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NGS Medicare Virtual Conference

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Inpatient Psychiatric and Rehabilitation Facilities: Interrupted Stays

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Today's Presenters

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Objectives

- After this session, attendees will be able to
 - Define “up to three-day interrupted stay” (also known as three-day or less interrupted stay)
 - Count days of interruption
 - Report single and multiple interrupted stays claims
 - Handle situations in which beneficiary receives services at another facility during interrupted stays
 - Find billing resources

Agenda

- Interrupted stays
- Claims with interrupted stays
- Multiple interrupted stays on same claim
- Services rendered at other facilities during interrupted stays
- Payment of claims with interrupted stays
- Resources
- Questions and answers

Interrupted Stays

Interrupted Stay Defined

- Similar definitions for IPFs and IRFs
 - An “up to three-day interruption” in IPF or IRF stay occurs
 - For IPF, when beneficiary
 - Discharged/transferred from IPF and
 - Readmitted/returns to same **or different** IPF within three days
 - For IRF, when beneficiary
 - Discharged/transferred from IRF and
 - Readmitted/returns to same IRF within three days

Interrupted Stay Day Count

- Count days same way for IPFs and IRFs
 - Day one
 - Day of original discharge/transfer from IPF or IRF; ends at midnight
 - Days two and three
 - Two calendar days that follow day one; each day ends at midnight
- Beneficiary must be readmitted/return by midnight of day three to
 - Same or different IPF
 - Same IRF

Interrupted Stay Examples for IPFs

- Beneficiary
 - Admitted to IPF “A” on 1/1/2021
 - Discharged/transferred from IPF “A” on 1/5/2021
 - Readmitted/returns to IPF “A” (or to different IPF, e.g., IPF “B”) by midnight of 1/7/2021
 - **One-day** interruption = Readmitted/returns by midnight of 1/5/2021
 - **Two-day** interruption = Readmitted/returns by midnight of 1/6/2021
 - **Three-day** interruption = Readmitted/returns by midnight of 1/7/2021
 - Discharged/transferred on 1/31/2021 (final)

Interrupted Stay Examples for IRFs

- Beneficiary
 - Admitted to IRF “A” on 1/1/2021
 - Discharged/transferred from IRF “A” on 1/5/2021
 - Readmitted/returns to IRF “A” by midnight of 1/7/2021
 - **One-day** interruption = Readmitted/returns by midnight of 1/5/2021
 - **Two-day** interruption = Readmitted/returns by midnight of 1/6/2021
 - **Three-day** interruption = Readmitted/returns by midnight of 1/7/2021
 - Discharged/transferred on 1/31/2021 (final)

Interrupted Stay – Submitting Claims When Definition Met

- IPFs and IRFs
 - If definition of interrupted stay met and
 - Beneficiary readmitted/returns to same facility
 - Combine both stays into one claim
- IPFs only
 - If definition of interrupted stay met and
 - Beneficiary readmitted/returns to **different** IPF
 - Each IPF submits separate claim
 - » Stay considered continuous for payment purposes

Interrupted Stay – Submitting Claims When Definition Not Met

- Same for IPFs and IRFs
 - When beneficiary discharged/transferred from and readmitted/returns to same facility by midnight of **day four or later**
 - Submit **two** claims
 - **Claim One:** Original admission through first discharge/transfer
 - **Claim Two:** Readmission/return through final discharge/transfer

Submitting Claims With Interrupted Stays

IPF or IRF Submits One Claim

- Assume readmission/return is to **same** facility
- Same instruction for IPFs and IRFs
 - Submit one claim from original admission through final discharge/transfer (includes original stay and readmission)
 - Report claim coding for
 - Original date of admission
 - PSC that represents final discharge
 - All two and/or three-day interruptions
 - Do not report claim coding for
 - One-day interruptions

One-Day Interruption – Definition, Claim Instruction and Example

- One-day interruption
 - Beneficiary discharged/transferred and readmitted/returns to same facility by midnight same day
 - Submit one claim; do not report one-day interruption claim coding
 - Example; beneficiary
 - Admitted to facility on 1/1/2021
 - Discharged/transferred on 1/5/2021
 - Readmitted/returns by midnight on 1/5/2021
 - Discharged/transferred on 1/31/2021 (final)
 - Submit one claim 1/1/2021-1/31/2021

Interruptions – How to Report on Claim

- Two-day and three-day interruptions reported on claim using following coding
 - OSC 74 with from and through date
 - Noncovered days
 - Revenue code 018X and units (no rate or charges)

OSC 74 and Dates

- Reported in FLs 35–36
 - From date
 - Date of original transfer or discharge from IPF or IRF
 - Through date
 - Last date beneficiary not present in IPF or IRF at midnight

Noncovered Days

- Reported in FLs 39–41 with VC 81
 - One noncovered day for two-day interruption
 - Report VC 81 = 1.00
 - Two noncovered days for three-day interruption
 - Report VC 81 = 2.00
- Note: In FISS claim entry, VC 81 information appears as “N–C days” on claim page one

