

Eli's Hospice Insider

Industry News

- Don't forget about two new hospice billing requirements that take effect this month.

Number 1: For hospice claims and notices of election with dates of service on or after April 1, you must include the attending physician's information in the ATT PHYS (FL 76) field and the certifying physician's info in the OTH PHYS (FL 79) field, regional home health intermediary Cahaba GBA explains on its Web site.

Number 2: For claims submitted on or after April 29, you must report a separate level of care revenue code line each time the level of care changes, Cahaba says.

More details and resources are at www.cahabagba.com/rhhi/news/20100409_hospice.htm. Also, see our related chart on page 28.

- Get ready for a shorter deadline to submit Medicare claims. Providers now have one calendar year after the date of service to file a claim with Medicare, CMS notes. The change was included in the recently enacted health care reform legislation, the Patient Protection and Affordable Care Act (PPACA), with the aim of reducing fraud, abuse, and waste.

The deadline applies to services and items furnished Jan. 1, 2010 and later. From Oct. 1 to Dec. 31 of 2009, providers have until Dec. 31, 2010 to file claims.

Stay tuned: CMS may establish exceptions to the one-year filing deadline in future rulemaking, the agency says.

- In your eagerness to appeal a denied claim, don't forget the first step. Qualified Independent Contractor First Coast Service Options says it is dismissing many second-level reconsideration appeals because the provider hasn't received a first-step redetermination notice from its Medicare contractor.

Some providers are confused over the appeals process steps, First Coast says in the National Government Services (NGS) April newsletter for providers. But others are mixing up written or phone inquiry responses from Medicare Administrative Contractors (MAC) with official redetermination notices.

Tip: The official Medicare Redetermination Notice (MRN) should include the date of the original decision, a clear statement of the "favorable, partially favorable, unfavorable, or dismissed" decision, and information on further appeal rights including the Qualified Independent Contractor (QIC) address.

Providers have 120 days from receiving the remittance advice to request a redetermination notice, First Coast notes in the newsletter. "You do not get extra days if you send it to the wrong entity," the QIC emphasizes. • Don't stress over trying to get a verbal hospice certification narrative within two days of the start of care. So says a recent Frequently Asked Question from CMS.

When obtaining verbal certification or recertification, you don't have to secure a verbal narrative justifying the six-month prognosis at the same time, regional home health intermediary Cahaba GBA notes on its Web site. "While a verbal narrative is not required as part of the oral certification/recertification, the written narrative is required prior to filing a claim," CMS says in FAQ 9969.

Also, remember that "the essence of what the written narrative will ultimately entail in its explanation of the clinical findings that support a life expectancy of six months or less, is expected to be the basis for the oral certification/recertification," CMS adds.

- Advance directives appear to be working to get people the care they prefer at the end of life. So says a new study in

the April 1 New England Journal of Medicine.

In a study of cases from 2000 to 2006, patients who had living wills requested comfort care in 96 percent of cases. Of 3,746 subjects, 70 percent of those who required decision-making about end-of-life issues weren't capable of making the decisions at that time, notes the study by University of Michigan and Veterans Affairs researchers.

"Patients who had prepared advance directives received care that was strongly associated with their preferences," says the study's abstract. "These findings support the continued use of advance directives."

- Finding what you need on the CMS Web site may now be a few characters easier.

The agency has shortened its Web address from the former www.cms.hhs.gov to just www.cms.gov. "Existing bookmarks and links from other Web sites will continue to work following this address change," the agency pledged before the April 2 transition.

- If you've had your claims returned with reason code 32024 recently, you may need to F9 them to get your rightful payment.

The code, which says "The admission date on the claim is greater than the provider's cancel (termination) date on the provider file," was applied in error to claims when the provider had no billing activity in the past 12 months, regional home health intermediary Palmetto GBA reports on its Web site.

"Providers should go to their claims in TB9997," Palmetto instructs. "F9 the claims that are receiving reason code 32024 in order to move the claim back through the system."

- Hospice Q&As. CMS has updated several hospice questions-andanswers on its Web site and added a new one, CMS's **Katie Lucas** said.

For example: The agency updated questions about hospice visit charges and counting visits in a facility, and added a new Q&A about counting visits as well.

You can get the Q&As by going to CMS's hospice page at www.cms.gov/center/hospice.asp, scrolling down to the "How To Stay Informed" section in the right column, and clicking on the "Questions and Answers: Hospice" link.

- If you've got questions about the recovery audit contractors (RACs), a new series of free conference calls from CMS may give you answers. The agency has scheduled four 90-minute calls for May 4, May 5, and May 12.

"These calls offer another opportunity for providers who missed the earlier presentations to hear the RAC 101 session and to ask any questions they may have regarding the RAC process," CMS says.

You need not register for the calls, but to get the dial-in information, visit the CMS Web site at www.cms.gov/RAC/03_RecentUpdates.asp.

In the meantime, you can find out how Medicare is improving its processes so that providers can track RAC recoupments in a new MLN Matters article. CMS "is not providing enough detail currently in the Remittance Advice (RA) to enable providers to track and update their records to reconcile Medicare payments," the agency admits in the article.

The new remittance advice information which will enable better tracking is in the article at www.cms.gov/MLNMattersArticles/downloads/MM6870.pdf. The changes will take effect in July.

- Don't forget to take a moment next month to recognize your nursing staff's efforts.

National Nurses Week is May 6-12, accrediting body The Joint Commission reminds providers. "National Nurses Week provides a special opportunity to thank the more than two million nurses throughout the United States who positively influence the lives they touch," says the Commission's **Ann Scott Blouin, Ph.D., R.N.** "As nurses, we work in many different settings and serve in many roles, but all of us share a single focus on keeping patients safe by providing quality

care."

Ideas for celebrating National Nurses Week are at the American Nurses Association's Web site at <http://nursingworld.org/NationalNursesWeek>.