

Medicare Benefit Policy Manual

Chapter 5 - Lifetime Reserve Days

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(Rev. 257, 03-01-19)

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10 - Summary of Provision

(Rev. 1, 10-01-03)

A3-3106.A, HO-219.A

Each beneficiary has a lifetime reserve of 60 days of inpatient hospital services to draw upon after having used 90 days of inpatient hospital services in a benefit period. Payment will be made for such additional days of hospital care after the 90 days of benefits have been exhausted unless the individual elects not to have such payment made (and thus saves the reserve days for a later time).

A coinsurance amount equal to one-half of the inpatient hospital deductible applies to lifetime reserve days.

10.1 - Effect of Reserve Days on Guarantee of Payment Provision

(Rev. 1, 10-01-03)

A3-3106.B, HO-219.B, A3-3714

The guarantee of payment provisions extend to inpatient services furnished to individuals who have exhausted their eligibility for inpatient hospital services and does not extend to individuals who have no coverage for other reasons, e.g., one who is not entitled under hospital insurance or whose entitlement has been terminated.

Under the guarantee of payment provisions a hospital may be paid, under certain conditions, for inpatient services furnished to a beneficiary whose eligibility for inpatient benefit days has been exhausted, including exhaustion of the 190-day lifetime limitation on inpatient psychiatric hospital services. The guarantee of payment provisions are not applicable until the individual has exhausted 60 lifetime reserve days of inpatient hospital services except where the beneficiary is deemed to have elected not to use lifetime reserve days. (See §10.2, below, and see §30, below.)

See the Medicare Claim Processing Manual, Chapter 2 for instructions relating to guarantee of payment.

10.2 - Reserve Days Not Available Where Average Charges Do Not Exceed One-Half Inpatient Hospital Deductible

(Rev. 1, 10-01-03)

A3-3106.C, HO-219.C

A beneficiary will be deemed to have elected not to use the lifetime reserve days where the average daily charge for covered services furnished during a lifetime reserve days billing period is equal to or less than the coinsurance amount for the lifetime reserve days. Such days are treated as noncovered days rather than potential lifetime reserve days since the beneficiary would be required to pay for all of the hospital charges regardless of his or her election and therefore would not benefit from use of lifetime reserve days. This rule applies to hospitals not paid under PPS. See §30 for deemed election under PPS.

10.3 - Availability of Reserve Days Where Psychiatric Limitations Are Involved

(Rev. 1, 10-01-03)

A3-3106.D, HO-219.D

A beneficiary's reserve days are not available to the extent that he or she is subject to the 150-day psychiatric hospital reduction provision, i.e., where the beneficiary has been in a psychiatric hospital during the 150-day period immediately preceding the first day of entitlement to hospital insurance benefits and is still in a psychiatric hospital on the first day of entitlement. (See the Medicare Benefit Policy Manual, Chapter 4, §10.) The reserve days are available, however, if such a beneficiary receives nonpsychiatric services in a general hospital or if the beneficiary starts a new benefit period. The reserve days are also not available to a beneficiary who is in a psychiatric hospital after using 190 days of inpatient psychiatric hospital care during his or her lifetime. (See the Medicare Benefit Policy Manual, Chapter 4, §50.)

10.4 - Availability of Reserve Days for Hospital Emergency Services

(Rev. 1, 10-01-03)

A3-3106.E, HO-219.E

The reserve days are available for emergency services furnished in nonparticipating hospitals.

10.5 - Physician Certification

(Rev. 1, 10-01-03)

A3-3106.F, HO-219.F

Physician certification requirements are applicable to lifetime reserve days.

20 - When Payment Will Be Made for Reserve Days

(Rev. 1, 10-01-03)

A3-3106.1, HO-219.1

When a patient receives services after exhaustion of 90 days of coverage, benefits will be paid for available reserve days on the basis of the patient's request for payment, unless the patient has indicated in writing that he or she elects not to have the program pay for such services.