Revenue Code 0180 and Units

- LOA revenue code 0180 reported in FL 42
- Units reported in FL 46 without rate or charge
 - One unit for two-day interruption
 - Report unit = one
 - Two units for three-day interruption
 - Report units = two

Did You Know

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

Two-Day Interruption – Definition, Claim Instruction and Example

- Two-day interruption defined
 - Beneficiary discharged/transferred and readmitted/returns to same facility by midnight of next day
 - Submit one claim; report two-day interruption claim coding
 - Example; beneficiary
 - Admitted to facility on 1/1/2021
 - Discharged/transferred on 1/5/2021
 - Readmitted/returns by midnight of 1/6/2021
 - Discharged/transferred on 1/31/2021 (final)

Two-Day Interruption – Claim Coding

- Submit one claim 1/1/2021-1/31/2021
 - Report two-day interruption claim coding
 - OSC 74 and from/through dates
 - From date = 1/5/2021
 - Through date = 1/5/2021
 - Noncovered days = one day
 - Revenue code 0180 = one unit

Three-Day Interruption – Definition, Claim Instruction and Example

- Three-day interruption defined
 - Beneficiary discharged/transferred and readmitted/returns to same facility by midnight of second following day
 - Submit one claim; report three-day interruption claim coding
 - Example; beneficiary
 - Admitted to facility on 1/1/2021
 - Discharged/transferred from facility on 1/5/2021
 - Readmitted/returns to facility by midnight of 1/7/2021
 - Discharged/transferred on 1/31/2021 (final)

Three-Day Interruption – Claim Coding

- Submit one claim 1/1/2021-1/31/2021
- Report three-day interruption claim coding
 - OSC 74 and from/through dates
 - From date = 1/5/2021
 - Through date = 1/6/2021
 - Noncovered days = two days
 - Revenue code 0180 = two units

Did You Know

- The interrupted stay coding requirements apply to all IPF and IRF claims including those situations in which the beneficiary's inpatient hospital Medicare benefit days exhaust

Return to Provider Claims

- Medicare/FISS will RTP claims that should have been submitted as one claim due to interrupted stay billing guidelines
 - Common RTP reason code = C7278
- Prevent potential claim adjustment
 - Consider holding discharge claims for at least three days in case beneficiary readmitted/returns to your IPF/IRF

Multiple Interruptions On Same Claim

Multiple Interruptions in IPF or IRF Stay

- Same for IPFs and IRFs
 - Beneficiary may be discharged/transferred and readmitted/return to same facility, within three days, multiple times
 - Continue to combine stays into one claim and report **all two and/or three-day interruptions**

Multiple Interruptions – Claim Coding

- Specific coding required
 - OSC 74 and from/through dates
 - For **each** two- and/or three-day interruption
 - Noncovered days
 - Total of all noncovered days including those related to two- and/or three-day interruptions
 - Revenue code 0180
 - Total of all units with revenue code 0180

Multiple Interruptions – Example

- Beneficiary incurred multiple interruptions during stay 1/1/2021-1/31/2021
 - **Two**-day and **two** three-day interruptions
 - Two-day interruptions
 - Discharged/transferred on 1/5/2021; readmitted/returns on 1/6/2021
 - Discharged/transferred on 1/19/2021; readmitted/returns on 1/20/2021
 - Three-day interruptions
 - Discharged/transferred on 1/14/2021; readmitted/returns on 1/16/2021
 - Discharged/transferred on 1/23/2021; readmitted/returns on 1/25/2021

Multiple Interruptions – Claim Instructions and Claim Coding

- Submit one claim 1/1/2021-1/31/2021; report
 - OSCs 74 and from/through dates:
 - From date = 1/5/2021; through date = 1/5/2021
 - From date = 1/14/2021; through date = 1/15/2021
 - From date = 1/19/2021; through date = 1/19/2021
 - From date = 1/23/2021; through date = 1/24/2021
 - Noncovered days = six days
 - Revenue code 180 = six units

Multiple Interruptions – Claim Coding Maximums

- Maximum number on single claim
 - OSC 74
 - Maximum OSCs 74 (and other OSCs) on single claim
 - Ten (if claim exceeds ten, refer to [CR6777](#) Revised)
 - Maximum number of days in each OSC 74
 - One day for each two-day interruption
 - Two days for each three-day interruption

Multiple Interruptions – Claim Coding Maximums

- Maximum number on single claim
 - Noncovered days
 - One day for each two-day interruption
 - Two days for each three-day interruption
 - 20 days for multiple two-day and/or three-day interruptions
 - Units with revenue code 0180
 - One unit for each two-day interruption
 - Two units for each three-day interruption
 - 20 units for multiple two- and/or three-day interruptions

Services Rendered at Other Facilities



Hospitals Are Responsible for Services to Their Inpatients

- All hospitals are responsible for providing services to their inpatients
 - Provide directly or under arrangements
 - Arrange = Send beneficiary to another facility as outpatient for services hospital cannot provide
 - Per [CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 3 Inpatient Hospital Billing, Section 10.4](#), “Payment of Nonphysician Services for Inpatients” (under arrangement policy)

