Codify
BY AAPC

Eli's Hospice Insider

Reimbursement: Know these New Claim Requirements to Keep Reimbursement Flowing

Watch for new claims edits in July

This year has already been a busy one for new claim requirements, and the change requests aren't over yet. From itemizing visits to tracking social work phone calls and line item billing for levels of care, if you aren't reporting the details correctly, you could be risking denials.

1. Itemize Visits Per Day in Billing

2010 began with change request 6440 which was effective for service dates on or after Jan. 1.

This new claim requirement changed the way hospice visits are reported,requiring line item billing of visits for all service disciplines (nursing, medical social services, and aides) in 15-minute increments, rather than on a weekly basis, says **M. Aaron Little, CPA,** senior managing consultant with BKD in Springfield, MO.

Each visit on a particular day must now be listed individually, Little says. Plus, you must now bill for therapy services performed by direct staff and contract staff addressing the terminal illness.

The change applies to visits provided by hospice employees to patients receiving routine home care,continuous home care, or respite care.

Coming up: Watch for visit reporting for chaplains and volunteers likely to be required in the future, Little predicts.

2. Track Social Work Phone Calls

C.R. 6440 also requires that you report medical social services phone calls for providing care to or coordinating care of a patient for the palliation and management of the terminal illness and related conditions, Little says. Calls that involve counseling the patient's family should also be reported.

These calls must all be described in the plan of care and documented in the clinical record, Little says. Each reportable call should be reported on the claim as a billable visit.

Confusing: This requirement could result in situations where three calls occur in a 20 minute span and you must bill for each call separately, even though they each lasted less than 15 minutes, Little points out.

3. Report Two Physicians

For claims and notices of election with dates of service on or after April 1, CR request 6540 requires that you report two physicians. This new requirement means you must report both the attending physician and the hospice physician certifying the terminal illness, Little says.

And this requirement holds true even if the attending physician and hospice physician is the same individual. In that case, you would list the same physician's name in both required claim fields.

4. Use Line Items for Levels of Care

You should be providing line item reporting of hospice levels of care for claims received on or after April 29, 2010, according to requirements in change request 6791.

Now, for routine home care (RHC), respite care (RC), and general inpatient care (GIP), new claim service dates and lines must be reported each time a level of care changes, Little says. Service units must report consecutive number of days at that level of care and the service date must report the first date at that level of care.

Note: The effective date for this requirement isn't based on date of service, but on when the claim was received by Medicare, Little says.

5. Secure Payment for New MA Patients

Coming up, you'll start to see payment for Medicare covered services on the date of a hospice election when the patient has a Medicare Advantage plan. Change request 6778 puts this into effect July 6, 2010.

Payment responsibility will shift from MA to Medicare fee for service for all hospice and non-hospice services on the date of hospice election, Little says. This change also clarifies that hospices are not responsible for ambulance transports occurring on the date of hospice election if they occur before all criteria for hospice eligibility and coverage are met.

Mind the edits: CR 6778 implements new claims edits to ensure the appropriate place of service is reported for GIP (Medicare certified inpatient hospice facilities, hospitals,or skilled nursing facilities), RC (Medicare or Medicaid certified hospitals, skilled nursing facilities, inpatient hospice, or nursing facilities), and CHC (patient home), Little says.

Editor's Note: Email the editor at Janm@inhealthcare.com for copies of the CMS transmittals that relate to these change requests.