH, admitted to IRF, and readmitted to same LTCH by midnight of 27th day
- Example
  - Transferred to IRF on 8/10
  - Readmitted to LTCH 8/13–9/5 = greater than three-day interruption
    - Readmission could be on any day beginning 8/13 up to/including 9/5
    - If readmitted
      - 8/10–8/12 = three-day or less interruption
      - 8/13–8/31 (19 days)
      - 9/1–9/5 (five days)
      - Total days = 27

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

- Definition
  - Beneficiary 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 8/10
  - Readmitted to LTCH 8/13–9/23 = greater than three-day interruption
    - Readmission could be on any day beginning on 8/13 up to/including 9/23
    - If readmitted
      - 8/10–8/12 = three day or less interruption
      - 8/13–8/31 (19 days)
      - 9/1–9/23 (23 days)
      - Total days = 45



# Greater Than Three-Day Interrupted Stay – Claim Instruction

- Combine original stay with return stay and submit one claim
  - From original admission through final discharge
- Code on claim (reportable; we will review coding)
  - All interruptions that meet greater than three-day interruption definition

# Separate Claims

- Submit separate claims for stays when beneficiary transferred to
  - ACH, IRF, SNF or swing bed but
    - Remains there for more than 9, 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 four days or more before being readmitted to LTCH

# Claim Coding for Reportable Interruptions

# Reportable vs. Nonreportable Interruptions

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

# Coding Reportable Interruptions

- OSC 74 and from/through dates
  - FLs 35-36 or electronic equivalent
- VC 81 and number of covered days
  - FLs 39-41 or electronic equivalent
- Revenue code 0180 or LOA
  - FL 42 or electronic equivalent (revenue code 0180)
  - FL 46 or electronic equivalent (units)

# OSC 74 and From/Through Dates

- From date = date of discharge/transfer from (left) LTCH
- Through date = Last date beneficiary not in LTCH at midnight

Discharged or Transferred or Left	Readmitted or Returned	Length of Interruption	OSC 74 From and Through Dates	Notes
8/10	8/11	Two days	8/10 – 8/10	Reportable if no services during interruption
8/10	8/12	Three days	8/10 – 8/11	Reportable if no services during interruption
8/10	8/13	Four days	8/10 – 8/12	Reportable



# 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 (if reportable) = code one unit
    - Three-day interruption (if reportable) = code two units
    - Four-day interruption = code three units

# Additional Claim Coding

- When combining IP stays into one claim due to interrupted stay policies
  - Do not change principal diagnosis
  - Code additional diagnosis codes on claim if other medical conditions apparent on beneficiary's readmission or return
  - Report PSC to represent beneficiary's status at final discharge

# Three-Day or Less Interruptions – Examples

# Claim Example 6 – Two-Day Interruption (Reportable) – Revisited

- Beneficiary
  - Discharged to home on 8/10
    - Did not receive services at another facility during interruption
  - Readmitted to LTCH on 8/11
- Submit one claim 8/1–8/31
  - Code two-day interruption
    - **Noncovered days = one day**
    - **OSC 74 from 8/10 through 8/10**
    - **Revenue code 0180 = one unit**

# Claim Example 9 – Three-Day Interruption (Reportable) – Revisited

- Beneficiary
  - Discharged to home on 8/10
    - Did not receive services at another facility during interruption
  - Readmitted to LTCH on 8/12
- Submit one claim 8/1–8/31
  - Code three-day interruption
    - **Noncovered days = Two days**
    - **OSC 74 from 8/10 through 8/11**
    - **Revenue code 0180 = two units**



# Did You Know

- The number of noncovered days reported and the number of units reported with revenue code 0180 must match the number of days represented in the OSC 74 period(s).



# RTP Reason Code C7278

- Why did claim RTP?
  - Claim's admission date less than three days from discharge date on claim from same LTCH
- Provider action
  - Verify billing and, if appropriate, combine two stays into one claim
- To prevent RTP claims, we recommend you hold discharge claims for three days

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

- Once BE and submitting TOB 110 claims
  - If one-day interruption occurs
    - Combine stays into one claim; do not code one-day interruption
  - If two-day 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 discharged/transferred (left) for two or three-day interruption
  - TOB 110 from date beneficiary readmitted (returns) within two or three days

# Greater Than Three-Day Interruptions – Examples

# Claim Example 10 – Four-Day Interruption

- Beneficiary
  - Transferred to ACH
    - 8/10
    - Remained IP
  - Readmitted to LTCH
    - 8/13
- Submit
  - One claim
    - 8/1–8/31
    - Code four-day interruption
      - **Noncovered days = three days**
      - **OSC 74 from 8/10 through 8/12**
      - **Revenue code 0180 = three units**

