

Eli's Hospice Insider

Reimbursement: CMS Clears Up Drug, DME Reporting Confusion

You aren't required to switch to new reporting methodology - although you'll probably want to.

If the wording of new Medicare instructions on drug reporting threw you for a loop, you weren't alone.

In CR 10573, the **Centers for Medicare & Medicaid Services** sends Medicare Administrative Contractors the instructions for provisions in its proposed rule that eliminate the requirement to report line-item drug and durable medical equipment charges (see Eli's Hospice Insider, Vol. 11, No. 6).

However, hospices calling into CMS's May 15 Open Door Forum for home care and hospice providers expressed concern that unlike the rule, the CR says "Hospices **shall** report a monthly charge total for all drugs ... using revenue code 0250" and "hospices **shall** report a monthly charge total for DME ... including DME infusion drugs, using revenue center 029X for the item of DME and 0294 for DME infusion drugs" (emphases added). That language makes the change sound mandatory, when the rule says the change is optional, the caller pointed out.

The "shall" language is an oversight and the switch from per drug to monthly reporting is entirely optional, a CMS official clarified in the forum.

The staffer also allayed fears about DME reporting in the call. The reporting refers to only the DME related to drugs, such as infusion pumps, he clarified. "It's not all DME products," he said.

Also: Unlike nurse practitioners, physician assistants will not be able to perform a face-to-face encounter for hospice certification, a CMS source confirmed in the forum. The 2019 proposed rule implements the PA changes required by the Bipartisan Budget Act of 2019, but doesn't permit PAs to perform F2F.