

## Eli's Hospice Insider

### INDUSTRY NOTES

#### Prepare to Provide Even More Claim Data

This spring, you'll need to provide yet another piece of data on Medicare claims. As of Jan. 1, you have had to report visits or phone calls for nearly all hospice days billed, the Centers for Medicare & Medicaid Services notes in Jan. 29 Transmittal No. 1897 (CR 6791).

The problem: "When a hospice patient has different levels of care within a given month, it is sometimes not clear from the claim which visits or calls are associated with each level of care reported on the claim," CMS explains in the transmittal. "This is because each level of care is only required to be reported once on the claim for the location it was provided and all days associated with that level of care are billed on one claim line, even when the days being billed on that line are not consecutive."

The solution: Starting April 29, "hospice claims ... should report separate line items for the level of care each time the level of care changes," CMS instructs in a related MLN Matters article. "This includes revenue codes 0651 (Routine Home Care), 0655 (Inpatient Respite Care) and 0656 (General Inpatient Care)."

For example, if a patient starts the month in general home care, switches to general inpatient care, then goes back to general home care, there should be two different line items for the two general home care periods.

This strategy should ensure accurate data with "minimal administrative demands" on hospices, CMS says.

Watch out: If providers don't adhere to this policy, "CMS may consider implementing a line item date of service billing requirement for hospice level of care revenue codes," the transmittal warns. "This would require reporting a separate line for the level of care for each day billed on the hospice claim." That would be additional burden in reporting, CMS admits, "but would ensure that each level of care is reported with a line item date of service and therefore, each visit and call is appropriately associated with the level of care during the time of visit."

The transmittal is online at [www.cms.hhs.gov/transmittals/downloads/R1897CP.pdf](http://www.cms.hhs.gov/transmittals/downloads/R1897CP.pdf). The MLN Matters article is at [www.cms.hhs.gov/MLNMattersArticles/downloads/MM6791.pdf](http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6791.pdf).

#### New Hospice Claims Edits To Hit In July

Now that you're required report site-of-service data on your claims, Medicare is going to start editing claims to make sure different levels of hospice care have the correct site, the Centers for Medicare & Medicaid Services says in Feb. 5 Transmittal No. 121 (CR 6778).

Starting in July, you can expect to see claims returned if your level of care doesn't correspond to the correct site of service.

For example: Hospices may furnish general inpatient (GIP) care only in a hospice inpatient unit, a participating hospital, or skilled nursing facility, CMS explains in the transmittal. The system will also check for correct sites for respite care, which must occur in a hospice facility, SNF, regular nursing facility, or participating hospital, and continuous homecare (CHC), which must occur at home.

CMS is also correcting its regulations to state that for continuous home care, nursing care from an RN or LPN must make up at least 50 percent of the time billed, CMS adds in Feb. 5 Transmittal 1907 (CR 6778).

The transmittals are at [www.cms.hhs.gov/transmittals/downloads/R121BP.pdf](http://www.cms.hhs.gov/transmittals/downloads/R121BP.pdf) and

[www.cms.hhs.gov/transmittals/downloads/R1907CP.pdf](http://www.cms.hhs.gov/transmittals/downloads/R1907CP.pdf)