



STATE OF NEW YORK
OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES

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February 18, 2004

Dear ICF Provider Agency Director:

Subject: Regulatory Requirements regarding the Medicaid Management Information System (MMIS) Billing for ICF Admission, Discharge and Leave Days

The purpose of this letter is to review the existing regulatory requirements regarding the documentation and MMIS billing of ICF admission, discharge and leave days. ICF providers must be certain that they maintain documentation for review in accordance with the requirements outlined in this letter and that ICF claims are accurately submitted to MMIS. Please note that OMRDD will periodically monitor your ICF claims to ensure compliance with the requirements outlined in this letter and its attachments. ICF claims that are not submitted in accordance with these requirements may be subject to audit disallowance and recovery.

Billable ICF Units of Service

In-residence and On Leave

There are two instances where an ICF provider is eligible to bill and be paid for a unit of ICF service:

- The consumer is in residence at the ICF during a 24-hour period, or
- The consumer is on an authorized hospital or therapeutic leave and the ICF is eligible for reserved bed payments to hold the bed for the consumer's return.

"Therapeutic leave" is an overnight absence from the ICF to visit family or friends or to attend one of thirteen Department of Health (DOH) approved rehabilitation centers or specialty hospitals. "Hospital leave" is an overnight absence due to hospitalization.

Admission and Discharge Days

The consumer is considered to be in residence at the ICF on his or her day of admission, therefore, the day of admission is a billable unit of service. The day of

discharge is not considered a unit of service and cannot be billed to MMIS. Any discharge days billed to MMIS may be subject to disallowance and recovery.

Residential Status and MMIS Billing

When billing ICF services, the ICF provider must record the consumer's residency status by using the appropriate status codes on the MMIS claim form:

- Status code "11" indicates that the consumer is in residence at the ICF
- Status code "13" indicates that the consumer is on hospital leave, and
- Status code "14" indicates that the consumer is on therapeutic leave.

ICF claims may be subject to disallowance and recovery if the status codes "13" or "14" are not used for billing reserved bed days when the consumer is on leave from the ICF. OMRDD may periodically review ICF service recording and MMIS billing to verify that ICF providers are using MMIS residential status codes correctly.

Please note, there is a prior approval process for hospital reserved bed billing when the consumer's hospital stay lasts longer than fifteen days. See the attachment for additional information on the prior approval procedures for hospital leave days.

Eligibility for Reserved Bed Payments

There are certain regulatory requirements that must be met in order for ICF providers to be eligible to bill MMIS for reserved bed days when the consumer is on leave (i.e., billing using status codes "13" or "14"). For hospital leave, Social Service regulation (18 NYCRR §505.9) does not allow reserved bed payments when, after hospitalization, the consumer will need a level of care not offered by the ICF. For both hospital and therapeutic reserved bed payments, Social Service regulation (18 NYCRR §505.9) requires that the consumer was a resident of the ICF for at least 30 days prior to going on leave and that the consumer chooses to return to the ICF at the end of the leave. In addition, the ICF provider is not eligible for therapeutic reserved bed payments if the therapeutic leave to visit family or friends is "medically or programmatically contraindicated" (OMRDD regulation 14 NYCRR §681.11).

Required Documentation of Leave Days

OMRDD regulations (14 NYCRR §681.11) require that the ICF provider maintain documentation to support the reserved bed payments. For both hospital and therapeutic leaves, the ICF provider is required to "...record the duration and purpose of each absence and make an annotation indicating whether or not the consumer's bed was reserved."

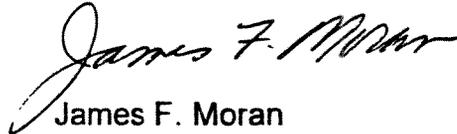
There are additional documentation requirements for therapeutic leave. The ICF interdisciplinary team must provide for therapeutic leaves of absence in the

consumer's individual program plan if the ICF is to receive reserved bed payments. In addition, if the therapeutic leave of absence is required so that the consumer can attend one of thirteen DOH-approved rehabilitation centers or specialty hospitals, the consumer's rehabilitation plan of care must also be documented.

Technical Assistance

ICF providers that have questions regarding this review of regulations governing ICF billing and reserved bed payments should contact Mr. Wake Gardner of OMRDD, Central Operations at (518) 402-4333. Thank you for your cooperation regarding this matter.

Sincerely,



James F. Moran
Interim Deputy Commissioner
Administration and Revenue Support

JFM/LK
Attachment

cc: Provider Associations
Ms. Broderick
Mr. Pezzolla
Dr. Abelseth
Mr. Kietzman
DDSO Directors
Ms. Kagan
Mr. Collins
Mr. Patricia
Ms. Metevia
Ms. Doran
Mr. Gardner

DSS 3074 STATUS OF BED RESERVATION FORM
PROCESSING INSTRUCTIONS

Within 48 hours of a consumer's admission into the hospital, the ICF should submit the DSS 3074 form to the hospital. When the consumer is discharged or a determination has been made to terminate the bed reservation, the form should be completed by the hospital and returned to the ICF.

If the hospitalization is **15** days or less, the form is retained at the ICF. No prior approval is needed.

If the hospitalization is for **16 to 20** days, the form should be submitted to the DDSO. A DDSO employed physician is responsible for determining whether the consumer meets the eligibility criteria for bed reservation. After this review has been completed, the form is attached to a cover transmittal identifying each consumer's name, CIN and hospitalization period. The DDSO employed physician, as documentation of approval, signs the transmittal. The transmittal and forms are then forwarded to OMRDD, Albany for assignment of a prior approval number.

If the hospitalization is for **21** days or more, the form should be submitted directly to OMRDD, Albany for further processing by OMRDD and subsequent review by DOH. Forms requiring prior approval should be sent to:

Mathew Breslin
OMRDD
Revenue Systems Unit
44 Holland Ave. 5th Floor
Albany, NY 12229

Forms may also be faxed to the attention of Mathew Breslin at 518-473-1874. Once the approval process has been completed, Mr. Breslin will assign a prior approval number to the form and return the document to the ICF.

SPECIAL NOTE: All forms requiring prior approval should be submitted for processing within **90 days** of the discharge date. Forms submitted after the deadline may be subject to denial and payment will be disallowed. If there are difficulties with the hospital completing the form, the discharge summary can be attached to the form.

If there are any questions concerning bed reservations you may call the Revenue Systems Unit at 518-402-4333.