# Claim Example 11 – Five-Day Interruption

- Beneficiary
  - Transferred to IRF
    - 8/10
    - Remained IP
  - Readmitted to LTCH
    - 8/14
- Submit
  - One claim
    - 8/1–8/31
    - Code five-day interruption
      - **Noncovered days = four days**
      - **OSC 74 from 8/10 through 8/13**
      - **Revenue code 0180 = four units**

# Claim Example 12 – Six-Day Interruption

- Beneficiary
  - Transferred to SNF
    - 8/10
    - Remained IP
  - Readmitted to LTCH
    - 8/15
- Submit
  - One claim
    - 1/1–8/31
    - Code six-day interruption
      - **Noncovered days = five days**
      - **OSC 74 from 8/10 through 8/14**
      - **Revenue code 0180 = five units**

# Claim Example 13 – Seven-Day Interruption

- Beneficiary
  - Transferred to swing bed
    - 8/10
    - Remained IP
  - Readmitted to LTCH
    - 8/16
- Submit:
  - One claim
    - 8/1–8/31
    - Code seven-day interruption
      - **Noncovered days = six days**
      - **OSC 74 from 8/10 through 8/15**
      - **Revenue code 0180 = six units**



# RTP Reason Code C7268

- Why did claim RTP?
  - Admission date less than specified number of days allowed for same LTCH in history based on through date and PSC or
  - Through date and PSC less than specified number of days allowed for same LTCH's admission date in history
    - PSC = 02 (ACH) and nine days or less
    - PSC = 62 (IRF) and 27 days or less
    - PSC = 03 (SNF) and 45 days or less
    - PSC = 61 (swing bed) 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 submitting TOB 110 claims
  - If greater than 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 discharged/transferred from or left for greater than three-day interruption
  - TOB 110 from date beneficiary readmitted (returns) within four to 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 = eight days
      - For IRF interruption, maximum = 26 days
      - For SNF or swing bed interruption, maximum = 44 days
    - Maximum allowance of ten OSCs per claim
  - Total all noncovered days related to interruption (and other reasons, as applicable)
  - Total all units for revenue code 0180

# 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
  - These interim claims may include less than 60 days since you submit when you incur more than ten OSCs (even if 60 days has not passed)
  - Follow [CR6777 “Billing and Processing Claims with Unlimited Occurrence Span Codes \(OSCs\)”](#)

# Services Rendered During Interruptions

# Services to Inpatients and Under Arrangement

- All hospitals responsible for providing services to inpatients
  - Provide directly or **under arrangement**
    - Send beneficiary to another facility for services you could not provide
      - Usually OP services, beneficiary returns to LTCH on same day
    - Reimburse that facility for such services
      - Ensure other facility understands arrangement to prevent double billing
    - Report on claim arranged service and its cost including transportation cost
      - Revenue code for arranged service only; not for transportation (0540)
- Reference
  - [CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 3, Section 10.4](#)



# Under Arrangement Example

- Example
  - LTCH inpatient requires MRI
  - Send beneficiary to ACH for MRI on 8/15 at 8am by ambulance
  - Beneficiary returns to LTCH on 8/15 at 1pm
- Action
  - Pay ACH for MRI
  - Pay transportation provider for ambulance
  - On IP claim, report revenue code for MRI with total cost for MRI and transportation



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

- LTCH pays other facility and reports costs on its claim
  - Follow under arrangement policy
- Medicare will not pay other facility
  - Unless other facility's claim received first
    - Other facility must cancel claim so LTCH's claim can process

# 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
  - [What Other Providers Need to Know About the Long-Term Care Hospital Three Day or Less Interrupted Stay Policy](#)



# Payment When Interruptions Occur

# Payment for LTCH Claims With Interruptions

- One payment 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 (ACHs, IRFs, SNFs and swing beds)

Wrap Up

# Wrap Up

- Combine stays into one claim when interrupted stay occurs
  - Do not report (code)
    - One-day interruptions
    - Two-day and three-day interruptions if beneficiary received services at another facility
  - Report (code) any
    - Two-day and three-day interruptions if beneficiary did not receive services at another facility
    - Greater than three-day interruptions that meet such policy definition
- When reporting (coding) interruptions on claims, use
  - OSC 74 and from/through date(s), noncovered day(s), revenue code 0180 and units
- Reimburse other facilities under arrangement
  - If beneficiary received services there during one-, two- or three-day interruption
- Do not reimburse other facilities under arrangement
  - If beneficiary received services there during greater than three-day interruption



# 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

# Resources

- [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](#)
- [MLN Matters® Article MM3279 “Extension of Interrupted Stay Policy Under Long Term Care Hospital \(LTCH\) Prospective Payment System \(PPS\)”](#)