30 - Election Not to Use Lifetime Reserve Days

(Rev. 1, 10-01-03)

A3-3106.2, HO-219.2

30.1 - General

(Rev. 1, 10-01-03)

A3-3106.2.A, HO-219.2.A

An election not to use lifetime reserve days may be made by the beneficiary (or by someone acting on his or her behalf) at the time of admission to a hospital or at any time thereafter, subject to the limitations on retroactive elections described in §30.3 below.

Hospitals are required to notify patients who have already used or will use 90 days of benefits in a benefit period that they can elect not to use their reserve days for all or part of a stay. The hospital notice should be given when the beneficiary has five regular coinsurance days left and is expected to be hospitalized beyond that period. Where the hospital discovers the patient has fewer than five regular coinsurance days left, it should immediately notify the patient of this option. The hospital should annotate its records at the time that it informed the patient of this option. In addition, it should make available an appropriate election statement or form to be included in the patient's hospital record if the patient elects not to use reserve days. (See §40.1 for sample election format).

If a patient elects not to use reserve days, covered Part B services are billed on Form CMS-1450 or the electronic equivalent to the A/B MAC (A). A Medicare beneficiary who is eligible for medical assistance (Medicaid) under a State plan should be advised that such assistance would not be available if the beneficiary elects not to use the lifetime reserve days. However, this restriction on medical assistance payments does not apply to cases where the beneficiary is deemed to have elected not to use lifetime reserve days.

In the following situations a beneficiary will be deemed to have elected not to use lifetime reserve days:

1. The average daily charge for covered services furnished during a lifetime reserve billing period is equal to or less than the coinsurance amount for lifetime reserve days; and

- The hospital is reimbursed on a cost reimbursement basis; or
- The hospital is reimbursed under the prospective payment system and lifetime reserve days are needed to pay for all or part of the outlier days. (See §§10.2 and 30.4.2.)

2. For the nonoutlier portion of a stay in a hospital reimbursed under the prospective payment system (acute hospital PPS, inpatient rehabilitation facility (IRF) PPS and a normal stay under long term care hospital (LTCH) PPS), if the beneficiary has one or more regular (nonlifetime reserve) days remaining in the benefit period upon admission to the hospital. (See §30.4.2.) Note the exception to this rule is the short stay outlier policy under LTCH PPS.

3. The beneficiary has no regular days available at the time of admission to a hospital reimbursed under the prospective payment system and the total charges for which the beneficiary would be liable if lifetime reserve days are not used is equal to or less than the charges for which the beneficiary would be liable if he or she used lifetime reserve days, i.e., the sum of the coinsurance amounts for the lifetime reserve days that would be used plus the total charges for outlier days, if any, for which no lifetime reserve days would be available because lifetime reserve days are exhausted. (See §30.4.2.)

EXCEPTION: Even though a beneficiary would otherwise be deemed to have elected not to use lifetime reserve days, he or she will not be so deemed where benefits are available from another third party payer to pay some or all of the charges and the third party requires as a condition for payment that lifetime reserve days be used. In such cases, lifetime reserve days will be used unless the beneficiary specifically elects not to use them.

30.2 - Election Made Prospectively

(Rev. 1, 10-01-03)

A3-3106.2.B, HO-219.2.B

Ordinarily, an election **not** to use reserve days will apply prospectively. If the election is filed at the time of admission to a hospital, it may be made effective beginning with the first day of hospitalization or with any day thereafter. If the election is filed later, it may be made effective beginning with any day after the day it is filed.

30.3 - Retroactive Election

(Rev. 1, 10-01-03)

A3-3106.2.C, HO-219.2.C

A beneficiary may retroactively elect not to use reserve days provided when:

- The beneficiary (or some other source) offers to pay the hospital for any of the services not payable under Part B; and
- The hospital agrees to accept the retroactive election.

In this case, the hospital will contact the A/B MAC (A) for procedures for correcting any claims already submitted.

