Inpatient Rehabilitation Facility: Three-Day or Less Interruptions

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Objectives

After this session, attendees will be able to define a an "interrupted stay", a "three-day or less interruption" (also known as an "up to three-day interruption"), count the days of interruption and report the interruption(s) on your IRF 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 Janiszcak
  - Jean Roberts, RN, BSN, CPC

Agenda

Interrupted Stays

Interrupted Stays – Submitting Claims

Services Rendered at Other Facilities

Payment When Interrupted Stay Occurred

Resources

Questions

Interrupted Stays

Interrupted Stay – Defined

- "Interrupted stay" occurs when beneficiary
  - Incurs "three-day or less interruption" in IRF stay
- "Three-day or less interruption" occurs when beneficiary
  - Discharged/transferred/leaves from IRF and
  - Readmitted/returns to same IRF within three days

Did You Know...

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

Interrupted Stay – Counting the Three Days

- Count days accurately – consecutive calendar days
  - Day one
    - Day of original discharge/transfer/leave from IRF
      - Ends at midnight
  - Days two and three
    - Two consecutive calendar days that follow day one
      - Each day ends at midnight
  - Readmission/return to IRF must be by midnight of day three

One-Day, Two-Day and Three-Day Interruptions

- **One-day** interruption; beneficiary
  - Discharged/transferred/leaves from IRF and
  - Readmitted/returns to same IRF by midnight on same day

- **Two-day** interruption: beneficiary
  - Discharged/transferred/leaves from IRF and
  - Readmitted/returns to same IRF by midnight on next day

- **Three-day** interruption: beneficiary
  - Discharged/transferred/leaves from IRF and
  - Readmitted/returns to same IRF by midnight on second following day

Interrupted Stay – Examples

- Situation: Beneficiary
  - Admitted to IRF on 1/1
  - Discharged/transferred/leaves from IRF on 1/5
  - Readmitted/returns to IRF by midnight on
    - 1/5 = **one-day** interruption
    - 1/6 = **two-day** interruption
    - 1/7 = **three-day** interruption
  - Discharged/transferred from IRF on 1/31 (final)

Interrupted Stays – Submitting Claims

Interrupted Stay – Submitting Claims When Definition Met

- If readmission/return to same IRF in **three days or less** (by midnight of day three)
  - Submit **one claim**
    - Combine both stays (original stay and readmission/return stay)
      - **Report** on claim
        - Original date of admission
        - PSC that represents final discharge
        - Coding for all two-day and/or three-day interruptions
      - **Do not report** on claim
        - Coding for one-day interruptions

Interrupted Stay – Submitting Claims When Definition Not Met

- If readmission/return to same IRF in **more than three days** (by midnight of day four or later)
  - Submit **two claims**
    - Original stay through first discharge/transfer
    - Readmission/return through final discharge/transfer

Interrupted Stay – Claim Coding

- OSC 74 and from/through dates in FLs 35-36
    - From = date of original discharge/transfer from IRF
    - Through = Last date beneficiary not present in IRF at midnight
- Noncovered days in FLs 39-41 with VC 81
    - One noncovered day for two-day interruption (VC 81 = 1.00)
    - Two noncovered days for three-day interruption (VC 81 = 2.00)
- Revenue code 0180 in FL 42; units in FL 46 (no rate/charges)
    - One unit for two-day interruption (units = 1)
    - Two units for three-day interruption (units = 2)

One-Day Interruption Example

- Example: Beneficiary
  - Admitted to IRF on 1/1
  - Discharged/transferred/leaves from IRF on **1/5**
  - Readmitted/returns to IRF by midnight on **1/5**
  - Discharged/transferred from IRF on 1/31 (final)

- Action: Submit one claim 1/1-1/31
  - Do not report one-day interruption

Two-Day Interruption Example

- Example: Beneficiary
  - Admitted to IRF on 1/1
  - Discharged/transferred/leaves from IRF on **1/5**
  - Readmitted/returns to IRF by midnight on **1/6**
  - Discharged/transferred on 1/31 (final)

- Action: Submit one claim 1/1-1/31 and report:
  - **OSC 74**
    - **From date = 1/5**
    - **Through date = 1/5**
  - **Noncovered days = One**
  - **Revenue code 0180 units = One**

Three-Day Interruption Example

- Example: Beneficiary
  - Admitted to IRF on 1/1
  - Discharged/transferred/leaves from IRF on **1/5**
  - Readmitted/returns to IRF by midnight on **1/7**
  - Discharged/transferred on 1/31 (final)

