

Eli's Hospice Insider

Hospice News: CMS Presses 'Pause' On RAC Reviews

But the much feared Recovery Audit Contractors aren't gone for good.

You have one less medical review agency to worry about ☐ for now.

All Recovery Audit Contractor edits for all providers went on "pause" as of Feb. 28, the **Centers for Medicare & Medicaid Services** says on its website. The pause will allow current RACs to finish their reviews before CMS transitions to possible new contractors for the next contract cycle, the agency says.

"In addition, a pause in operations will allow CMS to continue to refine and improve the Medicare Recovery Audit Program," the agency adds. A link to a list of its planned changes is at www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Recovery-Audit-Program/Future-Changes.html in the "Downloads" section.

Plus: CMS also is planning to implement a single, nationwide RAC contractor for home health services for the future, the **National Association for Home Care & Hospice** reports. "It is expected that any new home health RAC will have the authority to review any claims period that takes place during the 'pause' period so HHAs should continue to strive for full compliance," the trade group reminds members.

CMS Pulls Back Hospital Billing CR For Hospice Diagnosis

Stay tuned for new instructions regarding hospital billing for hospice patients. Last November, CMS said in CR 8273 that MACs must "deny an inpatient hospital claim when the principal diagnosis on the inpatient claim matches one of the hospice diagnosis codes" starting April 7. "Services related to a hospice terminal diagnosis provided during a hospice period are included in the hospice payment and are not paid separately. An inpatient hospital claim will be denied when providers bill with a condition code 07 on an inpatient claim and the principal diagnosis on the inpatient claim is found to match one of the hospice diagnosis codes."

But now CMS has rescinded the CR and related MLN Matters article. The agency will replace the documents "in the near future," it says at www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R13120TN.pdf.

The initiative stems from Recovery Audit Contractor review results (see Eli's Hospice Insider, Vol. 7, No. 1).

Prove Terminal Illness With Measurable Variables, MAC Advises

You can avoid medical necessity denials under Comprehensive Error Rate Testing by including comprehensive documentation of the hospice patient's terminal illness, HHH Medicare Administrative Contractor **Palmetto GBA** advises in a recent education article for providers.

You can submit these documentation elements to support your patient's prognosis, Palmetto suggests: History; Progression of illness/disease; Recent changes; Exacerbation of symptoms; Comorbidities; Secondary conditions; Variables that are measurable; Labs; Palliative Performance Scale (PPS)/Karnofsky scale; FAST scale for Alzheimer's patients; Weight loss; Body Mass Index (BMI); Percentage of meals eaten; Vital signs; Interdisciplinary Group (IDG) meeting notes; Medication changes; Skin integrity; Recurrent aspiration; and Infections.

Resource: For a free copy of and link to the article, which also outlines documentation suggestions for GIP care, e-mail editor Rebecca Johnson at rebeccaj@eliresearch.com with "Palmetto Hospice Documentation" in the subject line.

Help Docs With Hospice Billing Training Tool

You can help out physicians who refer hospice patients to your organization by pointing them to a new education tool from CMS.

In a recent six-minute podcast, "Hospice Related Services – Part B," the **Centers for Medicare & Medicaid Services** explains hospice basics, such as how physicians may bill Part B for services furnished to hospice patients by using the GW and GV modifiers.

Pointer: "Be aware that a verbal revocation of benefits is NOT acceptable," CMS advises docs in the podcast. "The individual forfeits hospice coverage for any remaining days in that election period. A beneficiary may not designate an effective date of the revocation that is earlier than the date that the revocation is made."

A recording and transcript of the podcast are online at www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Multimedia-Items/ICN908995-podcast.html – scroll down to links in the "Downloads" section.

Hospitals Adopt Hospice Practices

Hospitals will be taking a page from hospices' book, if they heed a new study in the Journal of General Internal Medicine. **Veterans Affairs** and **University of Alabama** researchers implemented a "multicomponent intervention" to use best practices from home-based hospice care in the hospital. Under the Best Practices for End-of-Life Care for Our Nation's Veterans (BEACON) program, 6,000 patients in six VA facilities received services such as a "comfort care order set," more home-like environments where family members stayed with them, and less invasive procedures, according to a release about the study.

Among the six-year study's 16 positive outcomes was reducing intensive care unit usage, the release says.