Eli's Hospice Insider

Trends: Get Ready To Fight For Patient Services Unrelated To Terminal Dx

Plus: CMS ramping up hospice complaint surveys, concurrent care demonstrations, and more.

Do you provide services that aren't related to your patients' terminal diagnoses? If you answered "Yes," then you'd better beef up your documentation if you hope to get reimbursed for those services.

Under Medicare payment rules, the hospice per diem payment rate does not have to cover services that are unrelated to the terminal diagnosis for the patient. But regional offices (ROs) for the **Centers for Medicare & Medicaid Services** are seeing "misunderstandings" about what fits into that category, CMS's **Lori Anderson** said at the **National Association for Home Care & Hospice's** March on Washington conference March 28.

"A terminal diagnosis is not one ICD-9 code," Anderson emphasized to attendees. At the end of life, "almost everything" is related to the terminal condition. "It's the exception and not the norm if it's not related," she said.

The ROs are seeing cases where hospices classify anything not related to one ICD-9 code -- the patient's primary diagnosis -- as unrelated, and thus not subject to payment coverage by the hospice rate, Anderson explained.

The ROs and **HHS Office of Inspector General** are seeing this problem among nursing home patients, in particular, Anderson said. "It's a good thing that nursing home patients get hospice," she asserted. But payment must follow the Medicare rules.

One hospice provider insisted that the policy is a departure from CMS's previous guidance. The policy is not a departure, Anderson maintained.

Other hospice-related issues discussed at NAHC's conference include:

Concurrent care demonstration. Last year's Affordable Care Act health care reform law requires CMS to run a three-year concurrent care demonstration program that allows a patient to elect hospice care but still receive curative treatment under Medicare.

CMS is still designing that demo, said CMS's **Cindy Massuda** in the conference. The next step will be a Federal Register notice of solicitation. If funding comes through in the 2012 budget, the program will hopefully launch then, Massuda said.

Surveys. Hospices may not have to be regularly surveyed as often as home health agencies, but that doesn't mean problems are ignored. "There are a lot of complaint surveys going on," CMS's **Kim Roche** told the NAHC conference. Also immediate jeopardy surveys.

One example: Recently, a hospice underwent a survey with an immediate jeopardy finding because a nurse was adjusting a hospice patient's medicine dosages on her own, with the patient becoming unresponsive and dying, Roche related.

Resource: If you'd like to see how CMS trains its surveyors, check out http://surveyortraining. cms.hhs.gov, Roche suggested.

Payment reform. You'd better hope the new billing data hospices have been submitting is accurate, because CMS is basing its hospice payment reform ideas on it.

ACA requires CMS to implement hospice payment reform "not earlier than 2014," Anderson noted. Right now, CMS is

CPT® 2023 American Medical Association. All rights reserved.

collaborating with the HHS Assistant Secretary for Planning and Evaluation office on analyzing billing data, she said.

Next CMS plans to convene a Technical Expert Panel this summer and develop a preliminary analytic approach to reform, Anderson said. The **Medicare Payment Advisory Commission** has already recommended a U-shaped payment model -- higher payment at the beginning and end of episodes, lower payment in the middle -- she pointed out. But CMS has not yet decided whether to adopt MedPAC's approach.

CPT® 2023 American Medical Association. All rights reserved.