PROVIDER ALERT

CALCULATING BED DAYS FOR INPATIENT AND RESIDENTIAL TREATMENT

June 1, 2011

This Provider Alert will attempt to clarify the confusion surrounding what dates of service Inpatient and Residential Treatment authorizations do and don't cover.

A Billable Date of Inpatient or Residential Service:
A patient is considered to be in Inpatient or Residential treatment if they are under the care of the provider at midnight of any date of service. For example, if a patient is discharged 1 minute before midnight (11:59 PM) on July 3rd, the patient did not receive an Inpatient or Residential service on that date. Likewise, if the patient is admitted at 1 minute past midnight (12:01 AM) on August 5th, the first billable day is August 5th.

Counting Covered Dates of Inpatient or Residential Service:
When calculating the covered dates of service from any given Inpatient or Residential authorization, you need to count "midnights" as the units of service. The midnight of the date before the end date of the authorization is the last authorized date of service.

In other words, when the end date of the authorization is Friday April 10th, the midnight that preceded Friday the 10th (midnight on Thursday the 9th) is counted as the last covered date of service. April 10th is counted as the discharge date and is not a covered date of service. If the authorization span ends on April 10th, the first "uncovered" date of service will be April 10th. This is when the concurrent review will be due for an Inpatient or Residential stay.

Below are two examples (one Residential and one Inpatient) to illustrate this point:

Example #1: Residential Treatment

			Outcome Span					
Line	**Submit Date**	**LOC**	**Start**	**End**	**Units Approved**	**Units Used**	**Auth Status**	**Outcome**
1	12/04/09	RTC	01/21/10	03/22/10	60	60	Exhausted	Approved
2	03/22/10	RTC	03/22/10	**05/21/10**	60	60	Exhausted	Approved
3	**05/22/10**	RTC	05/22/10	07/21/10	60	60	Exhausted	Approved
4	05/24/11	RTC	05/21/11	05/21/11	0	0	Closed	Denied
5	07/21/10	RTC	07/23/10	09/13/10	60	60	Exhausted	Approved

In this case, the concurrent clinical review was due on 5/21. The provider calculated their days incorrectly. Because of this miscalculation, the clinical information was not submitted until 5/22. The Care Manager authorized continued coverage with a gap of 1-day in coverage. The provider complained that ValueOptions had incorrectly counted the days and asked for the 1-day gap to be authorized. When ValueOptions® counted the days, it found that the previous authorization span ended on the 21st. Therefore, the midnight of the 20th was the last covered date of service and the concurrent review was due on the 21st (the first uncovered date of service). 5/21 was denied for failure to precertify.

Example #2: Inpatient Treatment

			Outcome Span					
Line	**Submit Date**	**LOC**	**Start**	**End**	**Units Approved**	**Units Used**	**Auth Status**	**Outcome**
1	04/29/11	IP	04/29/11	05/02/11	3	3	Exhausted	Approved
2	05/02/11	IP	05/02/11	**05/05/11**	3	3	Exhausted	Approved
3	05/06/11	IP	**05/06/11**	05/09/11	3	3	Exhausted	Approved

In this example, the bed days were miscalculated by the provider and the concurrent review was submitted 24 hours late on May 6th. The end date of the authorization was May 5th which means the last covered date of service was May 4th. May 5th was denied and there was a gap of 1 date of service in this Inpatient authorization.