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Eli's Hospice Insider

HOSPICE PAYMENT: Check Out This Rundown of Reimbursement News

Stay in the know to prevent cash flow woes.

Here's what's new in the hospice reimbursement realm:

Be sure to use the correct Type of Bill number, regional home health intermediary Cahaba GBA reminded hospices in its April newsletter.The first digit of the hospice TOB will always be "8" while the second digit will be "1" for a non-hospital based facility and "2" for a hospital-based facility, Cahaba explained. The third digit can be a "1" for a claim for admission through discharge, a "2"for a first claim when a subsequent claim is expected, a "3" for a continuing claim (8X2 claim has already been submitted), or a "4" for a final claim (an 8X2 or 8X3 has already been submitted).

Your claims can end up returned to you due to TOB errors. "Payment will be delayed," Cahaba warned.

Good news for hospices that submit claims with physician services: A claims system fix for a doctor service-related error will be here sooner than originally thought.

The problem: An error with the Outpatient Code Editor is causing hospice claims that contain physician services to return to provider (RTP) with reason code W7072.

The solution: The system fix was originally scheduled for October, but now has been moved up to July, notes Cahaba GBA on its Web site.

Until then, use the following workaround to get such claims paid:First remove the physician services from the claim and F9 your claim,Cahaba said. Then "once the claim has processed (P B9997), you may submit an add-on claim (TOB 8X5) for the physician charges which were removed from the claim," Cahaba instructed.

• **The Centers for Medicare & Medicaid Services has included a new section on hospice caps** and appeals in the Medicare Claims Processing Manual. New section 80.3 in Chapter 11 of Internet Only Manual 100-4 spells out contractors' requirements regarding hospice caps.

Intermediaries must send each hospice a letter with the year's cap calculation and any overpayment due, if applicable, the new section specifies. Contractors must send the letter even if the hospice doesn't have a cap overpayment.

The letter will also inform hospices that they can appeal to either the contractor or the Provider Reimbursement Review Board,depending on the amount in controversy,within 180 days of the letter.

More information is in Transmittal No. 1708 (CR 6400) online at www.cms.hhs.gov/transmittals/downloads/R1708CP.pdf.

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