

Eli's Hospice Insider

Reimbursement: Know When To Bill For FFE Visits -- And When Not To

Ambulance transport is hospices' responsibility, CMS clarifies.

You can defray at least some of the cost of the new hospice face-to-face encounters, if you know the ropes.

In response to the **Centers for Medicare & Medicaid Services** proposing hospice FFEs in July, hospices submitted strident comments decrying the financial toll the encounter requirement will take.

Good news: CMS didn't scrap the legislatively mandated FFE requirement, but it did clarify that when a hospice physician makes a visit to complete the FFE and performs additional medically necessary services, the hospice may bill for them. "We believe that allowing for this type of billing will not only increase the quality of patient care, but also will help defray the costs to hospices of meeting this requirement," CMS says in the rule.

For example: "If a physician or nurse practitioner provides reasonable and necessary non-administrative patient care such as symptom management to the patient during the visit ... that portion of the visit would be billable," CMS explains. That could include services like deciding that a medication change is warranted, the rule notes.

That FFE revision is "really positive," cheers consultant **Roseanne Berry** with **R&C Healthcare Solutions** in Phoenix. "There wasn't a hint of that in the proposed rule. CMS seems pleased to be able to say that it was OK -- they recognized that it could help offset the cost."

Billing for an NP is more complicated, however. In the case of the NP who makes the face-to-face encounter, the services would be billable only if three criteria are met, Berry tells **Eli**: the NP provides reasonable and necessary services, the NP is the designated attending physician, and the NP is directly employed by or a volunteer of the hospice (not contracted).

Remember: A non-hospice physician, such as the patient's primary physician, is not allowed to make the FFE visit. It must be a doctor who works or volunteers for or is contracted with the hospice, CMS explains in the rule.

Another positive change between the proposed and final rules is CMS's clarification that the encounters can take place anywhere, including the physician's office, Berry notes.

However: If a patient requires ambulance transport to see the physician or NP for the visit, the hospice must pay for it out of its per diem payment amount from Medicare, CMS says in the final rule. "The ambulance transportation ... could not be billed to [the] patient," CMS makes clear in the rule.

And "we expect that hospices will not require patients to come to the hospice physician or NP for the encounter if doing so would exacerbate symptoms or otherwise jeopardize the patient's well-being," CMS stresses. As required by the Medicare Conditions of Participation, "all patient transport must occur within the context of optimizing patient comfort and meeting the specific needs and goals of patients and their families," the rule says.

Another positive change is CMS's clarification of how to structure the attestation and other documentation for the recert, experts say.