A retroactive election not to use the lifetime reserve days must be filed within 90 days following the beneficiary's discharge from the hospital unless benefits are available from a third party payer to pay for the services and the hospital agrees to the retroactive election. In that case, the beneficiary may file an election not to use the lifetime reserve days later than 90 days following discharge.

EXAMPLE 1:

Prior to July 1, Mr. Jones had used 90 days of inpatient hospital services in a benefit period. Beginning July 1, he was hospitalized for 10 additional days in that same benefit period. He was informed of his election right on July 1 at the time of admission and indicated that he wanted to use his reserve days for that stay. One month after being discharged from the hospital, Mr. Jones informed the hospital's billing office that he now wished to save his reserve days for a future stay. Mr. Jones agreed to pay the hospital for the services he received during the 10 days of hospitalization, which were not payable under Part B, and was permitted to file a retroactive election not to use his reserve days, effective July 1.

EXAMPLE 2:

On July 1, Mrs. Smith was discharged from a hospital after being hospitalized for 105 days. The hospital billed Medicare for 90 regular days plus 15 lifetime reserve days. On October 20 (more than 90 days following discharge), Mrs. Smith learned that a private insurer could pay for the last 15 days of the stay. She informed the hospital that she wished to file a retroactive election not to use lifetime reserve days for the last 15 days of the stay. The hospital agreed to the request, and Mrs. Smith filed an election form. The hospital refunded the Medicare payment and billed the private insurer instead.

30.4 - Period Covered by Election

(Rev. 1, 10-01-03)

A3-3106.2.D, HO-219.2.D

30.4.1 - Hospitals Not Reimbursed Under Prospective Payment System

(Rev. 1, 10-01-03)

A3-3106.2.D.1, HO-219.2.D.1

A beneficiary election **not** to use reserve days for a particular hospital stay may apply to the entire stay or to a single period of consecutive days in the stay but cannot apply to selected days in a stay. If an election (whether made prospectively or retroactively) not to use reserve days is made effective with the first day for which reserve days are available, it may be terminated at any time. After termination of the election, all hospital days would be covered to the extent that reserve days are available. (Thus, an individual who has private insurance that covers hospitalization beginning with the first day after 90 days of benefits have been exhausted, may terminate the election as of the first day not covered by the insurance plan.) If an election not to use reserve days is made effective beginning with any day after the first day for which reserve days are available, it must remain in effect until the end of that stay unless the entire election is revoked in accordance with §40.2.

30.4.2 - Hospitals Reimbursed Under Prospective Payment System

(Rev. 1, 10-01-03)

The rules described in §30.4.1 apply, and also for PPS discharges on and after October 1, 1997, and involving cost outlier status, a beneficiary whose 90 days of benefits are exhausted before cost outlier status is reached must elect to use lifetime reserve days for the hospital to be paid cost outlier payments. Cost outlier status is reached on the day that charges reach the cost outlier status for the applicable DRG for inpatient PPS or CMS in the case of IRF PPS. Use of reserve days must begin on the day following that day, to permit payment for outlier charges. If the beneficiary elects not to use lifetime reserve days where benefits are exhausted the hospital may charge the beneficiary for the charges that would have been paid as cost outlier.

For discharges before October 1, 1997, cost outlier status has no impact on reserve days, but the following rules applied for day outlier claims. Day outliers were discontinued for discharges on and after October 1, 1997.

See the Medicare Claims Processing Manual, Chapter 1, "Inpatient Hospital Services," for billing and payment requirements.

30.4.2.1 - Beneficiary Has One or More Regular Benefit Days Available at Time of Admission to PPS Hospital - Discharge Before October 1, 1997

(Rev. 1, 10-01-03)

A3-3106.2.D.2.a, HO-219.2.D.2.a

The section applies to discharges before the outlier policy was changed effective October 1, 1997, to eliminate day outliers.

