

## Eli's Hospice Insider

### Hospice News: You're On The Hook For Care When F2F Is Missed

CMS has put some of its face-to-face billing guidance for hospices in a more official form. CMS has issued an Oct. 7 transmittal explaining how to bill when a hospice patient doesn't receive a required F2F encounter.

Key: When a F2F encounter is missed, "hospice must discharge the patient but can readmit once the encounter occurs," CMS instructs. "Use of occurrence span code 77 is not appropriate when a required face-to-face encounter does not occur timely."

However, you are on the hook to provide free care if your hospice patients' face-to-face requirement isn't met, CMS adds in a new MLN Matters article.

When the F2F is missed, the patient is no longer eligible for the Medicare hospice benefit, CMS explains in MLN Matters article MM7478. "Where the only reason the patient ceases to be eligible for the Medicare hospice benefit is the hospice's failure to meet the face-to-face requirement, we would expect the hospice to continue to care for the patient at its own expense until the required encounter occurs, enabling the hospice to re-establish Medicare eligibility," CMS says in the article.

Transmittal No. 2315 (CR 7478) is at [www.cms.gov/transmittals/downloads/R2316CP.pdf](http://www.cms.gov/transmittals/downloads/R2316CP.pdf). MLN Matters article MM7478 is at [www.cms.gov/MLNMattersArticles/Downloads/MM7478.pdf](http://www.cms.gov/MLNMattersArticles/Downloads/MM7478.pdf).