

Billing Alert for Long-Term Care

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SNF residents are checking out for the holiday — are you prepared?

by Melissa Korey, supervisor with Marcum, LLP

In preparing for the holiday festivities, it is essential that friends and family understand that while their loved ones are in a nursing home, they can still partake in the holiday parties and goodie exchanges without putting their Medicare coverage at risk. According to Medicare law, nursing home residents may leave their facility for family events without losing their Medicare coverage for instances including:

- Outpatient services
- Religious activities
- Family occasions
- A trial visit to his or her home

In most instances, the leave will be anywhere from a few hours to a few days, but administrators and billers should be aware that lengthier leaves of absence are possible. When longer leaves of absences are expected, families and beneficiaries may be charged a “bed hold” fee by their skilled nursing facility (SNF).

The Centers for Medicare & Medicaid Services (CMS) confirms that the facility can bill a beneficiary for bed-hold days during a temporary SNF absence, as provided in Chapter 1 of the manual at §30.1.1.1. That section of Chapter 1 authorizes SNFs to bill a beneficiary for a bed-hold during a temporary SNF Absence if the SNF informs the resident in advance of the option to make bed-hold payments and of the amount of the charges should the resident affirmatively elect to make bed-hold payments prior to being billed.

But, what do facilities need to do?

In preparation for your residents’ holiday leave, there are a few house-keeping items that need to be addressed from a regulatory and best practices point of view. The following tips will help your facility address

resident safety issues while meeting appropriate documentation guidelines that ensure a smooth and safe transition for the resident as well as staying compliant with Medicare's billing requirements.

To better understand what is mandated of SNFs, let's review the Medicare requirements. Under the Medicare consolidated billing requirements, a SNF is responsible for billing outpatient services if the resident is under a Part A stay. Often, SNFs forget that if the resident does not return to the facility on the midnight he or she received the outpatient services, the SNF would not be subject to those consolidated billing requirements. This is because the resident was considered an outpatient at the time of the midnight census, which is not payable under a Medicare Part A stay. On the other hand, if a resident is taking a leave and not receiving any outside medical services (such as physician visits, etc.), the SNF is only responsible for tracking the number of nights the resident was not in the facility at the time of the midnight census. However, under both instances, the biller must be aware of the leave in order to properly record the number of days the resident was missing from the midnight census on

the claim. The days must be reported in units and use revenue code 018X. Simple, right? One of the most critical components to accurate billing is to establish good lines of communication and documentation within your SNF. Here are five suggestions to help keep the information flowing in your facility:

- **Step 1:** Implement a leave of absence policy which is compliant with your state's bed hold policy and meets section 483.12 of the SNF Requirements of Participation (RoP). In simplistic terms, the policy must clearly state how many days a resident can leave for, how long the facility will hold the resident's bed for, the conditions for holding a bed beyond the State defined bed-hold period, address any applicable fees that can be incurred during the leave as well as defining the circumstances a resident would be considered discharged from the facility. The facility is required to review this policy and obtain acknowledgment from the resident and/or the resident's representative prior to the resident's leave.
- **Step 2:** Obtain a written approval from the resident's physician. It is important that the physi-

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cian is involved in the resident's care and whereabouts. If he or she thinks that the resident's medical condition is too complex to support a therapeutic leave, and the resident leaves the facility anyway, the resident might end up getting sent to the emergency room.

- **Step 3:** Delegate someone within your SNF to document the who, what, when, where, and why of a resident's leave. This documentation should be stored somewhere that is accessible to all pertinent employees (i.e., the clinicians and the billing office) to ensure all departments can perform their jobs efficiently.
- **Step 4:** Set up a consultation with the family and/or friend who is taking the resident out of the facility. The discussion should cover the resident's medication, functional needs, and emergency planning. Often, family and friends are unaware of the responsibilities and risks of taking a frail or ill person out to an event. By educating them prior to the leave, you are better able to prevent unnecessary hospitalizations or emergency room visits.
- **Step 5:** Designate someone to keep a log showing the frequency of a resident's leaves of absence. This can serve as backup documentation for the biller and the Medicare Administrative Contractor if a question arises regarding the needs of the resident being furnished in the SNF environment.

The *Medicare Benefit Policy Manual* recognizes that,

“an outside pass or short leave of absence for the purpose of attending a special religious service, holiday meal, family occasion, going on a car ride, or for a trial visit home, is not, by itself evidence that the individual no longer needs to be in a SNF for the receipt of required skilled care.”

Frequent leaves of absence can suggest to an auditor that the beneficiary no longer needs an inpatient level of care. Remember, if it isn't documented, you can't prove what happened. Establishing new procedures is never easy. Be sure to take the time to educate and oversee the implementation to ensure smooth sailing. Not only will this make life easier on your biller, but your residents and their families will thank you for it the next time they come back from a family fun-filled afternoon. 📌

Leave of absence to-do list

- Establish a LOA Policy
- Obtain Physician Approval
- Document The 5 W's of the OA
- Provide education to the family/friend
- Enter data into log