- Action: Submit one claim 1/1-1/31 and report:
  - **OSC 74**
    - **From date = 1/5**
    - **Through date = 1/6**
  - **Noncovered days = Two**
  - **Revenue code 0180 units = Two**

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 Claims

- You will receive RTP claim(s) with reason code C7278
  - If you submit separate claims when three-day or less interruption occurred
    - Combine inpatient stays into one claim and report claim coding for any two-day and/or three-day interruptions
- We recommend you hold your discharge claims for at least three days to prevent RTP claims
  - Beneficiary may be readmitted/return to your IRF within three days

Multiple Interruptions on Single Claim

- Beneficiary may be discharged/transferred/leave from IRF and readmitted/return to same IRF, within three days, **many times**
  - Continue to combine stays into one claim and report coding for all two-day and/or three-day interruptions
    - On claim from admission to final discharge/transfer, report
      - Multiple OSC 74s; one for each two-day and three-day interruption
      - Total noncovered days including those for all two-day and three-day interruptions
      - Total units for revenue code 0180 related to all two-day and three-day interruptions

Multiple Interruptions on Single Claim - Example

- Beneficiary incurred many interruptions during 1/1-1/31

Discharged/Transferred/ Leaves On...	Readmitted/Returns On...	Interruption of ...
1/5	1/6	Two days
1/14	1/16	Three days
1/19	1/20	Two days
1/24	1/26	Three days

Multiple Interruptions on Single Claim – Example (continued)

- Submit one claim 1/1-1/31 and report:
  - OSCs 74:
    - 1/5-1/5 (one day for two-day interruption)
    - 1/14-1/15 (two days for three-day interruption)
    - 1/19-1/19 (one day for two-day interruption)
    - 1/24-1/25 (two day for three-day interruption)
  - Noncovered days = six
  - Revenue code 180 units = six

Did You Know...

- There is only so much room on a single claim for OSCs and only so many days you should report in each OSC for two-day and three-day interruptions
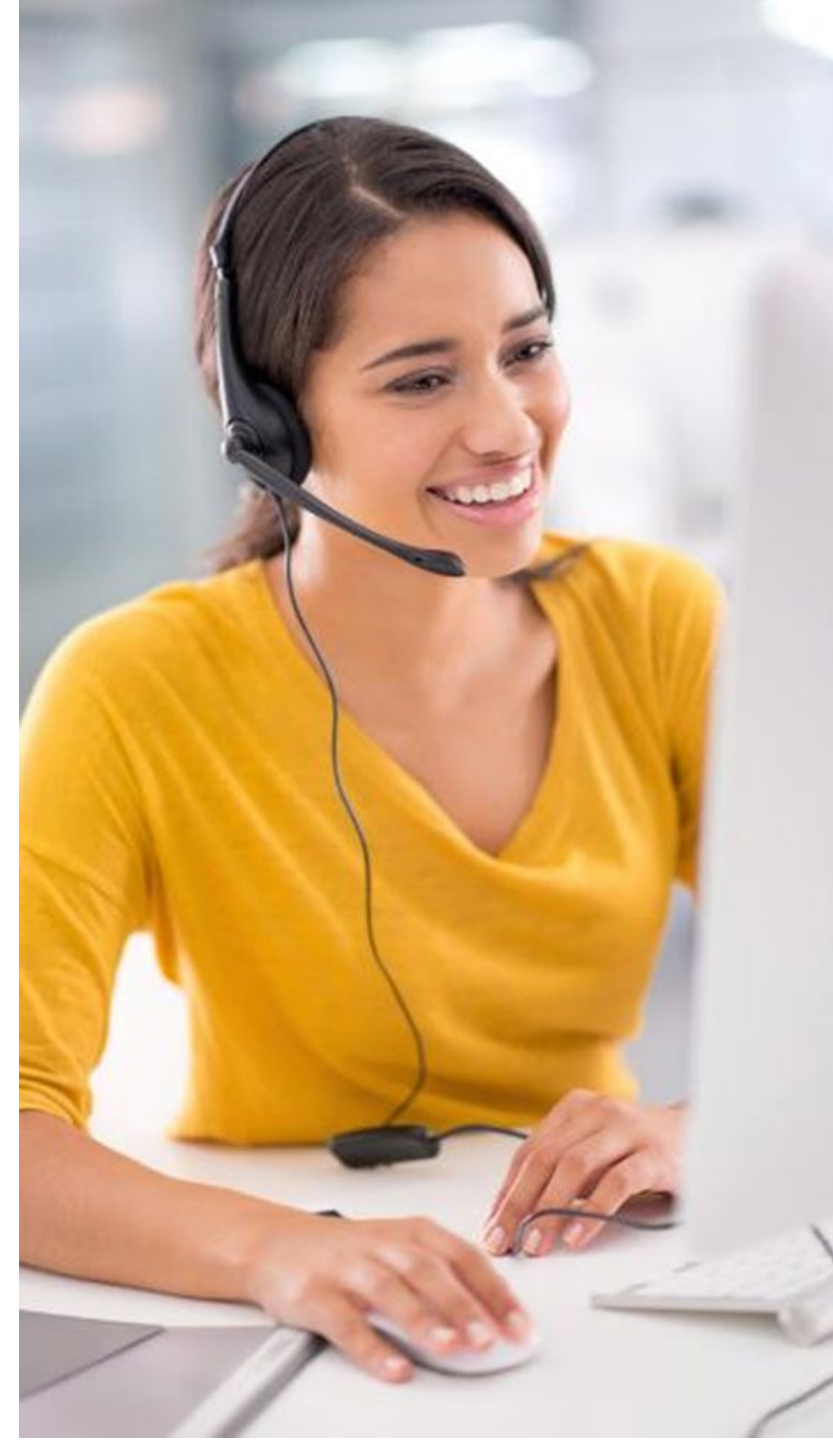
Multiple Interruptions on Single Claim – Coding Maximums

