

Eli's Hospice Insider

Billing: Gear Up For Expanded Data Reporting On Hospice Claims

CMS is laying the groundwork for hospice payment reform.

The data you'll start submitting to Medicare on your hospice claims next year is likely to determine what your payment rates will look like in the future. But CMS still won't be getting the whole picture on hospice costs.

In 2014, hospices must include a variety of new data on their claims, the **Centers for Medicare & Medicaid Services** says in July 26 Transmittal 2747 (CR 8358). That includes "visit reporting for general inpatient care, reporting the facility NPI where the care was provided when not provided at the billing hospice facility, and reporting of infusion pumps and prescription drugs," CMS describes.

Hospices may start reporting the data as early as Jan. 1, but they don't have to include the information until April 1, 2014, CMS says in a related MLN Matters article.

"On several occasions, industry representatives have communicated to CMS that the required claims information was not comprehensive enough to accurately reflect hospice care," the agency notes in the transmittal. "Industry stakeholders have also commented that to understand hospice costs, CMS should consider non-labor costs, as these can be significant, and are largely comprised of data on drugs, durable medical equipment (DME), and medical supplies."

The **National Association for Home Care & Hospice** and its affiliate, the **Hospice Association of America**, "are pleased that CMS has taken this step of obtaining additional data prior to implementing reforms to the hospice payment system," they say in a member newsletter article.

"Additional hospice data has been an ongoing [**National Hospice and Palliative Care Organization**] concern," the trade group says. NHPCO wants data "to accurately describe all of the services provided by a hospice as CMS considers hospice payment reform."

Starting next year, hospices must report line-item visit data for hospice staff providing GIP to patients in skilled nursing facilities (site of service HCPCS code Q5004) or hospitals (site of service HCPCS codes Q5005, Q5007, Q5008), CMS instructs. "This includes visits by hospice nurses, aides, social workers, physical therapists, occupational therapists, and speech-language pathologists, on a line-item basis, with visit and visit length reported as is done for the home levels of care," the agency details in the CR. "It also includes certain calls by hospice social workers ... on a line-item basis, with call and call length reported as is done for the home levels of care."

Tip: Count Your Employees Only

Hospices will report visits by their own staff, NHPCO points out.

Status quo: CMS is not changing the existing GIP visit reporting requirements when the site of service is a hospice inpatient unit (site of service HCPCS code Q5006), the agency confirms in the transmittal. Also, CMS is not making any changes to the existing claims requirements for physician services reported on the hospice claim, it says in the MLN Matters article

Meanwhile, hospices also must report post-mortem visits for nurses, aides, social workers and therapists, but only if they occur on the date of death. Billing after that is not possible due to claims system limitations.

Do this: Use a PM modifier to differentiate post-death visits from those occurring before death. "The reporting of post-mortem visits, on the date of death, should occur regardless of the patient's level of care or site of service," CMS adds.

While hospices should report prescription drugs and infusion pumps, they should not report over the counter drugs or other DME at this time, CMS says.

For facility NPI reporting, "When the patient has received care in more than one facility during the billing month, the hospice reports the NPI of the facility where the patient was last treated," NHPCO emphasizes.

Take action: "Hospices should begin working on these changes now by reviewing their data collection systems to be sure they can obtain the necessary level of detail," NAHC urges. "Hospice billing personnel and contractors will need to familiarize themselves with the [National Drug Code] as well as the applicable pharmacy and DME revenue codes."

Note: The transmittal, including coding instructions, is at

www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2747CP.pdf. The MLN Matters article is at www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8358.pdf