

Part B Insider (Multispecialty) Coding Alert

HOSPICE: 6 Steps Help You Prep for A Hospice RAC Attack

Get specific with your patients' diagnoses.

Region D Recovery Audit Contractor HealthDataInsights recently received CMS approval for two audit issues related to hospice -- "DME While in Hospice" and "Hospice Related Services -- B."

The reviews will look for equipment and services that should have been bundled into a patient's hospice payment but received separate payment from Medicare. This could cause durable medical equipment suppliers, hospitals, nursing homes, physicians, and others to come knocking on hospice doors for payment for claims dating as far back as Oct. 1, 2007.

Here are steps you can take now to head off RAC audit-related problems down the road:

- **Strengthen documentation.** "Has the hospice adequately and accurately determined and documented what services provided to the patient were and were not related to the terminal illness?" asks consultant **Heather Wilson** with Weatherbee Resources in Hyannis, Mass. Make sure your documentation makes this clear to avoid being on the hook for gray-area services.

Hospices must "proactively set up good clinical systems to consistently determine what is truly unrelated to the terminal illness," counsels attorney **Mary Michal** with Reinhart Boerner VanDeuren in Madison, Wis. Then make sure the decisions are well documented.

- **Encourage good documentation in your partners.** In the nursing home patient medication scenario, a representative from your hospice and the home should go through the patients' meds and decide which ones are unrelated, says attorney **Connie Raffa** with Arent Fox in New York City. That should be "clearly delineated in the nursing home record," she adds.

- **Get specific with diagnoses.** A vague diagnosis for your patient can make everything seem related. "If the patient has a diagnosis of failure to thrive or debility unspecified, it is quite difficult, in my opinion, to take the position that there is much covered care that is unrelated," Michal tells Eli.

- **Don't boost outside billing.** "Hospices must be vigilant in avoiding any encouragement of their vendors to bill outside of the Medicare hospice benefit, unless it is clinically substantiated that the bill is for services, equipment, or supplies that are unrelated to the patient's terminal illness," Michal advises.

- **Review vendor contracts.** Hospices should ensure all their vendor contracts are up to date and accurate, says consultant **Robin Seidman** with Simione Consultants in Westborough, Mass.