OSCs

- Ten OSCs on single claim (74 and others)

- If more than ten, follow CR6777

Days in OSC 74

- One for each two-day interruption

- Two for each three-day interruption

- 20 for multiple three-day interruptions

Noncovered Days

- One for each two-day interruption

- Two for each three-day interruption

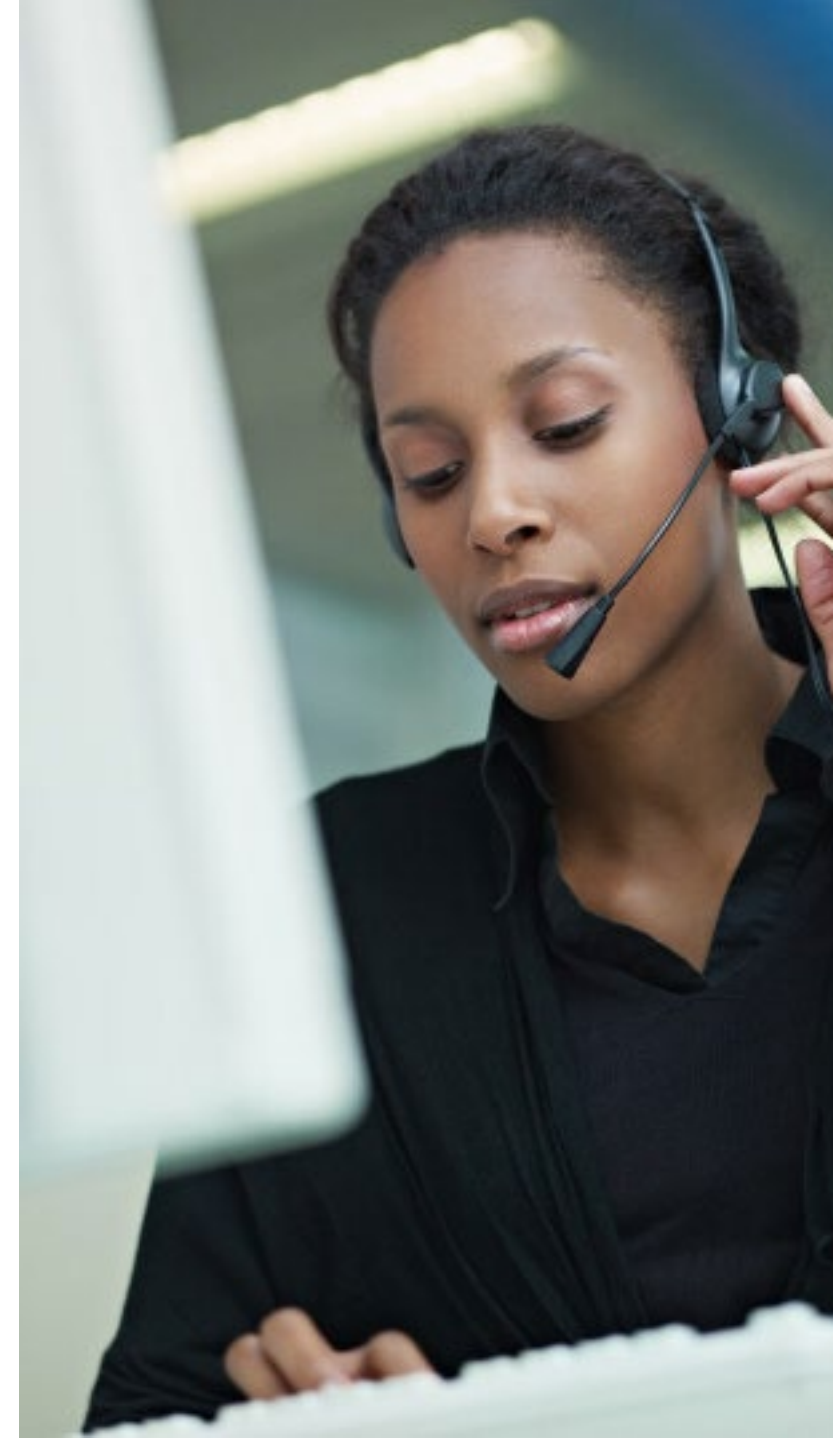- 20 for multiple three-day interruptions

