

Eli's Hospice Insider

Hospice News: Beware Forthcoming Hospice Claims Edit Aimed At Gap Billing

Get your definition of 'transfer' straight.

Official transfers of hospice patients may get less common under a new claims edit set to take effect in July.

A patient can change hospices once per benefit period, but there is supposed to be no gap in care. That means the "from date" for the receiving hospice must be the same as the "through date" for the transferring hospice" on their claims, the Centers for Medicare & Medicaid Services explains in MLN Matters article no. MM12619.

The problem: "Currently, transfers are being allowed to process through the Common Working File (CWF) where the 'from date' from the receiving hospice doesn't match the 'to date' from the transferring hospice, resulting in a gap in billing and indicating a gap in care," CMS says in the article.



The solution: "CR 12619 creates a new CWF edit that no longer allows gaps of care to occur during a transfer," CMS explains. "The CWF edit will reject the hospice transfer if the transfer doesn't occur immediately and there's a gap in the number of billing days between one hospice and the next. If the receiving hospice's claim 'from date' is not the same as the transferring hospice's 'through date' with 'patient status' indicating a transfer (codes 50 or 51), the transfer will be rejected." The edit is set to take effect July 1.

When the claims system rejects the transfer in such cases, the transferring hospice must discharge the patient and "the beneficiary would have to re-elect hospice care with the new hospice," CMS instructs. "In this case, discharge and re-election would trigger the start of a new election period," the article clarifies.

Tip #1: "Transfers aren't allowed from the same provider," the article also notes. "Hospices must not send an 8XC if the CMS Certification Number (CCN) is the same. In this case, the patient isn't transferred to another hospice, they're transferred to a sub-unit of the same hospice."

Tip #2: "If the patient is transferring from outside the service area and the transferring hospice can't arrange care until the patient reaches the new hospice, the hospice may discharge the patient," CMS explains. "This way, if the patient requires medical treatment while in the process of transferring, he or she can access it under his or her Original Medicare coverage. This would end the patient's current benefit period and require the patient to re-elect hospice coverage at the new hospice and begin a new benefit period."

The three-page article is at www.cms.gov/files/document/mm12619-gap-billing-between-hospice-transfers.pdf.