

Eli's Hospice Insider

REPORTING :CMS Finalizes Additional Hospice Claims Data Reporting Mandate

Get the details on the new requirement that hits hospices Jan. 1.

Hospices will be glad to include more information on claims about the care that they're providing, but the clearer picture will come at a price.

The Centers for Medicare & Medicaid Services has finalized its proposal for the next phase of hospice data reporting on claims, according to April 24 Transmittal No. 6440 (CR 1713). Hospices must report visits only for Routine Home Care, Continuous Home Care, and Respite Care, CMS says.

CMS will require hospices to report on claims visits in 15-minute increments by nurses, aides, and social workers who are employed by the hospice. Additionally, hospices must report visits in 15-minute units for physical, occupational, and speech-language therapists, regardless of direct employment, the agency instructs.

Nail Down the Revenue Codes

Hospices will use revenue codes currently utilized by home health agencies to report each discipline, CMS says: 055x (nursing), 057x (aide), 056x (medical social), 042x (PT), 043x (OT), and 044x (SLP). They'll also use the associated HCPCS G-codes (G0154 to G0156, or G0151 to G0153 for therapy) to report the time units.

New item: Hospices will report social worker phone calls made to the patient or the patient's family using revenue code 0569, and HCPCS Gcode G0155 for the length of the call, with each call being a separate line item, CMS adds.

Don't forget: "Only phone calls that are necessary for the palliation and management of the terminal illness and related conditions ... should be reported," CMS says. Documentation in the clinical record should back up the call.

The requirements haven't changed much from CMS' proposal, notes **Janet Neigh** with the National Association for Home Care & Hospice. More details about billing are now available. Providers are "resigned" to the 15-minute billing, Neigh says. Even though it's a hassle, it will provide more information about the care provided, which hospices like. As it stands now, an unscrupulous hospice can provide a twominute visit and look like it's furnishing a lot of care.

The new rules will promote quality of care by requiring the time details, Neigh tells **Eli**. But even with the new requirements, "we are still concerned that the data collection does not represent the full interdisciplinary team or the full scope of hospice care," worries **Judy Brunger** with The Carolinas Center for Hospice and End of Life Care. For example, non-social-worker phone calls to families for coordination aren't reported.

Travel time, documentation time, and interdisciplinary group time also won't be included in the time reporting, points out the National Hospice & Palliative Care Organization.

CMS will collect visit data on other team disciplines like pastoral care "in a future phase of the data collection," the agency reports.

CMS Keeps Inpatient Visits Exempt

The good news is: CMS has clarified that hospices won't have to report visits in 15-minute increments for inpatient settings even if the inpatient facility is its own, Neigh points out. And CMS is "continuing to exempt visit reporting by non-hospice staff when hospice patients in a contract facility are receiving [General Inpatient care]," the transmittal

notes. Providers should continue to report the number of GIP visits, however, CMS adds.

Early birds: CMS isn't requiring the visit time reporting and line-item billing until Jan. 1, but hospices may begin reporting the data in October if they wish.

Note: The transmittal including billing specifics is at www.cms.hhs.gov/transmittals/downloads/R1713CP.pdf.