California Code Of Regulations
|->
Title 22@ Social Security
|->
Division 3@ Health Care Services
|->
Subdivision 1@ California Medical Assistance Program
|->
Chapter 3@ Health Care Services
|->
Article 7@ Payment for Services and Supplies
|->
Section 51535.1@ Bed Hold for Acute Hospitalization

51535.1 Bed Hold for Acute Hospitalization

(a)

Payment shall be made to skilled nursing facilities, swing bed facilities, intermediate care facilities for the developmentally disabled, intermediate care facilities for the developmentally disabled habilitative, and intermediate care facilities for the developmentally disabled-nursing for bed hold days for any beneficiary who exercises the bed hold option provided by Title 22, California Code of Regulations, Sections 72520, 73504, 76506 and 76909.1.

(b)

Payment for bed hold days shall be limited to a maximum of seven days for each period of acute hospitalization.

(c)

The following requirements shall be met:(1) Acute hospitalization for the beneficiary shall be ordered by the attending physician. (2) The facility shall hold a bed vacant during the entire bed hold period except when notified, in writing by the attending physician that the patient requires more than seven days of hospitalization. If so notified, the facility is no longer required to hold the bed available and shall not bill Medi-Cal for any remaining days of bed hold. (3) The day of departure shall be counted as one day of bed hold and the day of return shall be counted as one day of inpatient care. (4) Bed hold shall be terminated and payment shall not be made on the day of death of the beneficiary. (5) Facility

claims shall identify the inclusive dates of bed hold. (6) A new treatment authorization request shall be required, as specified in section 51335(b)(3), for Medicare-eligible beneficiaries who have returned from a Medicare-qualifying stay in an acute care hospital. (7) The beneficiary's records maintained in the facility shall show the name and address of the acute care hospital to which the beneficiary has been admitted.

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The facility shall hold a bed vacant during the entire bed hold period except when notified, in writing by the attending physician that the patient requires more than seven days of hospitalization. If so notified, the facility is no longer required to hold the bed available and shall not bill Medi-Cal for any remaining days of bed hold.

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The day of departure shall be counted as one day of bed hold and the day of return shall be counted as one day of inpatient care.

(4)

Bed hold shall be terminated and payment shall not be made on the day of death of the beneficiary.

(5)

Facility claims shall identify the inclusive dates of bed hold.

(6)

A new treatment authorization request shall be required, as specified in section 51335(b)(3), for Medicare-eligible beneficiaries who have returned from a Medicare-qualifying stay in an acute care hospital.

(7)

The beneficiary's records maintained in the facility shall show the name and address of the acute care hospital to which the beneficiary has been admitted.

(d)

Payment to skilled nursing facilities, swing bed facilities, intermediate care facilities for the developmentally disabled, intermediate care facilities for the developmentally disabled-habilitative, and intermediate care facilities for the developmentally disabled-nursing for beneficiaries who are on bed hold for acute hospitalization shall be at the appropriate facility daily rate less the amount specified in the chart below for raw food costs, except for state operated institutions. Bed Hold Effective Rate Year 2004-052005-062006-07 \$5.07\$5.18\$5.30