

Inpatient Rehabilitation and Long-Term Acute Care Facility Payment Policy

Applies to the following Tufts Health Plan products:

- Tufts Health Plan Commercial (including Tufts Health Freedom Plan)¹
- Tufts Medicare Preferred HMO (a Medicare Advantage product)
- Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)

Applies to the following Tufts Health Public Plans products:

- Tufts Health Direct (a Massachusetts Qualified Health Plan (QHP) (a commercial product)
- Tufts Health Together (a MassHealth MCO Plan and Accountable Care Partnership Plan)
- Tufts Health RITogether (a Rhode Island Medicaid Plan)
- Tufts Health Unify (OneCare Plan; a dual-eligible product)

The following payment policy applies to Tufts Health Plan contracting rehabilitation and acute care hospitals where inpatient rehabilitation and/or long-term acute care (LTAC) services are rendered.

In addition to the specific information contained in this policy, providers must adhere to the information outlined in the [Professional Services and Facilities Payment Policy](#).

Note: Audit and disclaimer information is located at the end of this document.

POLICY

Tufts Health Plan covers medically necessary inpatient rehabilitation and LTAC services, in accordance with the member's benefit.

GENERAL BENEFIT INFORMATION

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider [website](#) or by contacting [Provider Services](#).

Note: There is no member responsibility for covered services for Tufts Health Plan SCO, Tufts Health Unify, Tufts Health Together or Tufts Health RITogether members.

AUTHORIZATION/NOTIFICATION REQUIREMENTS

Certain procedures, items and/or services may require referral and/or prior authorization. While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you must confirm that prior authorization has been obtained. For more information, refer to the [Referral, Authorization and Notification Policy](#).

As a condition of payment, Tufts Health Plan requires inpatient notification for any member who is being admitted or transferred to an inpatient rehabilitation and LTAC facility, regardless of whether Tufts Health Plan is the primary or secondary insurer.

Inpatient notification must be obtained via electronic submission on the secure Provider [website](#) or by faxing a completed [Inpatient Notification Form](#), along with supporting clinical documentation, to the Precertification Operations Department.

Note: No other forms will be accepted. Incomplete forms will be returned to the submitting provider for completion and resubmission. Processing the request will be delayed until all required information is returned to Tufts Health Plan.

¹ Commercial products include HMO, POS, PPO, Tufts Health Freedom Plan, and CareLinkSM when Tufts Health Plan is the primary administrator.

The facility must notify Tufts Health Plan prior to an elective admission to obtain an inpatient notification number, following the submission processes outlined in the [Commercial](#), [Senior Products](#), and [Tufts Health Public Plans](#) Provider Manuals. Urgent/emergency admissions must be reported by 5 p.m. on the next business day following admission.

Note: Obtaining an inpatient notification number is a condition of payment but does not guarantee authorization or coverage.

Tufts Health Plan determines the appropriateness for admission and the level of care (LOC) with the facility based on the clinical information presented at the time of admission and appropriate criteria. Tufts Health Plan performs ongoing review of the member’s clinical information in order to determine the member’s continued status and LOC. LOC changes are directed and coordinated by Tufts Health Plan for admissions.

Any disagreements with respect to a member’s authorized LOC should be discussed directly with Tufts Health Plan:

- Tufts Medicare Preferred HMO members, refer to the [Tufts Medicare Preferred HMO Care Management List](#) to find the Tufts Health Plan Care Manager (CM) assigned to the specific medical group.
- Tufts Health Plan SCO member, contact [Senior Products Provider Relations](#).
- Tufts Health Public plans, follow procedures outlined in the [Tufts Health Public Plans Provider Manual](#).

Services Excluded From the Per Diem

Services excluded from the per diem must be authorized as medically necessary by Tufts Health Plan and be obtained from a contracting provider. Any nonemergency service that is not authorized or provided by a Tufts Health Plan contracting provider will be the responsibility of the ordering facility.

Note: Providers should contact Tufts Health Plan if the member’s inpatient stay is anticipated to exceed the authorized length of stay.

Commercial and Senior Products:

A new inpatient notification number will be assigned each time there is a change in the member’s LOC. Tufts Health Plan will coordinate all inpatient skilled needs of the member in conjunction with the PCP to authorize any additional services that may be required.

Tufts Health Public Plans

The inpatient notification number will remain the same throughout the member’s admission, regardless of any LOC changes.

BILLING INSTRUCTIONS

Unless otherwise stated, Tufts Health Plan follows industry-standard coding guidelines. Refer to current industry standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements and applicable fee schedules. For more information, refer to the [Professional Services and Facilities Payment Policy](#).

- Any services excluded from the per diem should be billed to Tufts Health Plan directly by the contracting provider
- Submit a separate claim for each inpatient notification number or distinct LOC

Levels of Care

The following levels of care (LOC) must be billed with the corresponding revenue code(s). The LOC billed must match the LOC and length of stay that was authorized.

Commercial and Senior Products

Level of Care	Service Description	Revenue Code
Level R1	Rehabilitation	0128
Level R2	Acute complex rehabilitation	0129
Level C1	Long-term acute care	0120

Note: Refer to the [Inpatient Rehabilitation and LTAC Level of Care Guidelines](#) for specific services included in each level of care listed above.

Tufts Health Public Plans

Service Description	Revenue Code
Rehabilitation	0128, 0138, 0148, 0158
Acute rehabilitation	0128, 0138, 0148, 0158
Long-term acute care, medical complex & ven/wean	0120

Note: Providers should refer to their contracts for specific services that are included or excluded in each level of care.

COMPENSATION/REIMBURSEMENT INFORMATION

Providers are compensated according to the applicable network contracted rates and applicable fee schedules, regardless of the address where the service is rendered. For additional information, refer to the [Professional Services and Facilities Payment Policy](#).

Note: The inpatient compensation rate is inclusive of all services supplied by the facility.

DOCUMENT HISTORY

- July 2020: Policy reviewed by committee; combined existing Commercial and Senior Products content to form enterprise-wide policy; added Tufts Health Public Plans content
- July 2018: Policy reviewed by committee; clarified inpatient notification process and billing instructions
- June 2018: Template updates
- January 2017: Template updates
- August 2016: Policy reviewed, clarified inpatient notification process
- September 2015: Template conversion, template updates
- September 2013: Template conversion
- June 2012: Policy reviewed, minor content and formatting changes, template updates
- April 2012: Template updates
- March 2012: Updated CareLink disclaimer language
- November 2011: Template updates, no content changes
- April 2011: Added link to Tufts Medicare Preferred HMO payment policy
- October 2010: Added information on continued care authorizations. Removed language stating the C1 level of care applies to Tufts Medicare Preferred members only.
- January 2010: Removed references to the Tufts Medicare Preferred PPO product.
- March 2008: Revised inpatient rehabilitation revenue codes and descriptions and added a link to the Inpatient Rehabilitation Level of Payment Guidelines.
- February 2008: Revised general benefit information with self-service channels information.
- November 2007: Added Tufts Medicare Preferred lack of information content

AUDIT AND DISCLAIMER INFORMATION

Tufts Health Plan reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance. For more information about Tufts Health Plan's [audit policies](#), refer to the Provider website.

This policy provides information on Tufts Health Plan claims adjudication processes. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the Tufts Health Plan products, as identified in the checkboxes on the first page, and to CareLinkSM for providers in Massachusetts and Rhode Island service areas. Providers in the New Hampshire service area are subject to Cigna's provider agreements with respect to CareLink members. This policy does not apply to the Private Health Care Systems (PHCS) network (also known as Multiplan). Tufts Health Plan reserves the right to amend a payment policy at its discretion.