Part B Insider (Multispecialty) Coding Alert

Physician Notes: CMS Offers Good News And Bad News Regarding Home Oxygen Payment for Cluster Headaches

Plus: Cross These Items Off Your Hospice To-Do List

If you've been battling your carriers about coverage for home oxygen therapy for Part B beneficiaries with cluster headaches (CH), CMS has some news for you.

On Jan. 14, CMS issued Transmittal 130, which says, "After careful reconsideration, effective for claims with dates of service on and after January 4, 2011, Medicare will allow for coverage of home use of oxygen to treat Medicare beneficiaries diagnosed with CH when beneficiaries are enrolled in clinical studies that are approved by CMS for the purpose of gaining further evidence."

Previously, CMS covered home oxygen therapy for patients diagnosed with significant hypoxemia in conjunction with other health conditions, but last April, the American Headache Society and the American Academy of Neurology asked CMS to consider adding CH to the list of acceptable diagnoses.

Patients enrolled in Medicare-approved clinical studies with the following ICD-9 codes may qualify for the benefit:

• 339.00 -- Cluster headache syndrome unspecified

• 339.01 -- Cluster headache episodic

• 339.02 -- Cluster headache, chronic

The bad news: Unfortunately, CH patients who aren't enrolled in clinical trials are still not eligible for home oxygen therapy coverage, according to the memo.

To read the CMS Transmittal, visit www.cms.gov/transmittals/downloads/R130NCD.pdf.

In other news...

Hospices have two less things to worry about, thanks to Palmetto GBA's question and answer set from the Nov. 17 Hospice Coalition meeting, which was released this month.

Item #1: Hospices don't have to have a new certificate of terminal illness signed by the patient's new attending physician of record if the patient makes a switch during a certification period, Palmetto says.

Item #2: And hospices don't have to complete another initial assessment if the patient unexpectedly changes residences. Medicare survey guidelines "require that the INITIAL assessment be conducted in the location where hospice services will be provided," Palmetto explains. "The plan of care is developed from that initial assessment and from the comprehensive assessment. If the patient's condition improves [and she moves home from the hospital, for example], another initial assessment would not be necessary. The plan of care and the patient's medical record should be updated to reflect this change in the patient's condition."