

Eli's Hospice Insider

Hospice News: Issue ABN For Non-Covered GIP Care, MAC Instructs

Billing questions remain for patients who want an upgrade.

Hospices are wondering how to bill for a higher level of care than Medicare will cover when the patient wants it.

For example: One hospice asked HHH Medicare Administrative Contractor **NHIC** about a patient who transferred from home to a hospice facility to receive general inpatient (GIP) care, then wanted to stay in the facility to receive GIP although he no longer met the coverage criteria for the care level.

The hospice may issue an advance beneficiary notice (ABN) for the care and continue providing it, NHIC confirms in recently posted questions-and-answers from the MAC's April 25 Ask The Contractor Teleconference (ACT). But NHIC is less sure how the hospice should bill Medicare — namely, whether the hospital can still bill Medicare for the routine home care (RHC) level of care for which the patient would qualify and bill the patient the rest.

"We are seeking clarification on how providers should bill Medicare when the beneficiary insists on a higher level of care, such as GIP and the beneficiary does not require the services nor meet the coverage criteria for GIP level of service," the MAC explains. NHIC "will publish more information when we receive clarification on this issue."