

Nursing Facility (NF) Billing Clarification for Hospital Stays

Dec. 14, 2012

Revised

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Policy Summary:

Nursing Facility (NFs) may be paid for Hospital Leave Days at a reduced daily rate to reserve a bed for the resident who intends to return to that facility following a hospitalization. If a resident is in the NF for 8 hours or more on the day they were transferred to the hospital, the NF is eligible for reimbursement at the full per diem rate instead of the Leave Day rate. Medicaid NF residents are eligible for up to 30 Leave Days per calendar year.

NF Coverage Policy:

Ohio Administrative Code (OAC) rule 5160-3-16.4 Nursing Facilities (NF): covered days and bed-hold days.

Claim Denials – Possible Duplicates:

When billed correctly, the Hospital and NF Leave Days billed in common will bypass the duplicate claim edits, to allow payment up to the Leave Day limit. NF Leave Days do not apply to a person enrolled in a HCBS waiver program who is using the NF for a short-term respite care as a waiver service.

Billing Directions:

- Hospitals bill the admission date through the discharge date at the Header of the claim. If outpatient services are rendered within three calendar days of the inpatient admission, then those dates must be reflected in the From Date of Service (FDOS) field.
- NFs bill the entire month on a single claim for their residents. Hospital Leave Days are identified by a Revenue Center Code (RCC) at the detail line of the claim.

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NF Billing Scenarios

Scenario 1: NF resident to Hospital for more than two days

A NF resident who is hospitalized on the 5th of June and returns to the NF on the 18th

1A) Resident in NF less than 8 hours on date of transfer to hospital

Line 1) 06/01/2018 – 06/04/2018 Revenue Center Code (RCC) 101

Line 2) 06/05/2018 – 06/17/2018 RCC 185 (hospital leave days)

Line 3) 06/18/2018 – 06/30/2018 RCC 101

1B) Resident in NF for 8 hours or more on date of transfer to hospital

Line 1) 06/01/2018 – 06/05/2018 RCC 101

Line 2) 06/06/2018 – 06/17/2018 RCC 185 (hospital leave days)

Line 3) 06/18/2018 – 06/30/2018 RCC 101

Scenarios 1A and 1B illustrate the difference in billing for a full day versus a Leave Day on the day of hospital admission. A full covered day may be billed (RCC 101) for the day the resident returns to the NF. Billing properly allows the duplicate edit to be bypassed so that both the NF and hospital can be paid appropriately for the covered days they bill in common.

Scenario 2: NF resident to Hospital for overnight stay

A NF resident who is hospitalized on the 13th of May and returns to the NF on the 14th

2A) Resident in NF less than 8 hours on date of transfer to hospital

Line 1) 05/01/2018 – 05/12/2018 RCC 101

Line 2) 05/13/2018 – 05/13/2018 RCC 185 (hospital leave day)

Line 3) 05/14/2018 – 05/31/2018 RCC 101

2B) Resident in NF 8 hours or more on date of transfer to hospital

Line 1) 05/01/2018 – **05/13/2018** RCC 101

Line 2) **05/14/2018** – 05/31/2018 RCC 101

Scenario 2B illustrates that the dates must be split into two different detail lines, even though no Leave Days are being billed. A full covered day may be billed (RCC 101) for the day the resident returns to the NF. **Splitting the covered days into two different lines allows the duplicate edit to be bypassed so that both the NF and hospital can be paid appropriately for the covered days they bill in common.**

NF Billing Scenarios (cont.)

Scenario 3: Waiver Consumer in NF for short-term stay to Hospital for more than two days: Consumer is hospitalized on the 20th of July and returns to the NF on the 24th

3A) Waiver Consumer in NF less than 8 hours on date of transfer to hospital

Line 1) 07/01/2018 – 07/19/2018 Revenue Center Code (RCC) 160

Line 2) 07/20/2018 – 07/23/2018 RCC 185

Line 3) 07/24/2018 – 07/31/2018 RCC 160

3B) Waiver Consumer in NF 8 hours or more on date of transfer to hospital

Line 1) 07/01/2018 – 07/20/2018 RCC 160

Line 2) 07/21/2018 – 07/23/2018 RCC 185

Line 3) 07/24/2018 – 07/31/2018 RCC 160

Scenarios 3A and 3B illustrate the difference in billing for a full day versus a Leave Day on the day of hospital admission. RCC 160 must be billed instead of RCC 101 for HCBS Waiver consumers in a short-term NF stay (i.e., consumers with an active waiver span for DOS billed by NF). Hospital Leave Days must be billed with RCC 185.

Scenario 4: Waiver Consumer in NF for short-term stay to Hospital for an overnight stay: Consumer is hospitalized on the 2nd of August and returns to the NF on the 3rd

4A) Resident in NF less than 8 hours on date of transfer to hospital

Line 1) 08/01/2018 – 08/01/2018 Revenue Center Code (RCC) 160

Line 2) 08/02/2018 – 08/02/2018 RCC 185

Line 3) 08/03/2018 – 08/31/2018 RCC 160

4B) Resident is in NF 8 hours or more on date of transfer to hospital

Line 1) 08/01/2018 – **08/02/2018** RCC 160

Line 2) **08/03/2018** – 08/31/2018 RCC 160

Scenario 4B illustrates that the dates must be split into two different detail lines, even though no Leave Days are being billed. Splitting the covered days into two different lines allows the duplicate edit to be bypassed so that both the NF and hospital can be paid for the date of admission (8/02/18). RCC 160 must be billed instead of RCC 101 for HCBS Waiver consumers in a short-term NF stay (i.e., consumers with an active waiver span for DOS billed by NF). Hospital Leave Days must be billed with RCC 185.

Special Scenarios:

NF Resident Has Outpatient Services within 72 Hours of an Inpatient Admission

A NF resident receives outpatient services within three calendar days of an inpatient admission. The hospital claim's FDOS – TDOS should reflect the entire inpatient stay, along with the dates in which outpatient services were rendered within three days of the inpatient admission. Just like normal billing procedure, the NF claim should reflect the appropriate room and board days as well as the hospital leave days. Depending on which claim (hospital or NF) is paid first, the second claim will deny as a duplicate due to a systems configuration that compares the FDOS on the hospital claim against dates on the detail lines of the NF claim. As a workaround, if your claim is denied as a duplicate, please resubmit your claim via the 6653 process for manual review. In box 6 of the 6653 form, when requesting the duplicate edits to be overridden, please make sure to add that it is the 72-hour rule per hospital policy.

NF Resident is Discharged from a Hospital and then Readmitted within 24 Hours

A NF resident is admitted to the hospital for an inpatient stay, then discharged from the hospital and readmitted to the NF, and then returns to the hospital within 24 hours of discharge for admission (i.e., is readmitted to the hospital on the same day of discharge or next day). The hospital must collapse their claim if the patient is readmitted within 24 hours of discharge. Depending on which claim (hospital or NF) is paid first, the second claim will deny as a duplicate due to a systems configuration limitation that will not process two claims with overlapping dates of service (i.e., the day the patient is readmitted to the NF). As a workaround, if your claim is denied as a duplicate, please resubmit your claim via the 6653 process for manual review. In box 6 of the 6653 form, when requesting the duplicate edits to be overridden, please make sure to add that it is a hospital readmission situation.