

Eli's Hospice Insider

Billing: Visit Reporting Burden to Get Heavier for Hospices

CMS wants to broaden data collection.

Get ready for a lot more work to submit your hospice claims. Although it will be a hassle, the data could provide the feds with a clearer picture of hospice care.

At least partly in response to industry complaints, the Centers for Medicare & Medicaid Services has proposed a new phase of hospice visit data collection.

Then: In July, CMS began requiring hospices to report visit data on claims. The new requirement has caused hospices headaches as they figured out details such as how much to charge for visits and how to count visits in inpatient settings. In response to industry outcry, CMS backed down on requiring visit data for non-hospice staff in institutions.

Now: CMS wants hospices to report visits in 15-minute increments for disciplines that already have NUBC revenue codes -- physical, occupational and speech therapy, skilled nursing, aide, and clinical social work, the agency says in a proposal posted on its hospice Web site. Hospices will use the G codes currently used on home health agency claims to report hospice visits, CMS proposes. Reporting visit data in 15-minute units will require line-item billing, CMS points out.

Plus: CMS also suggests adding a new revenue code for social worker phone calls, also in 15-minute increments. "Only report phone calls made to the patient or to family members; do not report other administrative calls, even if those calls are related to a particular patient's case," CMS instructs in the proposal. "Phone calls should only occur when visiting the patient or family in person is not possible or when the patient or family prefers not [to] have a visit."

Exception: Hospices wouldn't have to report visits for general inpatient (GIP) or inpatient respite levels of care, CMS adds. Instead, "to reduce burden on providers, for services provided as part of GIP or respite care, we suggest summing the visit time per day by discipline, and converting to 15 minute increments," the agency says. "For GIP and respite care, the number of visits is not as relevant as the amount of time spent providing care to the patient." CMS is also considering collecting visit data on other hospice team members like volunteers and spiritual counselors, according to the proposal. But the agency might collect that data in the aggregate on the cost report rather than on claims.

Timeline: CMS offers no implementation date for expanded data collection. It took comments on the proposal until Nov. 22. That short timeframe for comments made it difficult for providers to digest the proposal and offer meaningful feedback, industry veterans say.

Note: The proposal is in the "Spotlights" section at www.cms.hhs.gov/center/hospice.asp.