

Eli's Hospice Insider

Industry Notes:

You may need to make a change to your hospice claims procedures.

Old way: Currently, CMS tells you to report the physician certifying the patient's terminal illness in the attending physician field on the notice of election (NOE) and claim, regardless of whether that physician was the beneficiary's selected attending physician, CMS notes in Nov. 27 Transmittal No. 1863 (CR 6540) at www.cms.hhs.gov/Transmittals/downloads/R1863CP.pdf.

New way: Now, for dates of service starting Jan. 1, you'll put the attending physician and her National provider Identifier (NPI) in the attending physician field and the certifying physician and her NPI in the "Other physician" field, CMS instructs in the transmittal.

Be cautious with home health/hospice crossover.

It's OK for a home health agency to serve a hospice patient (and bill Medicare) for reasons not related to the terminal illness, but you'd better get your coding right.

So says RHHI Cahaba GBA in its December newsletter for providers. HHAs "are inappropriately including diagnosis codes that are related to a hospice beneficiary's terminal illness as the primary diagnosis on their claims when the HHA is providing services to the beneficiary that are unrelated to the terminal illness," Cahaba says.

Using the terminal illness diagnosis may be OK for the secondary diagnosis (in M0240), but the primary diagnosis needs to be the chief reason for home care, Cahaba explains. If you are serving the patient for reasons related to the terminal illness, payment must come from the hospice.

Tip: "To determine whether the beneficiary has elected the hospice benefit and whether this election impacts your dates of service, Cahaba encourages HHAs to review ELGH page 9 or ELGA page 2 at the time of admission and prior to submitting any billing transactions to Medicare," the newsletter urges.

Tool: For a sample attestation form from Cahaba, go to www.cahabagba.com/rhhi/education/materials/quick_hospice_certification.pdf.

Survey Discovers Surprising Risk Factor For Falls

Injuries suffered as the result of a fall are a major health issue among older Americans. Now, a recent study finds that those with chronic pain are at an increased risk. "Chronic pain is a major contributor to disability in older adults.

However, the potential role of chronic pain as a risk factor for falls is poorly understood," said a brief about the study, "Chronic Musculoskeletal Pain and the Occurrence of Falls in an Older Population."

The study, published in the Nov. 25 issue of the Journal of the American Medical Association, conducted a survey involving 749 adults aged 70 years and older to determine whether chronic musculoskeletal pain is associated with an increased occurrence of falls among community-living older adults.

Based on the results, there were 1,029 falls reported during the followup. Among those falls, people who had two or more pain sites had higher fall rates than those that experienced no or minimal pain, according to the study's abstract notes. "Chronic pain measured according to number of locations, severity, or pain interference with daily activities was associated with greater risk of falls in older adults," concluded the report.

Welcome a New Resource Center for LGBT Elders

The Department of Health and Human Services announced plans to establish the nation's first national resource center to assist communities across the country in their efforts to provide services and supports for an estimated 1.5 to 4 million older lesbian, gay, bisexual, and transgender (LGBT) individuals.

Agencies that provide services to older individuals may be unfamiliar or uncomfortable with the needs of this group of individuals, according to a press release. The new center for LGBT elders will provide information, assistance, and resources for both LGBT organizations and mainstream aging services providers to assist them in the development and provision of culturally sensitive supports and services.

The center will also help community-based organizations understand the unique needs and concerns of older LGBT individuals and assist them in implementing programs for local service providers, including helping LGBT caregivers who are providing care for an older partner with health or other challenges.