



WPS - Medicare

Computer Based Training on The Three Day Payment Window

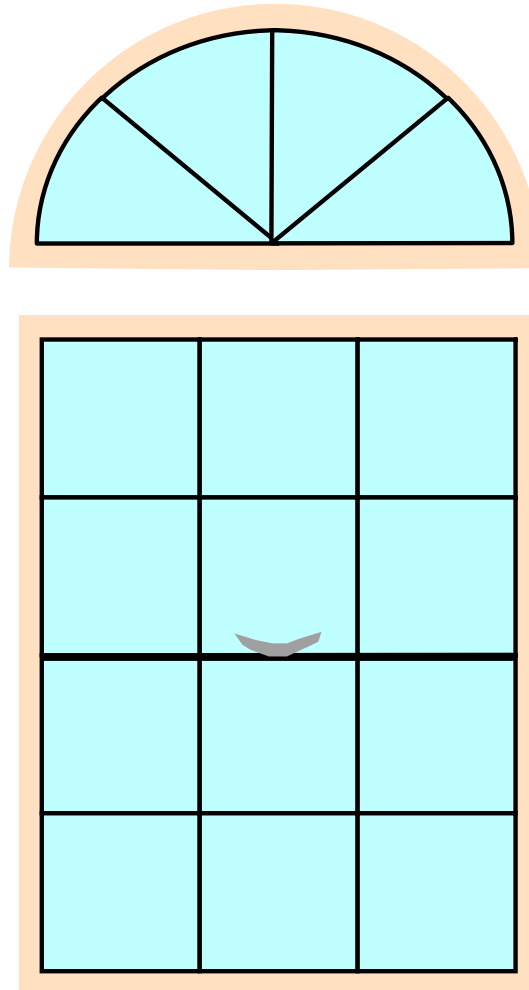
Agenda

- **Diagnostic services**
- **Nondiagnostic services**
- **Related vs.. unrelated**
- **Affected providers**

Objectives

- **Know diagnostic codes**
- **Understand related services**
- **Identify affected providers**

3 Day Payment Window



Diagnostic Services

- **Only when patient has Part A**
- **Wholly owned or operated**
- **Under arrangement**
- **3 days**
- **1 day for some facilities**

Wholly Owned and Operated

- **Sole owner or operator**
- **Need not exercise administrative control**
- **Responsible for implementing facility policies, regardless of whether it also has the authority to make the policies.**



Diagnostic Codes

- **254 - Drugs incident to other diagnostic services**
- **255 - Drugs incident to radiology**
- **30X - Laboratory**
- **31X - Laboratory pathological**
- **32X - Radiology diagnostic**
- **341 - Nuclear medicine, diagnostic**

Diagnostic Codes

- **35X - CT scan**
- **371 - Anesthesia incident to radiology**
- **372 - Anesthesia incident to other diagnostic services**
- **40X - Other imaging services**
- **46X - Pulmonary function**
- **471 - Audiology diagnostic**

Diagnostic Codes

- **48X - Cardiology, with HCPCS codes 93015, 93307, 93308, 93320, 93501, 93503, 93505, 93510, 93526, 93541, 93542, 93543, 93544-93552, 93561, or 93562**
- **53X - Osteopathic services**
- **61X - MRT**

Diagnostic Codes

- **62X - Medical/surgical supplies, incident to radiology or other diagnostic services**
- **73X - EKG/ECG**
- **74X - EEG**
- **92X - Other diagnostic services**