Revenue Code 0180 Units

- One for each two-day interruption

- Two for each three-day interruption

- 20 for multiple three-day interruptions

Did You Know...

- Three-day or less interrupted stay claim coding guidelines continue to apply even after a beneficiary's Medicare IP hospital benefit days exhaust

Services Rendered at Other Facilities

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 IRF 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:
  - IRF inpatient requires MRI
  - Send beneficiary to ACH for MRI on 1/15 at 8am by ambulance
  - Beneficiary returns to IRF on 1/15 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

Beneficiary Receives Services at Other Facilities During Interruption

- If beneficiary receives services (under arrangement or not) at another facility during
  - **One-day** interruption
    - IRF responsible for such services
    - Follow under arrangements policy
    - We won't pay other facilities
  - **Two-day or three-day interruption**
    - IRF not responsible for such services
    - We will pay other facilities
    - Other facilities bill us directly

Payment When Interrupted Stay Occurred

Payment When Interrupted Stay Occurs

- We pay one CMG for total LOS in IRF
  - Based on initial assessment

- Includes:
  - Original stay
  - Readmission/return stay
  - One-day interruptions

- Does not include:
  - Two-day interruptions (one day in OSC 74)
  - Three-day interruptions (two days in OSC 74)
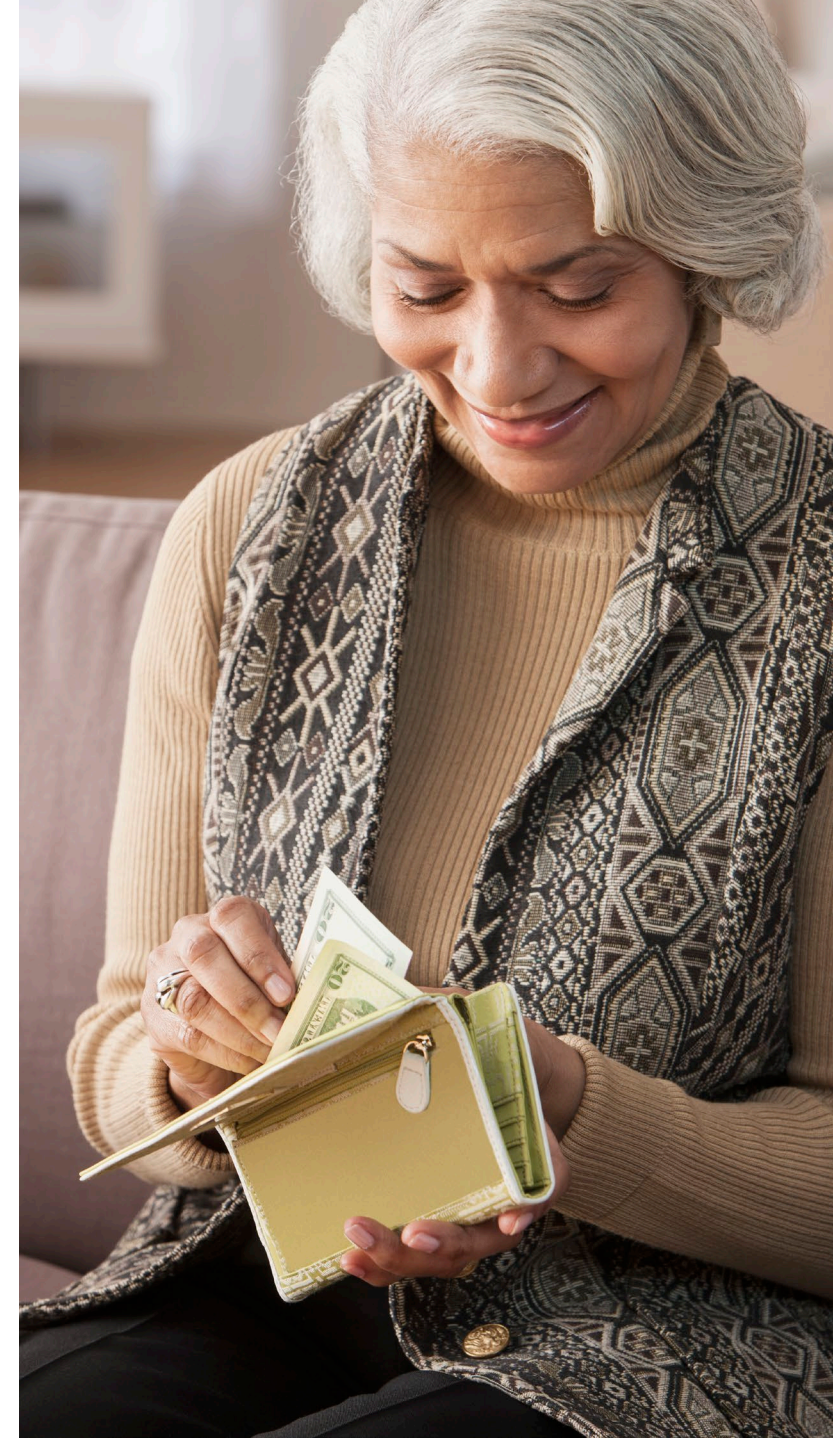
What Should You Do Now

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

Resources

Resources

- Inpatient Rehabilitation Facility PPS
- CMS IOM Publication 100-04, *Medicare Claims Processing Manual*
  - *Chapter 3, Sections 10.4, 140.2.4 and 140.3.1*
  - *Chapter 25, Section 75*
- CR6777 (Transmittal 1946) dated 4/15/2010, "Billing and Processing Claims with Unlimited Occurrence Span Codes (OSCs)"
- National Uniform Billing Committee (NUBC) members access billing codes from NUBC's UB-04 Data Specifications Manual

Questions?

Thank you!
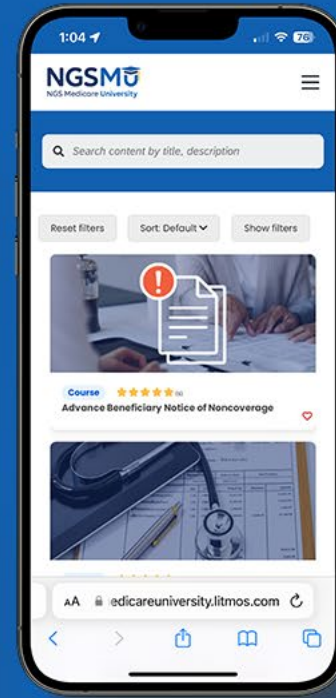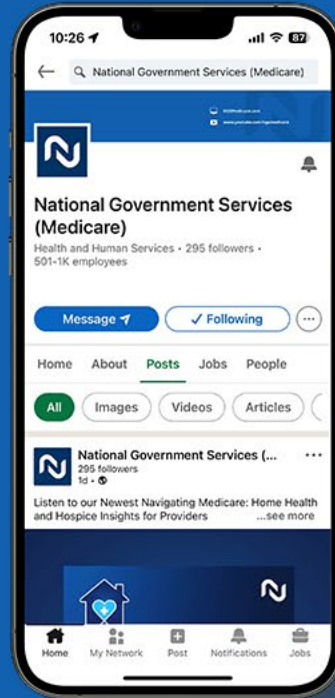
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