

## Eli's Hospice Insider

### Reimbursement: Limit Your Respite Care Billing To 5 Consecutive Days

**Claims with respite care stretching more than 5 days will RTP starting this summer.**

Hospices are off the hook for vaccinations, but on the hook for respite care limitations, thanks to two new Medicare transmittals.

Medicare regulations require that the program may not pay for more than five consecutive days of hospice inpatient care, the Centers for Medicare & Medicaid Services says in Feb. 5 Change Request 8569. "Currently, Medicare systems do not provide standard editing to enforce this payment rule," according to the CR. "In an effort to prevent potential overpayments in the Medicare Hospice benefit, new edits are being implemented to prevent payment of respite care for more than 5 days at a time for any hospice claim submitted on or after July 1, 2014."

**How it will work:** "For claims with receipt dates on or after July 1, 2014, Medicare contractors shall return to the provider (RTP) hospice claims (type of bills 081X and 082X) reporting units greater than 5 on revenue code 0655," CMS explains.

"This does not mean that hospices cannot provide and bill for this level of care more than once per month or benefit period," points out the National Association for Home Care & Hospice. "It means the hospice cannot submit a claim for respite care that exceeds 5 days per occurrence."

**Tip:** "When there is more than one respite period in the billing period, the provider must include the M2 occurrence span code for all periods of respite," CMS instructs in revised Claims Processing Manual language included in the CR. "The individual respite periods reported shall not exceed 5 days, including consecutive respite periods."

For example billing scenarios, see the CR at

[www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2867CP.pdf](http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2867CP.pdf).

#### CMS Loosens Up For Once

Meanwhile, hospices are happy to see Medicare back off the requirement banning payment for vaccinations to non-hospice providers.

The original restriction "was to enforce the statement in the Medicare Claims Processing Manual ... that vaccines 'may be covered when furnished by the hospice,'" CMS explains in CR 8620 revised Feb. 6. "CMS has determined that this enforcement is too restrictive, since the manual does not say 'only when furnished by the hospice.' This CR removes the changes made to Medicare systems in CR 8098, in order to allow any provider to furnish vaccines to hospice beneficiaries."

The change takes effect April 7, says the CR at

[www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R1339OTN.pdf](http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R1339OTN.pdf).