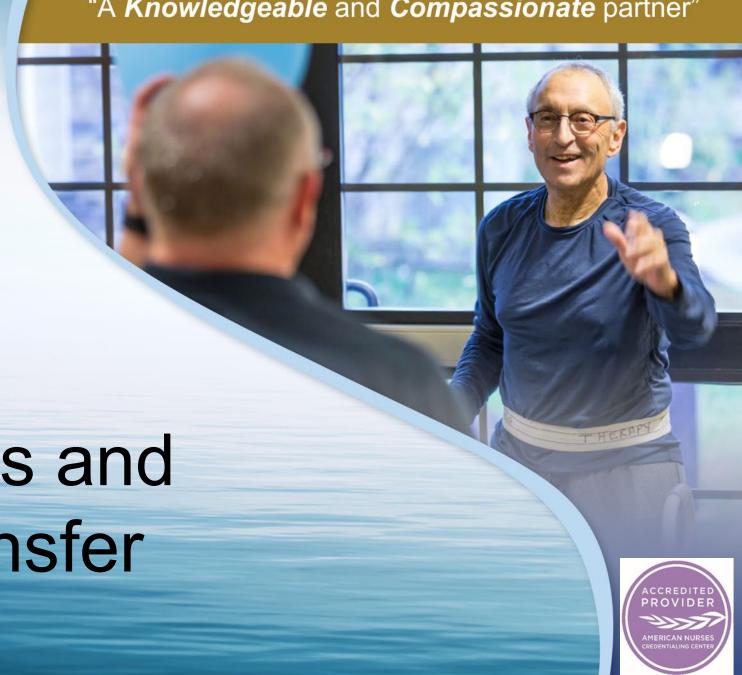
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Medical Appropriateness and

the 30 Day Transfer

Rule



APPROVAL STATEMENT DISCLOSURE

- This nursing continuing professional development activity was approved by Broad River Rehab, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.
- This course has been approved for 0.5 contact hours.

CONFLICT OF INTEREST DISCLOSURE

 Broad River Rehab is not charging for this educational offering and has no financial or other conflicts of interest regarding this program.

SUCCESSFUL COMPLETION REQUIREMENTS

Live, in-person

 In order to obtain nursing contact hours, you must attend the entire activity, participate in case study analysis, and complete the evaluation.

Live, virtual

 In order to obtain nursing contact hours, you must participate in the entire program, participate in audience polling and/or Q&A and complete the evaluation.

Web-Based/On-Demand

 In order to obtain nursing contact hours, you must view the entire program, and complete the evaluation.

DISCLOSURE OF THE EXPIRATION DATE FOR AWARDING CONTACT HOURS FOR ENDURING PROGRAMS

Contact hours for this program will not be awarded after 30 days



Learning Objectives

- Define the two ways the 30-day transfer applies.
- Demonstrate an understanding of the basic requirement for skilled care.
- Understand how to meet the medical appropriateness exception.

30 Day Transfer

The Medicare Benefit Policy Manual Chapter 8- Coverage of Extended Care (SNF) Services under Hospital Insurance Section 20.2 addresses the 30-day transfer.

- Extended care services are 'post hospital' if initiated within 30 days after discharge from a hospital stay that included at least three consecutive days of medically necessary inpatient hospital services.
- In determining the 30-day transfer period, the day of discharge from the hospital is not counted in the 30 days. For example, a patient discharged from the hospital on July 1st and admitted to the SNF on July 31st is admitted within 30 days.
- The 30-day period begins on the day following actual discharge from the hospital and continues until admitted to a participating SNF and requires and RECEIVES a covered level of care. An individual who is admitted to the SNF within 30 days after discharge from a hospital, but does not require a covered level of care until more than 30 days after discharge, does not meet the 30-day requirement.
- As long as a covered level of care is needed and INITIATED in the SNF within the specified timeframe, the condition is met.

30-Day Transfer (cont'd)

If an individual whose SNF stay was covered upon admission is determined not to require a covered level of care for more than 30 days, payment could not be resumed for any extended services until a new qualifying hospital stay.

To be covered, the extended care services must be for the treatment of a condition for which they were receiving inpatient hospital services or a condition that arose while in the SNF for treatment of a condition for which the beneficiary was previously hospitalized.



20.2.2 Medical Appropriateness Exception

An elapsed period of more that 30 days is permitted for SNF admission where the patients condition makes it medically inappropriate to begin an active course of treatment in a SNF immediately after hospital discharge, and it is medically predictable that they will require covered care within a predeterminable time period.

20.2.2.1- Medical Needs Are Predictable

The extended care benefit covers relatively short-term care when a patient requires skilled nursing or skilled rehabilitation services as a continuation of treatment begun in the hospital. The requirement that covered extended care services be provided in a SNF within 30 days after hospital discharge is the means of assuring that the SNF care is related to the prior hospital care.

This exception to the 30-day requirement recognizes that for certain conditions, SNF care can serve as a necessary and proper continuation of treatment initiated during the hospital stay, although it wouldn't appropriate to begin care within 30 days after hospital discharge.

For example, a patient with a hip fracture may have a period of non-weightbearing status for 6 weeks after surgical repair. Under established patterns of treatment of hip fractures it is known that skilled therapy will be required after hospital care, and that they can begin when weight bearing status is established. Under the exception to the 30-day rule, the admission would be considered timely.

The need to use the Medical Appropriateness Exception needs to be established prior to discharge from the hospital. The hospital documentation should a medically predictable need for skilled level of care within a predictable period of time.

20.2.2.1- Medical Needs Are Predictable (cont'd)

A resident can receive Part A skilled services for other needs. For example, a resident has non-weight bearing status for 6-8 weeks after an amputation but has a skilled need for surgical wound care. You can admit and skill for the wound care for 14 days and then appropriately end skilled coverage. They could then remain under non-skilled care and return to skilled coverage when the weight bearing status changes.

Questions?



Don't Forget!

2025 BRR Reflections

• July 21st - BRR Reflections – PDPM Refresher Part 3: The PHQ 2 to 9

2025 BRR Insiders™ Summer Series (CMS 100-2 Chapter 8 Refresher)

All sessions are from 12:00 pm – 21:30 pm EST, 0.5 hours NAB and ANCC

- July 11th Physician Certification and Recertification requirements (Dr. Gwen Pointer)
- July 25th Denial of Payment for New Admissions Criteria (Joel VanEaton)
- August 8th Consolidated Billing (Joel VanEaton)
- August 22nd <u>Direct Nursing Skilled Services and Indirect Nursing Skilled Services</u> (Amy Garrison)