If the beneficiary has one or more regular benefit days (not lifetime reserve days) remaining in the benefit period upon entering the acute or rehabilitation hospital, Medicare will pay the entire prospective payment amount for nonoutlier days. Therefore, there will be no advantage to a beneficiary to use lifetime reserve days for nonoutlier days if at least one day of the regular 90 days of coverage remains when the beneficiary enters the hospital. In this situation, the beneficiary will be deemed to have elected **not** to use lifetime reserve days for the nonoutlier part of the stay. The beneficiary may also elect not to use lifetime reserve days for outlier days but such an election must apply to all outlier days.

NOTE: This policy is not applicable to Long Term Care Hospital PPS short stay outliers. See §30.6 for the LTCH PPS short stay outlier LTR policy.

EXAMPLE 3:

Mr. Spencer was admitted to a hospital on April 1, 1995, and discharged on June 29, utilizing 89 regular days of inpatient care. On August 1, he entered the hospital again. For this DRG, outlier days would have begun August 26, but Mr. Spencer was discharged on August 23, prior to the commencement of outlier days. Since the first two days of the second stay were regular coverage days, Medicare will reimburse the hospital the prospective reimbursement amount for the entire stay. Since no outlier days are involved, there is no advantage to the beneficiary in using lifetime reserve days. Therefore, Mr. Spencer will be deemed to have elected **not** to use any lifetime reserve days for that stay.

Even though lifetime reserve days are not used for nonoutlier days where the beneficiary has at least one regular day available at the time of admission, payment will be made for outlier days occurring after regular coverage days have been exhausted unless:

- a. The beneficiary elects not to use lifetime reserve days for the outlier days; or
- b. The beneficiary is deemed to have elected not to use lifetime reserve days for the outlier days.

A beneficiary is deemed to have elected not to use lifetime reserve days for outlier days if the average daily charge for the outlier days for which lifetime reserve days would otherwise be available is equal to or less than the daily coinsurance amount for the lifetime reserve days. In that situation, the beneficiary would be required to pay for all of the hospital's charges for such outlier days regardless of his or her election and therefore would not benefit from the use of lifetime reserve days. If the beneficiary elects not to use lifetime reserve days for outlier days, such an election must apply to all outlier days. If the beneficiary elects not to use lifetime reserve days for outlier days Medicare will pay for the nonoutlier portion of the stay and will make no payment for the outlier days.

EXAMPLE 4:

Mr. Johnson, who had never used any of his lifetime reserve days, was admitted to the hospital on April 1, 1995, and discharged on June 29, utilizing 89 regular days of covered inpatient care. On August 1, Mr. Johnson entered the hospital again and was discharged on September 5. For this DRG, outlier days began on August 26. Medicare will reimburse the hospital the prospective payment amount for the nonoutlier portion of the stay. The average daily charges were \$450 for the outlier portion of the stay. The lifetime reserve day coinsurance amount is \$406. Since the average daily charge for the outlier days is more than the daily coinsurance amount for lifetime reserve days, there is no deemed election not to use lifetime reserve days for the outlier portion of the stay. For outlier days Mr. Johnson has the option:

1. To make no lifetime reserve election, in which case Medicare will pay for the nonoutlier portion of the stay and for the 10 outlier days, August 26 through September 4, and Mr. Johnson will have utilized 10 lifetime reserve days; or
2. To elect **not** to use his lifetime reserve days for the 10 outlier days, in which case Medicare will pay only for the nonoutlier portion of the stay, and Mr. Johnson will not have used any lifetime reserve days.

