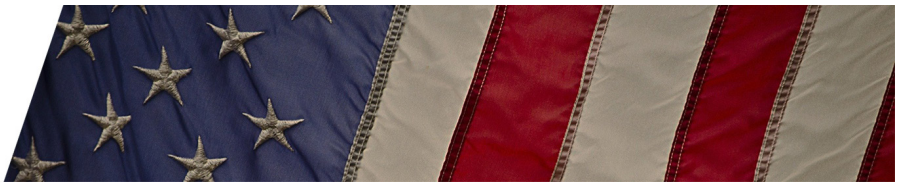
THE LIVANTA CLAIMS REVIEW ADVISOR



A monthly publication to raise awareness, share findings, and provide guidance about Livanta's Claim Review Services

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Short Stay Review (SSR) – Review Findings from Year One

This month's issue of The Livanta Claims Review Advisor reports findings from the first year of reviews under Livanta's national Claim Review Services. Medicare short stay reviews were paused in May 2019 and resumed in October 2021.

The Two-Midnight Rule

The Centers for Medicare & Medicaid Services (CMS) implemented the Two-Midnight Rule in Fiscal Year (FY) 2014 to assist in determining when an inpatient admission would be appropriate for payment under Medicare Part A (inpatient hospital services). Under the Two-Midnight Rule, an inpatient admission is generally appropriate for Medicare Part A payment if the physician (or other qualified practitioner) admits the patient as an inpatient based upon the expectation that the patient will need hospital care that crosses at least two midnights and the medical record supports that expectation. This Rule outlines two medical review policies: (1) a two-midnight presumption; and (2) a two-midnight benchmark.

In the FY2016 Outpatient Prospective Payment System (OPPS) Final Rule, CMS amended the Two-Midnight Rule and clarified that Medicare would allow exceptions to the two-midnight benchmark to be determined on a case-by-case basis by the physician responsible for the care of the patient, subject to medical review. CMS continues to expect that stays under 24 hours would rarely qualify for an exception to the two-midnight benchmark. The Two-Midnight Rule does not apply to procedures on the Inpatient-Only List.

CMS issued the following BFCC-QIO Two-Midnight Claim Review Guideline that graphically depicts the tenets of the Two-Midnight Rule. Livanta utilizes this Guideline when making payment determinations for SSR claims.

CMS Two-Midnight Claim Review Guideline (file may appear in a download folder)

https://www.cms.gov/sites/default/files/2022-04/BFCC-QIO-2-MidnightClaimReviewGuideline.%20508.pdf

Livanta's CMS-approved sampling strategy for SSR claims is described in the May 2022 edition of this newsletter, which can be found here:

https://livantaqio.com/en/ClaimReview/files/The_Livanta_Claims_Review_Advisor_May.pdf

Overall Findings

After review, 86 percent of SSR claims were approved for appropriate Part A reimbursement.

Description	Number	Percent
Approved	16,009	86%
Admission Denials	2,663	14%
Total Claims Reviewed	**18,672**	100%

Length of Stay

Claims with a 0-day length of stay (LOS) are more likely to be denied.

Length of Stay	Number Reviewed	Percent Denied
0-Day Stay	5,195	18%
1-Day Stay	13,477	13%
Total Claims Reviewed	**18,672**	14%

Findings by CMS Region

These regional findings are based on claims sampled and reviewed in accordance with the CMS-approved sampling strategy as outlined in the May 2022 edition of this newsletter and referenced above.

CMS Region	Claims Denied	Claims Reviewed	Regional Error Rate	Region's Contribution to Total Denials
1	191	1,131	17%	7%
2	321	1,501	21%	12%
3	267	2,038	13%	10%
4	600	4,415	14%	23%
5	417	3,133	13%	16%
6	311	2,033	15%	12%
7	123	952	13%	5%
8	80	582	14%	3%
9	298	2,285	13%	11%
10	55	602	9%	2%
Total	**2,663**	**18,672**	**14%**	**100%**

Region 1 - Boston

- Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

Region 2 - New York

- New Jersey, New York, Puerto Rico, and the Virgin Islands

Region 3 - Philadelphia

- Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia

Region 4 - Atlanta

- Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee

Region 5 - Chicago

- Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

Region 6 - Dallas

- Arkansas, Louisiana, New Mexico, Oklahoma, and Texas

Region 7 - Kansas City

- Iowa, Kansas, Missouri, and Nebraska

Region 8 - Denver

- Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

Region 9 - San Francisco

- Arizona, California, Hawaii, Nevada, American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Marshall Islands, and Republic of Palau

Region 10 - Seattle

Alaska, Idaho, Oregon, and Washington

Common Reasons for Denial

1. Insufficient documentation to support a two-midnight expectation at the time of the admission order. (Review Guideline Step 4)
2. The plan of care does not support a reasonable expectation of two midnights of hospital care. (Review Guideline Step 4)
3. The need for inpatient care without a two-midnight expectation is not supported based on the patient's documented medical needs and risk for adverse event. (Review Guideline Step 6)

Technical Denials (TDs)

- TDs are not factored into the review findings.
- A TD is issued when the requested medical record for the sampled claim is not submitted to Livanta for review.
- TDs may be reversed upon receipt of the requested medical records.

