IHCP *bulletin*

Autoclosure process for inpatient crossover claims

This bulletin explains updates to the autoclosure process that is used by the Indiana Health Coverage Programs (IHCP). Effective July 1, 2010, the Indiana*AIM* system will utilize the patient status code, Field 17 of the UB-04, of inpatient crossover claims to close the member LOC segment. This change is needed in order to assure that discharge data is captured from inpatient crossover claims.

Autoclosure for dually eligible IHCP members on a Medicare A stay

The existing autoclosure process has not processed patient status code data from Part A inpatient crossover claims from nursing facilities. It has become evident that these claims should be included. The decision to include the Part A crossover claims in the autoclosure process will enable dually eligible members who are discharged from the nursing facility while on a Medicare A stay to readily receive services in the community that are not available to members with an active nursing facility LOC. This updated process will also greatly reduce the need for nursing facility or other IHCP providers to call HP or the Division of Aging (DA) to have a member's LOC segment manually closed.

Effective July 1, 2010, the Indiana*AIM* system will utilize the patient status code, Field 17 of the UB-04, of inpatient crossover claims to close the member LOC segment. If an accommodation code is billed on the crossover claim, the "Through Date of Service" is less than or equal to the end date of the member LOC segment, and the patient status code indicates discharge, as listed in the table on the next page, the Indiana*AIM* system will close the member LOC segment using the "Through Date of Service" from the claim as the LOC end date and will use the stop reason K98. The K98 stop reason communicates that the LOC segment was systematically closed based upon the patient status code on an inpatient crossover claim submitted by the nursing facility provider on file.

Patient status codes for inpatient crossover claim autoclosure

Patient status code	Description
01	Discharged to home or self-care, routine discharge
05	Discharged or transferred to a designated cancer center or children's hospital
06	Discharged or transferred to home under care of organized home health service organization
07	Left against medical advice or discontinued care
20	Expired
21	Discharged or transferred to court/law enforcement
41	Expired in a medical facility such as hospital, SNF, ICF, or freestanding hospice
43	Discharged or transferred to a federal healthcare facility
50	Discharged to hospice – home
51	Discharged to hospice – medical facility
61	Discharged or transferred within this institution to hospital-based Medicare swing bed
62	Discharged or transferred to an inpatient rehabilitation facility
63	Discharged or transferred to another long-term care facility
64	Discharged or transferred to a nursing facility Medicaid-certified but not Medicare-certified
70	Discharged or transferred to another type of healthcare institution not defined elsewhere in this list

Inpatient crossover claims indicating the patient status code "02 – *Discharged or transferred to another short-term hospital for inpatient care*" will not be included in the autoclosure process for members on a Medicare Part A stay. While it is possible that a member may leave the nursing facility to go to the hospital and not return, these instances are infrequent and will continue to warrant provider coordination and manual intervention by either HP or the DA to ensure that the LOC segment is closed appropriately.

Questions?

If you have questions about this bulletin, please contact Customer Assistance at (317) 655-3240 in the Indianapolis local area or toll-free at 1-800-577-1278.