

Part B Insider (Multispecialty) Coding Alert

Hospice: Hospices May Need Additional Details From Physicians Based on New Recommendations

MedPAC also targets 5 hot spots for focus areas, which could burden some hospices if put into effect.

If your physicians treat hospice patients, the new recommendations from the Medicare Payment Advisory Commission (MedPAC) could cost you precious time, resources, and Medicare reimbursement, if they are adopted.

In addition to advocating sweeping payment structure reform for hospices, MedPAC approved measures in its Jan. 9 meeting that would impose new administrative and payment requirements on hospices. The recommendations will go into the advisory body's March report to Congress.

One of the biggest paperwork headaches would be a proposal to require physicians who certify and recertify patients' terminal prognosis to furnish "a brief narrative describing the clinical basis for the patient's prognosis."

Currently, the physician just signs the cert or recert, noted MedPAC staffer **Jim Mathews** in the meeting. The medical record must back up the prognosis, but no summary or statement is required.

Another hassle: MedPAC also wants a physician or advanced practice nurse to visit the patient to determine benefit eligibility for each recert starting with the one on the 180th day.

These new requirements could be a big burden on some hospices, warns a new consensus statement from six end-of-life organizations. "Special consideration should be given to the unique issues facing rural and small hospice providers in assessing the impact and implementation of such measures," says the group that includes the National Association for Home Care & Hospice, the National Hospice and Palliative Care Organization, and the Visiting Nurse Associations of America.

Additionally, MedPAC wants the Centers for Medicare & Medicaid Services (CMS) to require medical review for all hospice claims for stays exceeding 180 days, if the hospice furnishing the episode has 40 percent or more of stays that long.

"Fiscal intermediaries already have existing responsibility to monitor patients' continuing eligibility," the consensus statement notes.

MedPAC also calls for:

- CMS to receive more resources for hospice enforcement;
- an HHS Office of Inspector General investigation into hospice-nursing home and hospice-assisted living facility relationships and whether they influence referrals and represent a conflict of interest;
- OIG scrutiny of nursing home referral patterns to hospices;
- OIG examination of hospice admission and marketing practices;
- more data collection on hospice claims and in hospice cost reports.

Before resorting to OIG investigations, CMS may just want to survey hospices more frequently and reliably, the end-of-life coalition suggests. At least every three years would be good, it says.

CMS should also clearly state the purpose of any new data collection, the consensus statement urges.