SSR Denials by Service Category

Seven major diagnostic categories (MDCs) comprise 86 percent of all denials, with more than half grouped into two MDCs: Circulatory System and Digestive System.

MDC	MDC Description	Claims Denied	MDCs Contribution to Total Denials
05	Circulatory System	954	36%
06	Digestive System	430	16%
08	Musculoskeletal System and Connective Tissue	236	9%
01	Nervous System	234	9%
11	Kidney & Urinary Tract	175	7%
04	Respiratory System	134	5%
10	Endocrine, Nutritional, and Metabolic	128	5%
	TOTAL	**2,291**	**86%**

Top Circulatory System Diagnoses (MDC 05) Denied

Number of Denials	Principal Diagnosis Code	Description
133	I480	Paroxysmal atrial fibrillation
114	R55	Syncope and collapse
99	I4891	Unspecified atrial fibrillation
73	R0789	Other chest pain
51	R079	Chest pain, unspecified
34	I951	Orthostatic hypotension
32	I471	Supraventricular tachycardia
31	I2510	AHD of native coronary artery without angina
29	I25110	AHD of native coronary artery with unstable angina
27	I110	Hypertensive heart disease with heart failure
25	R001	Bradycardia, unspecified
23	I4892	Unspecified atrial flutter
18	I160	Hypertensive urgency
16	I952	Hypotension due to drugs
15	I25119	AHD of native coronary artery with unspecified angina
15	I4819	Other persistent atrial fibrillation
12	I130	Hypertensive heart and chronic kidney disease with heart failure
10	I214	NSTEMI
10	I442	Atrioventricular block, complete
10	I472	Ventricular tachycardia

Top Digestive System Diagnoses (MDC 06) Denied

Number of Denials	Principal Diagnosis Code	Description
56	K529	Noninfective gastroenteritis and colitis
44	K219	GERD without esophagitis
21	K5900	Constipation, unspecified
17	R109	Unspecified abdominal pain
13	K2970	Gastritis, unspecified, without bleeding
12	A084	Viral intestinal infection, unspecified
11	K921	Melena
11	K922	Gastrointestinal hemorrhage, unspecified
11	R112	Nausea with vomiting, unspecified
10	A09	Other gastroenteritis and colitis of infectious and unspecified origin

Provider Sampling

Future monthly SSR samples will include some intensive provider samples based on empiric review results to focus individual provider education on the proper application of the Two-Midnight Rule. The May 2023 edition of The Livanta Claims Review Advisor will provide further details of the SSR updated sampling strategy.

Documentation is the Key that Unlocks Approval

Step 4 and Step 6 of the Claim Review Guideline are where Livanta physician reviewers make their decision based on the documentation in the medical record.

Step 4: *Was it reasonable for the admitting physician to expect the patient to require medically necessary hospital services for two midnights or longer?*

- Livanta advises documentation of case-relevant details (rather than a generic statement) that supports a reasonable expectation of the need for care that will span two midnights or more.

Step 6: *Does the medical record support the admitting physician's determination that the patient required inpatient care despite not meeting the two-midnight benchmark, based on complex medical factors such as patient history, comorbidities, current medical needs, severity of signs and symptoms, and risk of an adverse event?*

- Livanta advises patient-specific documentation to be able to clearly understand the physician's rationale for the need for inpatient care absent a two-midnight expectation.

About Livanta

Livanta is the Medicare Beneficiary and Family Centered Care-Quality Improvement Organization (BFCC-QIO) conducting post-pay fee-for-service claim reviews of acute care inpatient hospitals, long-term acute care hospitals, and inpatient psychiatric facilities to determine the appropriateness of Part A payment for short stay inpatient hospital claims. These claims are reviewed in accordance with the Two-Midnight Rule published in FY 2014 Hospital Inpatient Prospective Payment System (IPPS) Final Rule CMS-1599-F, as revised by CMS-1633-F.

Questions?

Should you have questions, please email

ClaimReview@Livanta.com.
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