

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 1172</b>	<b>Date: FEBRUARY 2, 2007</b>
	<b>Change Request 5323</b>

**Subject: Payment of Same Day Transfer Claims Under the Long Term Care Hospital Prospective Payment System (LTCH PPS)**

**I. SUMMARY OF CHANGES:** Same day transfer claims have suspended in FISS since the implementation of LTCH PPS. This CR instructs FIs to release those claims for payment.

**New/Revised Material**

**Effective Date: October 1, 2002**

**Implementation Date: July 2, 2007**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
N/A	

**III. FUNDING:**

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2007 operating budgets.

**IV. ATTACHMENTS:**

**One-Time Notification**

*\*Unless otherwise specified, the effective date is the date of service.*

# Attachment – One-Time Notification

Pub. 100-04	Transmittal: 1172	Date: February 2, 2007	Change Request: 5323
-------------	-------------------	------------------------	----------------------

**SUBJECT: Payment of Same Day Transfer Claims Under the Long Term Care Hospital Prospective Payment System (LTCH PPS)**

**Effective Date:** October 1, 2002

**Implementation Date:** July 2, 2007

## I. GENERAL INFORMATION

**A. Background:** This CR clarifies how to process LTCH same day transfer claims which have been suspended in the Fiscal Intermediary Standard System (FISS) since implementation of LTCH PPS on October 1, 2002.

**B. Policy:** N/A

### Same Day Transfers

A same day transfer occurs when a patient is admitted to a LTCH and is subsequently transferred for acute care (or another type facility care) on the same day. If the patient is admitted to a LTCH with the expectation that the patient will remain overnight, but is discharged before midnight, the day is counted as a total day, that is a cost report day, but not a Medicare covered day. Currently, same day transfer claims are suspending in the FISS system because the LTCH PPS Pricer cannot accept a '0' day and there is no transfer policy under LTCH PPS. This day will be considered covered and counted for cost reporting purposes, but will not be counted as a Medicare utilization day for the beneficiary. Same Day Transfer LTCH PPS claims that have been suspended are to be released and will be paid. Interest is to be applied.

## II. BUSINESS REQUIREMENTS

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A	D	F	C	D	R	Shared-System Maintainers				OTHER
		/	M	I	A	M	H	F	M	V	C	
		B	E		R	R	I	I	C	M	W	
		M	M		I	C		S	S	S	F	
		A	A		E			S	S	S	F	
		C	C		R			S	S	S	F	
5323.1	FISS shall pass the LTCH Pricer 1 cost report day as the length of stay for same day transfer							X				

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B	D M E	F I	C A R R I C E R	D M R R I C	R H I	Shared-System Maintainers				OTHER
		M A C	M A C					F I S	M C S	V M S	C W F	
	claims.											
5323.2	FIs shall release and add Condition Code 15 to all LTCH PPS same day transfer claims suspended for payment	X		X								
5323.3	FIs shall pay appropriate interest on the released same day transfer claims.	X		X								

### III. PROVIDER EDUCATION

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B	D M E	F I	C A R R I C E R	D M R R I C	R H I	Shared-System Maintainers				OTHER
		M A C	M A C					F I S	M C S	V M S	C W F	
5323.4	A provider education article related to this instruction will be available at <a href="http://www.cms.hhs.gov/MLNMattersArticles/">http://www.cms.hhs.gov/MLNMattersArticles/</a> shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.											

### IV. SUPPORTING INFORMATION

**A. For any recommendations and supporting information associated with listed requirements, use the box below:**

*Use "Should" to denote a recommendation.*

<b>X-Ref Requirement Number</b>	<b>Recommendations or other supporting information:</b>
5323.1	A same day transfer claim is identified with 0 covered days, 1 noncovered day, 1 cost report day, and Condition Code 40. A same day transfer claim does not subtract a utilization day from the Medicare beneficiary, but the day is counted for cost reporting purposes.

**B. For all other recommendations and supporting information, use the space below:**

## V. CONTACTS

### **Pre-Implementation Contact(s):**

Valeri Ritter 410-786-8652 or [valeri.ritter@cms.hhs.gov](mailto:valeri.ritter@cms.hhs.gov)

Sarah Shirey-Losso 410-786-0187 or [sarah.shirey-losso@cms.hhs.gov](mailto:sarah.shirey-losso@cms.hhs.gov)

### **Post-Implementation Contact(s):**

Appropriate Regional Office

## VI. FUNDING

### **A. For TITLE XVIII Contractors, use only one of the following statements:**

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.

### **B. For Medicare Administrative Contractors (MAC), use only one of the following statements:**

The contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the Statement of Work (SOW). The contractor is not obligated to incur costs in excess of the amounts specified in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.