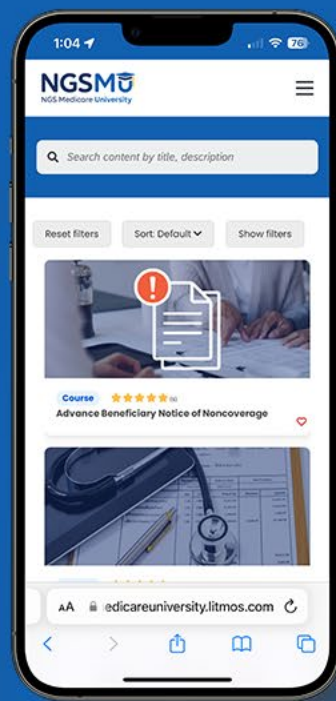
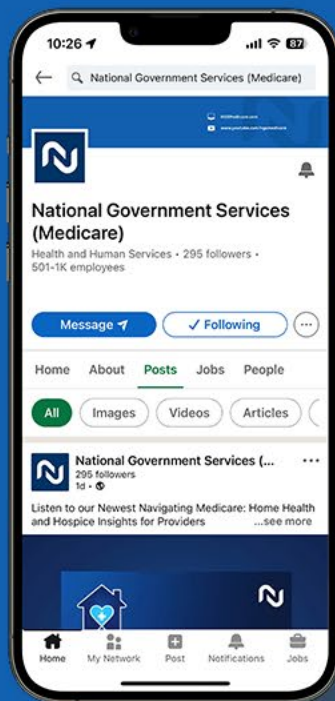
# Resources (continued)

- [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 \(OSCs\)”](#)
- [What Other Providers Need to Know About the Long-Term Care Hospital Three Day or Less Interrupted Stay Policy](#)



# Questions?

Thank you!



Connect with us on social media



[YouTube Channel](#)  
Educational Videos

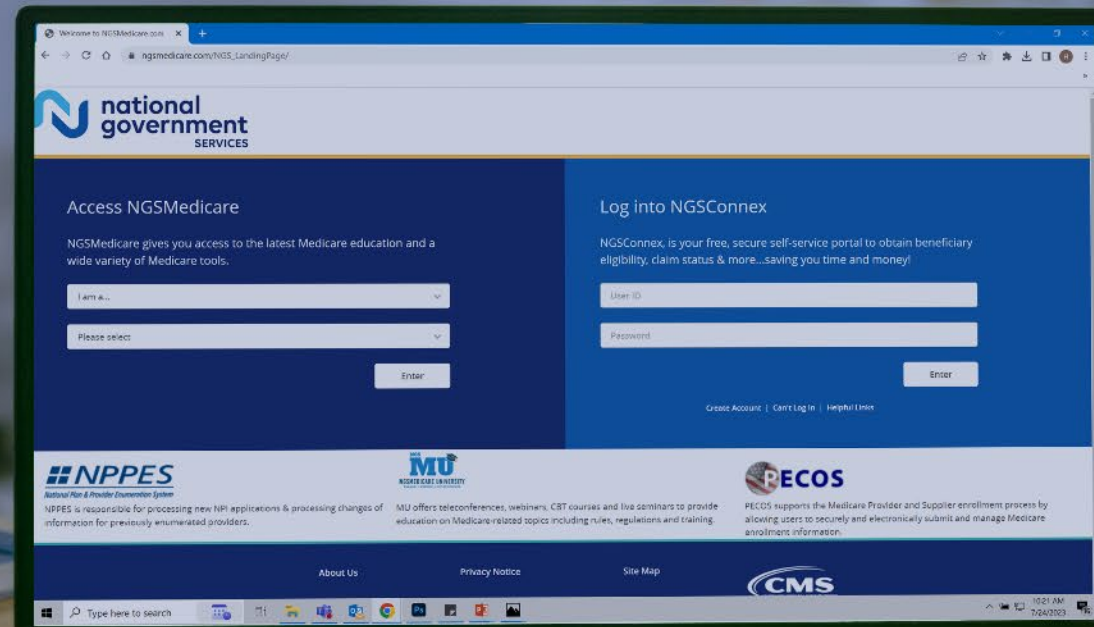


[Medicare University](#)  
Self-paced online learning



[LinkedIn](#)  
Educational Content

# Find us online



[www.NGS Medicare.com](http://www.NGS Medicare.com)

Online resources, event calendar, LCD/NCD, and tools



[IVR System](#)

The interactive voice response system (IVR) is available 24-hours a day, seven days a week to answer general inquiries



[NGSConnex](#)

Web portal for claim information



[Sign up for Email Updates](#)

Subscribe for Email updates at the top of any NGS Medicare.com webpage to stay informed of news