



Related MLN Matters Article #: MM 3391

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Crossover Patients in New Long Term Care Hospitals (LTCH)

Keywords

MM3391, CR3391, R267CP, Long Term Care, LTCH

Provider Types Affected

New Long Term Care Facilities

Key Points

- The effective date for instruction is October 1, 2004.
- The implementation date is January 3, 2005.
- "Crossover patients" are patients that were admitted prior to the effective date of an acute hospital's transition to a LTCH.

Old Policy

- Medicare use to pay twice for cases for "crossover patients", even though it was really one episode of care.
- Separate payments were made to both the acute hospital and the LTCH. Patients were discharged under the Inpatient Prospective Payment System (IPPS) (acute care) provider number and readmitted under the LTCH provider number, even though the patient never left the facility.

New Policy

- Medicare will pay one discharge payment to the discharging LTCH for "crossover patients".
- All the days of the patient stay in the facility (both prior to and following the date of LTCH designation) will be considered a single episode of LTCH care.

- For a “crossover patient” stay in an acute care hospital that is designated as a LTCH on or after October 1, 2004:
 - Providers should bill the patient’s entire stay under the new LTCH provider number and cancel any bills paid under the acute hospital provider number for patients that are still in their facility.
 - Payment for this single episode of care will include the day and cost data for the patient at both the acute care hospital and the LTCH in determining the payment to the LTCH under the LTCH PPS.
 - To determine the patient’s total length of stay at the LTCH for payment purposes and for the LTCH’s average length of stay (ALOS) calculation under 42 CFR 412.23(e)(2) (3) – providers should count the days of the patient’s stay, both prior to and following the designation as a LTCH.

Important Links

The related MLN Matters article can be found at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3391.pdf> on the CMS website.

The official instruction (CR3391) regarding this change may be viewed at

<http://www.cms.gov/Transmittals/downloads/R267CP.pdf> on the CMS website.

The *Medicare Claims Processing Manual*, Chapter 3, Section 140.1 and 150.14.1 may be found at

<http://www.cms.hhs.gov/manuals/downloads/clm104c03.pdf> on the CMS website.

If providers have any questions, they may contact their FI at their toll-free number, which may be found at

<http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.