30.4.2.2 - Beneficiary Has No Regular Days Available at Time of Admission - Discharge Before October 1, 1997

(Rev. 1, 10-01-03)

A3-3106.2.D.2.b, HO-219 .2.D.2.b

If the beneficiary enters the hospital after completely exhausting regular benefit days, available lifetime reserve days will be used automatically for each day of the stay unless the beneficiary elects not to use lifetime reserve days or is deemed to have elected not to use lifetime reserve days. A beneficiary is deemed to have elected not to use lifetime reserve days if the total charges for the stay, i.e., the charges for which the beneficiary would be liable by electing to not use lifetime reserve days, are equal to or less than the charges for which the beneficiary would be liable even after electing to use lifetime reserve days. In the latter case, charges are equal to the sum of the coinsurance amounts for the lifetime reserve days that would be used plus the total charges for outlier days, if any, for which no lifetime reserve days would be available because lifetime reserve days are exhausted. (See §30.1(3).)

In the case of a hospital reimbursed under the prospective payment system, an election by a beneficiary not to use lifetime reserve days must apply to the entire hospital stay. If the beneficiary elects not to use lifetime reserve days, Medicare will not pay for any portion of the stay. Similarly, a deemed election not to use lifetime reserve days must apply to the entire stay and will preclude any payment for the stay.

EXAMPLE 5:

Mr. Amos was admitted to a hospital on March 10, 1995, and discharged on June 8 utilizing 90 regular days of coverage. On August 1, he entered the hospital again and was discharged on September 8. For this DRG, outlier days began on August 26. At the time of the second admission, Mr. Amos still had 60 lifetime reserve days available. The hospital charges for this stay were \$17,000. The sum of the coinsurance amounts for the lifetime reserve days needed to pay for this stay is \$15,428 (\$406 per day X 38 days). Since the charges for the stay are greater than the sum of lifetime reserve days coinsurance amounts, there is no deemed election not to use lifetime reserve days. Mr. Amos has the option:

1. To make no lifetime reserve election, in which case Medicare will pay for the entire stay including the outlier days, and Mr. Amos will use 38 lifetime reserve days; or
2. To elect **not** to use lifetime reserve days, in which case Medicare will not pay for any portion of the stay.

EXAMPLE 6:

Same facts as Example 5 except the beneficiary has only 35 lifetime reserve days available at the time of the second admission and total charges for the stay are \$13,000. Included in the hospital charges is \$1,200 for the last 3 days of the stay. The sum of the coinsurance amounts for the lifetime reserve days that could be used is \$14,210 (\$406 per day X 35 days). Since the charges for the entire stay, \$13,000, are less than \$15,410 (the sum of the coinsurance amounts for days for which lifetime reserve days are available (\$14,210) plus the total charges for the outlier days for which lifetime reserve days are not available (\$1,200)), the beneficiary is deemed to have elected not to use any lifetime reserve days for the stay.

30.5 - Election Where Beneficiary Is Incapacitated

(Rev. 1, 10-01-03)

A3-3106.2.E, HO-219.2.E

If a beneficiary is physically or mentally unable to file an election not to use reserve days, certain other individuals may file the election on the beneficiary's behalf:

1. If the charges will be paid by other hospital insurance or if some other person agrees to pay the hospital for the services, an election not to use reserve days may be filed by any of the individuals who may sign a Request for Payment on behalf of the beneficiary (e.g., relative, legal guardian).

2. If an incapacitated beneficiary does not have other hospital insurance, and no other person agrees to pay the hospital for the services, only the beneficiary's legal representative may file an election on the beneficiary's behalf.

30.6 – Lifetime Reserve Days and Long Term Care Hospital (LTCH) Prospective Payment System (PPS)

(Rev. 1, 10-01-03)

When a Long Term Care Hospital inpatient stay triggers a full LTC-DRG payment (i.e., it exceeds the short-stay outlier threshold), Medicare's payment is for the entire stay up to the high cost outlier threshold, regardless of patient coverage. But for lengths of stay equal to or below 5/6 of the average length of stay for a specific LTC-DRG, Medicare's payment is only for covered days.

