Eli's Hospice Insider

Hospice News: Beware New Hospice Denial Codes Indicating NOE-Delaying ICD-9, ICD-10 Problems

Get to know three new reason codes that will point the way to diagnosis coding troubles on your hospice claims ⬜ and could lead to missed deadlines for NOEs.

"New hospice reason codes were implemented with the July 2015 system release to ensure appropriate diagnosis codes are submitted on billing transactions with the types of bill (TOBs) 8XA ⬜ 8XE ('X' denotes a 1 (nonhospital based), or a 2 (hospital based))," explains HHH Medicare Administrative Contractor **CGS**.

Code 19508 indicates an invalid ICD-9 or ICD-10 diagnosis code is submitted. Code 19511 indicates an ICD-9 diagnosis code is present in the "DIAG CODES" field and the "FROM" date of service is on or after Oct. 1, 2015, the ICD-10 implementation date. And code 19512 indicates an ICD-10 diagnosis code is present in the "DIAG CODES" field and the "FROM" date of service is prior to October 1, 2015, the ICD-10 implementation date.

Generally, you'll need to make sure you are using the correct code set (ICD-9 or ICD-10) based on the claim's "FROM" date, the MAC points out.

Tip: Or, for 19508, the problem might be that you are using a decimal point in the code. For example, code 182.0 should be entered as 1820, CGS says.

Watch out: "If [Notices of Election] are sent to RTP with one of the reason codes [listed], causing untimely submission of the NOE, an exception request would not be granted, as this would be considered a billing error," CGS warns. "For an exception to be granted, the documentation must show that the late filing of the NOE was beyond the control of the hospice. Billing errors are not considered a valid exception request."

More information about the codes is at http://cgsmedicare.com/hhh/pubs/news/2015/0715/cope29813.html.