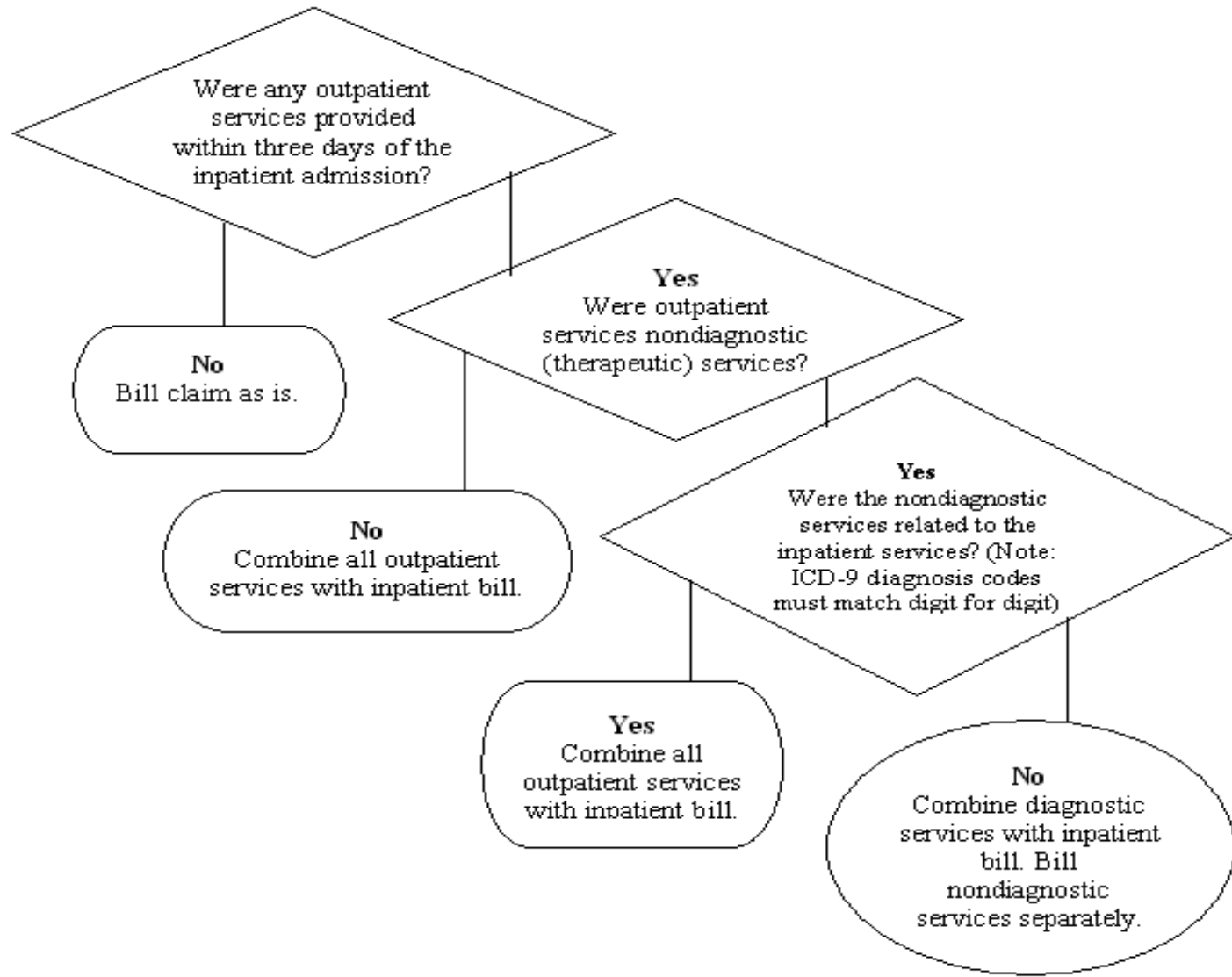
Nondiagnostic Services

- **Only when patient has Part A**
- **Related to hospital admission**
- **ICD-9-CM codes must match**
- **Nondiagnostic codes can be billed separately**

Excluded Service Providers

- **Ambulance**
- **Maintenance renal dialysis**
- **Skilled nursing facilities**
- **Home health agencies**
- **Hospices**
- **Critical Access Hospitals**

3 Day Decision Tree



Summary

- **Definition of wholly owned and operated**
- **Diagnostic vs.. Nondiagnostic**
- **What facilities are affected**

CMS Resources

- **CMS Internet Only Manuals**
 - 100-4, Chapter 3, Section 40.3B & C
 - www.cms.hhs.gov/manuals/downloads/clm104c03.pdf

This presentation is intended to be used for educational purposes only.

Medicare regulations and guidelines are to be used as the final authority.

**Thank you, you have completed
the CBT.**

**Would you like to take a 10 question
knowledge check?**

Yes, let's get started.

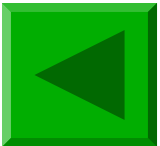
No, please take me back to
WPS Medicare's Provider
Homepage.

The Three Day Payment Window
was formerly known as the 72 Hour
Rule.

True

False

**That is not correct, please try
again.**



**This is True. The Three Day
payment Window was formerly
known as the 72 Hour Rule.**

Diagnostic Services are sometimes called therapeutic.

True

False

**This is False. Nondiagnostic
services are sometimes
called therapeutic.**

Diagnostic services provided to a beneficiary by the admitting hospital within 3 days prior to and including the date of the beneficiary's admission are deemed to be inpatient services and included in the inpatient payment.

True

False

This is True. Diagnostic services provided within 3 days prior to and including the date of admission must be included on the inpatient claim.

An entity is considered to be "wholly owned or operated" by the hospital if the hospital is the sole owner or operator.

True

False

This is True. An entity is considered to be "wholly owned or operated" by the hospital if the hospital is the sole owner or operator.

A hospital must exercise administrative control over a facility in order to operate it.

True

False

This is False. A hospital does not need to exercise administrative control over a facility to operate it.

Revenue Code 360 is a diagnostic service.

True

False

**This is False. Revenue code 360
is not a diagnostic service.**

Revenue Code 48X is the only diagnostic code on the list with specific HCPC codes.

True

False

**This is True. Revenue code
48X has a list of specific
HCPC codes to determine if
they are diagnostic in nature.**

Diagnosis codes have nothing to do with whether or not services are related to the inpatient stay.

True

False

This is False. Nondiagnostic preadmission services must be included on the inpatient claim if there is an exact match (for all digits) between the principal diagnosis code assigned for both the preadmission services and the inpatient stay.

When nondiagnostic services are not related to the inpatient stay, they must be billed separately.

True

False

This is True. Nondiagnostic services not related to the inpatient stay can and should be billed separately.

Critical Access Hospitals are subject to the 1-day payment window.

True

False

**This is False. Critical Access
Hospitals are not subject to
the 3-day or 1-day DRG
payment window.**

Thank you, you have completed the Knowledge Check.

Would you like to take another CBT?

Yes, let's get started.

No, please take me back to
WPS Medicare's Provider
Homepage.