

Eli's Hospice Insider

Reimbursement: Hospices Off The Hook For Some Hospital Costs

CMS rep answers providers' hospice coverage questions in forum.

Every hospice has been there -- a patient goes into the hospital without your knowledge or approval, and you get slapped with a whopping bill from the facility.

According to new questions-and-answers from the **Centers for Medicare & Medicaid Services**, you don't necessarily have to foot the bill, depending on the situation.

If a beneficiary seeks hospital care without the hospice arranging it, the beneficiary may be liable for the cost of the hospital stay, allowed CMS's **Katie Lucas** in the April 11 Open Door Forum for home care providers.

And if the patient goes into the hospital and the hospice has no contract with the facility, the hospice can discharge the patient, Lucas said. The procedure would work the same as when a patient moves out of the service area. As of July 1, hospices will be able to discharge with new condition code 52 when this occurs. (For an overview of the new hospice discharge codes, see Eli's Hospice Insider, Vol. 5, No. 3).

Hospices should consider factors such as the patient's length of stay when deciding whether to discharge for a hospital stay, Lucas said.

Other Q&As addressed in the forum include:

- Veterans Administration. Beneficiaries must revoke their hospice benefit to go into a VA hospital, Lucas confirmed. Starting in July, hospices can discharge with condition code 52 when they fail to revoke.
- F2F timing. The face-to-face physician encounter can occur on the same day the applicable benefit period begins, Lucas clarified. "We allow hospice providers the flexibility to complete the face-to-face encounter during the first day of the new benefit period."

CMS will post the new Q&As on its website, Lucas said.