For a LTC-DRG where the ALOS is 30, 25 days (5/6 of 30) would be the short-stay outlier threshold. If a patient's stay is 25 days or less, Medicare will pay it as a short-stay outlier. So, if for example, a patient has only 15 remaining days of Medicare coverage and stays 24 days in the LTCH, Medicare will only pay for 15 days (under the short-stay policy). If the patient has 27 days remaining of Medicare coverage and stays for 26 days, Medicare would pay a full LTCDRG.

In this scenario, the patient's length of stay exceeded the short stay outlier threshold and the patient also had sufficient Medicare covered days to generate a full LTC-DRG payment, which would constitute Medicare payment until and unless the stay had become a high cost outlier.

Once the beneficiary exceeds the 5/6 short-stay outlier threshold and receives the full LTC-DRG payment, consistent with IPPS, the remaining days of the stay (and associated charges) are considered covered until the high cost outlier is reached even though the beneficiary may have already reached the 90th regular Medicare covered day within the benefit period. Once the beneficiary reaches the high cost outlier threshold, the beneficiary may choose to use the lifetime reserve days. The beneficiary has no coinsurance (or any other) liability for the gap between the 90th day and the start of lifetime reserve days.

Policy regarding the use of lifetime reserve days is the same as under the IPPS. In the case of a stay that is categorized as a short-stay outlier for payment purposes (because the patient has run out of regular benefit days prior to exceeding the short-stay outlier threshold of 5/6 of the ALOS for the specific LTC-DRG), the remaining days of the patient's stay will be counted against the beneficiary's lifetime reserve days (in the absence of an election not to use them) for the remainder of the episode of care, that is, until either the patient is discharged or the life-time reserve days are exhausted. Once a beneficiary starts using lifetime reserve days, each remaining day of hospitalization for that episode of care will be counted against those reserve days, even if no additional Medicare payments are generated until the high cost outlier threshold is reached.

Consistent with the policy under IPPS, Medicare will pay for high cost outlier payments only for covered days, that is, days for which the beneficiary has either regular benefit days or life-time reserve days for the period (or portion) of the stay beyond the high cost outlier threshold, for example:

EXAMPLE 7:

Mr. Kidd is admitted to the LTCH with 26 remaining days of regular Medicare coverage and is grouped to a LTC-DRG with an ALOS of 30 days. On the 26th day of that stay, Mr. Kidd has sufficient regular benefit days to trigger a full LTC-DRG payment (greater than 5/6 of the ALOS for that LTC-DRG) for this stay without going into lifetime reserve days. Mr. Kidd would only need to consider using lifetime reserve days should the stay continue and ultimately become a high cost outlier.

EXAMPLE 8:

Mr. Adams is grouped to the same LTC-DRG as Mr. Kidd but has only 10 remaining days of regular Medicare coverage. Lifetime reserve days will be used for the entire remainder of the stay (unless Mr. Adams elects not to use them and to otherwise assume responsibility for payments as a private pay patient) and the day count will continue, uninterrupted, until the patient is either discharged or the days are exhausted.

40 - Content of Election

(Rev. 1, 10-01-03)

A3-3106.3, HO-219.3

A beneficiary's election not to use reserve days should specify the name of the hospital and the starting date of the election.

Where the hospital is not reimbursed under the prospective payment system, the starting date of the election may be any day after regular benefits are exhausted. Where the hospital is reimbursed under the prospective payment system, the starting date of the election depends on whether the beneficiary has regular benefit days remaining upon entering the hospital. If the beneficiary has regular benefit days remaining upon entering the hospital on or after October 1, 1997, the starting date of the election must be the later of the first day after: (1) the charges equal the cost outlier threshold, or (2) the day regular benefits are exhausted. If the beneficiary has no regular benefits remaining upon entering the hospital, the starting date of the election must be the first day of the hospital stay.

The election may specify a termination date before the last day of the stay only if the hospital is not reimbursed under the prospective payment system and the election is made effective beginning with the first day for which reserve days are available (§30.4.1). Where the hospital is under the prospective payment system, the election may not specify a termination date because the election remains in effect until the last day of the stay.

