

Eli's Hospice Insider

Edits: Intermediary Targets Nursing Home Hospice Claims

Don't miss a vital hospice certification step for long-stay beneficiaries.

Authorities are pretty concerned about the interaction between nursing homes and hospices, but hospice basics still trip up most claims for long-term care facility residents.

Case in point: Earlier this year, regional home health intermediary **Cahaba GBA** ran a widespread probe review targeting hospice claims for nursing home residents. As a result of the probe's findings, Cahaba will conduct a continuing widespread probe review that will examine hospice claims for "beneficiaries residing in nursing homes with a length of stay greater than 180 days," the intermediary explains in its November provider newsletter.

Top denial: The largest share of denied claims were due to reason code 5PTER -- documentation does not support the terminal prognosis, Cahaba notes.

"The patient's appropriateness for the hospice benefit must be clearly supported in the medical record from admission and throughout the hospice care provided," Cahaba stresses. In other words, don't drop your documentation specifics as the patient's stay wears on.

Tool: Consult Cahaba's hospice documentation tool for ideas on how to improve your charting. The tool is at www.cahabagba.com/rhhi/education/materials/quick_hospice_doc.pdf.

Another Denial Reason

The second-highest reason for denials in Cahaba's probe was reason code 5PCER -- missing, incomplete, or untimely hospice certification of terminal illness. For the first 90-day period of the hospice benefit, the certification must be signed by the hospice physician and the attending physician, if the bene has one. "Cahaba recommends that the record be very clear on who is functioning as the beneficiary's attending physician," the RHHI says.

Don't forget: "If the hospice cannot obtain the written certification within two calendar days of the beginning of the certification period, the hospice must obtain verbal certification within the two days," Cahaba reminds providers in the Newsline.

"The written certification must be signed by the physician(s) and dated prior to billing of the claim." You can use a "received date" indicator if the physician fails to date her signature, Cahaba allows. That should prove you obtained the cert before billing.

Resource: You can see more about the probe in Cahaba's November Newsline at www.cahabagba.com/rhhi/news/ newsletter.