

Eli's Hospice Insider

Claims: Use This New Guidance To Report Social Worker Calls

Site of service codes, ambulance charges also addressed in forum.

Don't expect any hard and fast rules about which social worker calls you are supposed to report on hospice claims, but the feds are offering a little more guidance.

Question: A newly updated **Centers for Medicare & Medicaid Services** question and answer asks "In CR 6440 CMS wrote that: 'Report only social worker phone calls related to providing and/or coordinating care to the patient and family, and documented as such in the clinical records.' Does this sentence mean that only calls to the patient and family are to be considered for reporting?"

Answer: Reporting isn't strictly limited to patient and family calls, CMS admits in Q&A 9970. But because the calls must be "necessary for the palliation and management of the terminal illness and related conditions as described in the patient's plan of care," most calls will probably be to the patient and family, CMS expects.

There are exceptions, CMS says. For example, a reportable non-patient, non-family call might be for carecoordination if a primary caregiver becomes unavailable. But "it would be inappropriate to record every phone call that a social worker makes on behalf of a patient," CMS maintains.

Another confusing social worker visit reporting issue is for general inpatient care (GIP), said CMS's **Randy Thronset** in the March 10 Open Door Forum for home care providers. The same rules apply, Thronset said -- the reported calls must be necessary for palliation and management of the terminal illness.

As with other disciplines for GIP care, hospices don't have to report calls by non-hospice staff. Other issues addressed in the forum include:

- Site of service codes for facilities. Hospices are sometimes mixing up site of service codes for certain facilities, Thronset reported in the call.

Hospices should use code Q5006 for a hospice inpatient facility and Q5009 (NOS) for a hospice residential facility, Thronset instructed. CMS might add a code for hospice residential facilities later, since they seem to be getting more popular, he said.

And hospices should use Q5004 for a skilled nursing facility or Q5003 for an unskilled nursing facility. The way to tell the difference isn't based on the facility, but rather on the care the hospice patient is receiving there, Thronset advised. The code should "reflect level of care they're receiving from facility staff," he said. CMS will issue a Q&A on that issue soon, he promised.

- Ambulance charges. CMS recently issued a clarification that ambulance services furnished on the day of hospice admission but before the admission actually takes place are not the hospice's responsibility.

But Medicare contractors still aren't paying the claims, one caller told CMS. Ambulance providers should submit the CMS instruction with the appeal of their denied claim, a CMS official suggested. If that doesn't work, they can wait until July to resubmit when the claims system will automatically process the ambulance charges.