

Eli's Hospice Insider

Hospice News: Observe 5-Day Respite Day Limit Or See Claims Kicked Back

Do you know when to use the M2 occurrence span code for respite care services?

Don't forget: **CMS** started enforcing Medicare's five-day respite care limit for hospice patients as of July 1.

Reminder: Medicare regulations limit payment to five consecutive days of hospice inpatient care, the **Centers for Medicare & Medicaid Services** said in Feb. 5 Change Request 8569 (see Eli's Hospice Insider, Vol. 7, No. 3). "Currently, Medicare systems do not provide standard editing to enforce this payment rule," according to the CR. "In an effort to prevent potential overpayments in the Medicare Hospice benefit, new edits are being implemented to prevent payment of respite care for more than 5 days at a time for any hospice claim submitted on or after July 1, 2014."

How it works: "For claims with receipt dates on or after July 1, 2014, Medicare contractors shall return to the provider (RTP) hospice claims (type of bills 081X and 082X) reporting units greater than 5 on revenue code 0655," CMS explained.

"This does not mean that hospices cannot provide and bill for this level of care more than once per month or benefit period," pointed out the **National Association for Home Care & Hospice** at the time. "It means the hospice cannot submit a claim for respite care that exceeds 5 days per occurrence."

Billing tip: "When there is more than one respite period in the billing period, the provider must include the M2 occurrence span code for all periods of respite," CMS instructed in revised Claims Processing Manual language included in the CR. "The individual respite periods reported shall not exceed 5 days, including consecutive respite periods." See the CR, including billing scenario examples, online at www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2867CP.pdf.