CORPORATE POLICY

Manual/Library Name: Regulatory Compliance	No: COMP-RCC 4.32
Title: Medicare Interrupted Stay in IPPS Exempt Units	Effective Date: 07-09-2021
	Previous Versions: 12/3/19
	Approved By: Executive Leadership Team
	Approval Date: 07-07-2021

I. Scope:

This policy applies to Tenet Healthcare Corporation, its subsidiaries and affiliates (each, an “Affiliate”), any other entity or organization in which Tenet or an Affiliate owns a direct or indirect equity interest of greater than 50%, and any entity in which an Affiliate either manages or controls the day-to-day operations of the entity (each, a “Tenet Entity”) (collectively, “Tenet”).

II. Purpose:

To provide guidelines for correct reimbursement under the Medicare Prospective Payment System (PPS) for interrupted stays at an Inpatient Rehabilitation Facility (IRF), Inpatient Psychiatric Facility (IPF), or Skilled Nursing Facility (SNF).

III. Definitions:

Interrupted Stay: When a Medicare Part A patient discharges from an Inpatient Prospective Payment System (IPPS) Exempt unit or discontinues Part A benefits, and is readmitted or reassumes Part A benefits in the IPPS Exempt unit by midnight of the third consecutive calendar day.

IPPS Exempt: When Medicare pays the specialty unit under a different payment methodology than the Inpatient Prospective Payment DRG system.

IV. Policy:

Every Tenet facility with an IPPS Exempt unit must have processes and procedures to identify Interrupted Stays, and ensure documentation and billing are according to Medicare requirements.

V. Procedure:

A. Discharge from the IPPS Exempt Unit

1. The day the patient leaves the IPPS Exempt unit is day one. Day three ends at midnight of the third calendar day.
2. The IPPS Exempt unit shall follow routine discharge procedures. However, the unit staff will hold completion of the medical record until post-discharge day four, when it is determined that an interrupted stay status has not occurred.

© 2024 Tenet Healthcare Inc. Proprietary and Confidential – For Internal Distribution Only

3. It is considered a new admission if the patient is admitted back to the IPPS Exempt unit after three midnights.

B. Claims

1. The billing office will hold the claim transmission until post-discharge day four, when it is determined that an interrupted stay status has not occurred.
2. The medical record number assigned for billing purposes matches the number used for any clinical case data submitted to Medicare.
3. An interrupted stay will result in the submission of one bill covering the period before and after the interruption. The billing office moves all charges to a single account.
4. If an inpatient, acute care stay occurs at the same facility as the interrupted IPPS Exempt stay, the inpatient acute facility will also submit one DRG based bill to Medicare for the acute stay.

C. Tracking

Each IPPS Exempt unit will implement a mechanism to track interrupted stays for the unit. See attachment for tracking log example.

VI. Enforcement:

All employees whose responsibilities are affected by this policy are expected to be familiar with the basic procedures and responsibilities created by this policy. Failure to comply with this policy will be subject to appropriate performance management pursuant to all applicable policies and procedures, up to and including termination. Such performance management may also include modification of compensation, including any merit or discretionary compensation awards, as allowed by applicable law.

VII. References:

Medicare Claims Processing Manual, Chapter 3, Sections: 40.2.6, 140.2.4, 190.7.1, 190.10.7

42 CFR 412 Subpart B Prospective Payment for Inpatient Psychiatric Facilities

42 CRF 412 Subpart N Prospective Payment for Inpatient Rehabilitation Facilities

© 2024 Tenet Healthcare Inc. Proprietary and Confidential – For Internal Distribution Only

42 CFR 413 Subpart J Prospective Payment for Skilled Nursing Facilities

VIII. Attachments

COMP-RCC 4.32.PR.01 Inpatient Rehabilitation Facility Medicare Interrupted Stay Procedure

Medicare Interrupted Stay Log

© 2024 Tenet Healthcare Inc. Proprietary and Confidential – For Internal Distribution Only