Codify
BY AAPC

Eli's Hospice Insider

Hospice News: Don't Leave NPI Field Blank On Claims

Notice of Election workaround does not apply to claims.

Just because you can leave the "OTH PHYS" field on hospice notices of election blank doesn't mean you can do the same for hospice claims.

Hospices can't access the National Provider Identifier (NPI) field for the "OTH PHYS" line on hospice NOEs, so hospices have been instructed to leave that field blank as a temporary workaround (see Eli's Hospice Insider, Vol. 4, No. 6, p. 39).

However, on hospice claims (TOB 8X1/ 8X2/8X3/8X4), providers should include the NPI in that field, HH MAC **NHIC** tells hospices. "The certifying physician information will be captured on the claim(s) that are submitted for the patient," NHIC tells providers in an e-mail message.

A system fix for the problem is scheduled for December, HHH MAC **Palmetto GBA** notes on its website. When the fix takes effect, hospices must start including the physician's NPI in the "OTH PHYS" field on NOEs again, the contractor says.

- Wondering where the rural area wage index chart was in the hospice proposed payment rule? CMS left it out of its proposed payment rule published in the May 9 Federal Register. Now CMS published it in a correction in the May 16 Federal Register. The correction notice also confirmed that comments on the proposed rule were due June 27.
- Type of admission codes are giving hospices more headaches, but the issues soon should be resolved.

The problem: "Providers are receiving reason code 11801 but were not able to access the DDE field to make the necessary corrections. Such claims returned to provider (RTP'd) for correction and are in suspense status location SMPRZ" with HHH MAC NHIC, the Medicare contractor reports in an e-mail message to providers.

The solution: The claims system problem was resolved and the edit was reactivated May 9, NHIC reports. "Claims are now receiving reason code 11801 correctly," it says. The affected claims will RTP and hospices should add the appropriate type ofadmission code and resubmit.

Remember, the type of admission codes now required on claims are 1 (emergency), 2 (urgent), 3 (elective), 4 (newborn), 5 (trauma), and 9 (information not available). Providers should use "9" if they're not sure what applies, CMS said earlier this year in a message to providers.

- If you haven't seen a physician face-to-face requirement for hospice in your state's Medicaid program yet, you won't have too long to wait.

"A Medicaid home health face-to-face proposed rule is now awaiting clearance from the **Office of Management and Budget** and is expected to be published early this summer," reports the **National Association for Home Care & Hospice**. A number of states including Iowa, Ohio, Delaware, and Mainehave implemented F2F requirements for Medicaid home health services already, NAHC notes in its member newsletter.

NAHC "urges home health agencies to watch for this proposed rule and submit their recommendations," it says. Comments based on agencies' experiences with the Medicare requirement could be very effective.

- Trying to think of a way to offer some relief to your visiting staff in the face of high gas prices? You might take a page from one Ohio hospice's playbook. **Enterprise Rent-A-Car** donated 25 Nissan Versas to **Dayton Hospice**, reports TV station WDTN.

"Nurse aids and other employees that log hundreds of miles weekly will now have a more reliable way to care for patients and their families," the station says. "Before this generous donation, employees were using older cars that were not fuel efficient or very reliable."

- Gentiva Health Services is now seeing a much larger percentage of its earnings come from its hospice segment, thanks to its acquisition of hospice chain **Odyssey Inc.** last year. In the first quarter of 2010, Gentiva recorded $277.5 million in home health revenues and $19.7 million in hospice revenues. In the latest quarter, the company recorded $263.7 million in home health revenues and $195.1 million in hospice revenues.

"Hospice represented 43 percent of total net revenues in the first quarter of 2011, compared to 7 percent in the 2010 first quarter," Gentiva pointed out in an earnings release.

- Solari Hospice Care in Houston has opened a new 8,000-square-foot, 12-bed inpatient hospice facility. Scottsdale, Ariz.-based Solari operates in the Las Vegas and Houston communities and has an inpatient unit in Las Vegas, according to the company's website. The new Houston facility will begin taking admissions in July, reports the Houston Chronicle newspaper.
- Two regional chains are merging to create a larger presence in the Southeastern U.S. Nashvillebased **SunCrest Healthcare Inc.** and Coral Springs, Fla.-based **OMNI Home Health** will combine to form a company with 75 branches across 10 states with more than 3,000 employees, OMNI parentcompanies **New MainStream Capital** and **MBF Healthcare Partners** say in a release. The merged company will have revenues "approaching" $200 million, the release says.

OMNI has locations in Ohio, Florida, Pennsylvania, Indiana, and Illinois, according to its website. SunCrest operates in Tennessee, Alabama, Florida, Georgia, Kentucky, Mississippi, and Missouri. The new chain will offer hospice services in some markets.