

Title 8, California Code of Regulations §9789.22 - Effective March 1, 2007

(Only the subsections which are amended to conform to the correction of notice of January 5, 2007, published in the Federal Register (Vol. 72, No. 3, FR 569), entitled, "Medicare Programs; Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 2007 Rates; Final Fiscal Year 2007 Wage Indices and Payment Rates After Application of Revised Occupational Mix Adjustment to the Wage Index; Corrections" (CMS-1488-CN2), which corrects wage index and technical errors that appeared in the notice published in the Federal Register on October 11, 2006, entitled "Medicare Program; Hospital Inpatient Prospective Payment Systems and Fiscal Year 2007 Rates" (CMS-1488-N) are printed herein. The new text is underlined. It should be noted, however, in accordance with the Order of the Administrative Director, other subsections which reference the Federal Register or Code of Federal Regulations are also amended (but not printed herein) to incorporate by reference the applicable Federal Register final rule (including additional notices, correction notices, and revisions) and Federal Regulations in effect as of the date this Order becomes effective, to be applied to discharges occurring on or after March 1, 2007.

(i) Transfers

(2) Post-acute care transfers exempt from the maximum reimbursement set forth in subdivision (a).

(A) When an acute care patient is discharged to a post-acute care provider which is a rehabilitation hospital or distinct part rehabilitation unit of an acute care hospital or a long-term hospital, and the patient's discharge is assigned to one of the following qualifying DRGs: 12, 14, 24, 25, 89, 90, 113, 121, 122, 130, 131, 236, 239, 243, 263, 264, 277, 278, 296, 297, 320, 321, 429, 462, 483, or 468; payment to the transferring hospital shall be made as set forth in subdivision (i)(1) of this section.

For discharges on or after July 15, 2005: When an acute care patient is discharged to a post-acute care provider which is a rehabilitation hospital or distinct part rehabilitation unit of an acute care hospital or a long-term hospital, and the patient's discharge is assigned to one of the following qualifying DRGs: 12, 14, 24, 25, 88, 89, 90, 113, 121, 122, 127, 130, 131, 236, 239, 277, 278, 294, 296, 297, 320, 321, 395, 429, 468, 541 or 542; payment to the transferring hospital shall be made as set forth in subdivision (i)(1) of this section.

For discharges on or after December 1, 2005: When an acute care patient is discharged to a post-acute care provider which is a rehabilitation hospital or distinct part rehabilitation unit of an acute care hospital or a long-term hospital, and the patient's discharge is assigned to one of the qualifying DRGs listed in Table 5 of the Federal Register published on August 12, 2005, (Vol. 70, FR 47278) and entitled "Medicare Program; Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 2006 Rates" (CMS-1500-F), which is incorporated by reference and will be made available upon request to the Administrative Director, and the correction notice published on

September 30, 2005 in the Federal Register (Vol. 70, FR 57161), and is entitled “Medicare Program; Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 2006 Rates; Correction”, (CMS-1500-CN), which is incorporated by reference and will be made available upon request to the Administrative Director, payment to the transferring hospital shall be made as set forth in subdivision (i)(1) of this section.

For discharges on or after December 1, 2006: When an acute care patient is discharged to a post-acute care provider which is a rehabilitation hospital or distinct part rehabilitation unit of an acute care hospital or a long-term hospital, and the patient's discharge is assigned to one of the qualifying DRGs listed in Table 5 of the addendum to the notice published on October 11, 2006, (Vol. 71, FR 59886) and entitled “Medicare Program; Hospital Inpatient Prospective Payment Systems and Fiscal Year 2007 Rates: Final Fiscal Year 2007 Wage Indices and Payment Rates After Application of Revised Occupational Mix Adjustment to Wage Index” (CMS-1488-N), which is incorporated by reference and will be made available upon request to the Administrative Director, payment to the transferring hospital shall be made as set forth in subdivision (i)(1) of this section.

For discharges on or after March 1, 2007: When an acute care patient is discharged to a post-acute care provider which is a rehabilitation hospital or distinct part rehabilitation unit of an acute care hospital or a long-term hospital, and the patient's discharge is assigned to one of the qualifying DRGs listed in Table 5 of the addendum to the notice published on October 11, 2006 (Vol. 71, FR 59886), and entitled “Medicare Program; Hospital Inpatient Prospective Payment Systems and Fiscal Year 2007 Rates: Final Fiscal Year 2007 Wage Indices and Payment Rates After Application of Revised Occupational Mix Adjustment to Wage Index” (CMS-1488-N), which is incorporated by reference and will be made available upon request to the Administrative Director, and Correction of Notice published on January 5, 2007 (Vol. 72, No. 3, FR 569), and entitled, “Medicare Programs; Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 2007 Rates; Final Fiscal Year 2007 Wage Indices and Payment Rates After Application of Revised Occupational Mix Adjustment to the Wage Index; Corrections” (CMS-1488-CN2), which is incorporated by reference and will be made available upon request to the Administrative Director, payment to the transferring hospital shall be made as set forth in subdivision (i)(1) of this section.

(B) When an acute care patient is discharged to a post-acute care provider and the patient's discharge is assigned to one of the following qualifying DRGs 209, 210 or 211, the payment to the transferring hospital is 50% of the amount paid under subdivision (a) of this section, plus 50% of the per diem, set forth in subdivision (i)(1) for each day, up to the full DRG amount.

For discharges on or after December 1, 2005: When an acute care patient is discharged to a post-acute care provider and the patient's discharge is assigned to one of the following qualifying DRGs 7, 8, 210, 211, 233, 234, 471, 497, 498, 544, 545, 549, or 550, the payment to the transferring hospital is 50% of the amount paid under subdivision (a) of

this section, plus 50% of the per diem, set forth in subdivision (i)(1) for each day, up to the full DRG amount.

For discharges on or after December 1, 2006: When an acute care patient is discharged to a post-acute care provider and the patient's discharge is assigned to one of the following qualifying DRGs 7, 8, 210, 211, 233, 234, 471, 497, 498, 545, 549, or 550, the payment to the transferring hospital is 50% of the amount paid under subdivision (a) of this section, plus 50% of the per diem, set forth in subdivision (i)(1) for each day, up to the full DRG amount.

For discharges on or after March 1, 2007: When an acute care patient is discharged to a post-acute care provider and the patient's discharge is assigned to one of the following qualifying DRGs 7, 8, 210, 211, 233, 234, 471, 497, 498, 544, 545, 549, or 550, the payment to the transferring hospital is 50% of the amount paid under subdivision (a) of this section, plus 50% of the per diem, set forth in subdivision (i)(1) for each day, up to the full DRG amount.