40.1 - Election Format

(Rev. 257, Issued: 03-01-19, Effective: 04-01-19 Implementation: 04-01-19)

The term Medicare beneficiary identifier (Mbi) is a general term describing a beneficiary's Medicare identification number. For purposes of this manual, Medicare beneficiary identifier references both the Health Insurance Claim Number (HICN) and the Medicare Beneficiary Identifier (MBI) during the new Medicare card transition period and after for certain business areas that will continue to use the HICN as part of their processes.

The following model election language may be used:

Election Not To Use Lifetime Reserve Days

I do not wish to have Medicare benefits paid on my behalf under the lifetime reserve provisions of section 1812 (b) of the Social Security Act for services furnished me by (name of hospital) beginning (date).

WHERE THE ELECTION MAY TERMINATE BEFORE THE END OF THE STAY IN ACCORDANCE WITH §40, THE FOLLOWING MAY BE INCLUDED:

The last day to which this election applies is (date).

I understand that I will be responsible for all of the hospital's charges not reimbursed by Medicare because of this election, except those covered under Medicare Part B. Where Medicare Part B payments may be made for services furnished during the period covered by the election, I will be responsible for the deductible and 20 percent coinsurance amounts.

(Signature) (Date)
(Medicare beneficiary identifier)

40.2 - Revocation of Election

(Rev. 1, 10-01-03)

A3-3106.5, HO-219.5

An election not to use reserve days may be revoked in whole or in part, provided a claim has not been filed for Part B ancillary services furnished on the hospital days in question. (An election may be revoked in part subject to the restriction on elections in §30.4.1. The revocation must be submitted to the hospital in writing and should be made part of the patient's hospital record. (See §40.2.1, below, for sample revocation format.) If a beneficiary is incapacitated, any of the individuals who are permitted to sign the Request for Payment may file the revocation on the beneficiary's behalf. However, an election not to use reserve days may not be revoked after the beneficiary dies.

A revocation of election not to use lifetime reserve days must be made within 90 days following the beneficiary's discharge from the hospital with the following exception: The

election may be revoked later than 90 days after discharge if benefits are available from a private insurer to pay the lifetime reserve coinsurance amounts and the insurer requires as a condition for payment that lifetime reserve days be used.

40.2.1 - Revocation Format

(Rev. 257, Issued: 03-01-19, Effective: 04- 01-19 Implementation: 04- 01-19)

The term Medicare beneficiary identifier (Mbi) is a general term describing a beneficiary's Medicare identification number. For purposes of this manual, Medicare beneficiary identifier references both the Health Insurance Claim Number (HICN) and the Medicare Beneficiary Identifier (MBI) during the new Medicare card transition period and after for certain business areas that will continue to use the HICN as part of their processes.

The revocation of an election not to use reserve days should specify the name of the hospital, the admission date of the stay to which it applies and, if appropriate, the effective date of revocation. The following model language is suggested:

Revocation of Election Not To Use Lifetime Reserve Days

I wish to revoke the election previously made by me or on my behalf not to use lifetime reserve days to pay for the inpatient hospital services furnished me by (name of hospital) during my stay there beginning (admission date). (If appropriate add: I wish to revoke my election not to use lifetime reserve days for the period from _____ to _____.) I understand that my lifetime reserve days will be used for these services (to the extent that I have such days available) but that I will still be responsible to pay the Medicare coinsurance amounts and any charges for services not covered under the Medicare program.

(Signature) (Date)
(Medicare beneficiary identifier)

Transmittals Issued for this Chapter

Rev #	Issue Date	Subject	Impl Date	CR#
<u>R257BP</u>	03/01/2019	Update to Publication 100-02 Provide Language-Only Changes for the New Medicare Card Project	04/01/2019	11170
<u>R1BP</u>	10/01/2003	Initial Publication of Manual	NA	NA

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