Arranged Services for Inpatients

- Arranged services are commonly provided to inpatient beneficiaries as outpatient services at another facility
 - Beneficiary typically returns to inpatient facility by midnight of same day once arranged service completed
- Generally not necessary to discharge beneficiary
 - Although you may choose to do so

Arranged Services for Inpatients

- If IPF or IRF arranges for inpatient beneficiary to receive outpatient services at another facility and beneficiary returns to same facility, as an inpatient, by midnight on same day
 - Follow under arrangement policy
 - Pay other facility for its services
 - Report arranged outpatient services on inpatient claim

Reporting Arranged Services on Inpatient Claim

- Report on inpatient claim
 - Revenue code of arranged outpatient services provided by other facility and
 - Associated costs for services, as well as transportation costs, if any
- Do not report on inpatient claim
 - Revenue code 0540 for transportation (ambulance)

Claim Example – Arranged Services

- Scenario
 - IPF or IRF beneficiary requires MRI at ACH
 - Facility sends him/her to ACH at 8:00 a.m. on 1/15/2021
 - He/she returns to same facility at 2:00 p.m. on 1/15/2021
- Provider action
 - IPF or IRF pays ACH for its services
 - IPF or IRF reports revenue code for MRI and costs, including transportation costs if any, on its inpatient claim

Did You Know

- Medicare will not pay any facility at which beneficiary receives services during one-day interruption from IPF or IRF

Services at Another Facility During One-Day Interruption

- If beneficiary receives services at another facility (outpatient or inpatient) during one-day interruption from IPF or IRF
 - Follow CMS' under arrangements policy
 - Pay that facility for their services
 - Include such services on inpatient claim

Did You Know

- Medicare will pay other facilities at which beneficiary receives outpatient or inpatient services during two-day or three-day interruption from IPF or IRF

Services at Another Facility During a Two-Day or Three-Day Interruption

- If beneficiary receives services at another facility, outpatient or inpatient, during two-day or three-day interruption from IPF or IRF
 - Other facilities submit their own claims to Medicare
- Combine stays into one inpatient claim and report interrupted stay claim coding

Beneficiary Returns to IPF or IRF Past Midnight After Arranged Service

- Scenario
 - IPF or IRF arranges outpatient service for inpatient beneficiary, expecting return by midnight of same day
 - Beneficiary returns to same facility but returns past midnight of same day (next day or day after)
- Provider action
 - Submit inpatient claim and report claim coding for two- or three-day interruption (depending on return date)
 - Other facility submits their own claim to Medicare

Medicare Payment When Interrupted Stay Occurred

Medicare Payment When Interrupted Stay Occurs – Same IPF

- Submit one claim if
 - Beneficiary discharged/transferred from IPF and readmitted/returns to same IPF within three days
- Medicare makes one payment for
 - Original stay
 - Readmission
 - One-day interruptions
- Medicare does not make payment for
 - Two- and/or three-day interruptions

Medicare Payment When Interrupted Stay Occurs – Different IPFs

- Submit two claims (one from each IPF) if
 - Beneficiary discharged/transferred from IPF and readmitted/returns to different IPF within three days
- Medicare makes two payments
 - One payment to original IPF
 - Another payment to second IPF
 - Payment to second IPF affected because stay considered continuous for payment purposes
 - Refer to CR7044

Medicare Payment When Interrupted Stay Occurs – Same IRF

- Submit one claim if
 - Beneficiary discharged/transferred from IRF and readmitted/returns to same IRF within three days
- Medicare makes one CMG payment for
 - Original stay
 - Readmission
 - One-day interruptions
- Medicare does not make payment for
 - Two- and/or three-day interruptions

What You Should Do Now

- Review resources slides
- Share information with other staff members
- Follow instructions for IPF and IRF claims
- Develop and implement policies that ensure claims are submitted correctly
- Attend future education for IPFs and IRFs
- Ask questions

Resources



Resources

- [CMS website](#)

- Under Medicare tab, look for pages on

- [Inpatient Psychiatric Facility PPS](#)
- [Inpatient Rehabilitation Facility PPS](#)

- [CMS Manuals](#)

- CMS IOM Publication 100-04, *Medicare Claims Processing Manual*
 - Chapter 3, Section 10.4 for “Under Arrangements” policy
 - Chapter 3, Section 140 for IRFs
 - Chapter 3, Section 190 for IPFs
 - Chapter 25, Section 75 for Billing Code Fields

Resources

■ CMS Transmittals

- Transmittal 1946 dated 4/15/2010, CR6777 Revised
 - SUBJECT: Billing and Processing Claims with Unlimited Occurrence Span Codes (OSCs)
- Transmittal 2083 dated 10/29/2010, CR7044 Revised
 - Subject: Implementation of the Interrupted Stay Policy under the Inpatient Psychiatric Facility Prospective Payment System (IPF PPS)

- National Uniform Billing Committee (NUBC)
members can access billing codes from [NUBC's UB-04 Data Specifications Manual](#)

Thank You!

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

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