

MDS Alert

Medicare Payment: Know When Residents Qualify for Both Hospice and Part A SNF Care

Apply this key litmus test to see if residents qualify for dual coverage.

A Medicare patient on hospice can also receive Part A SNF services, but SNFs and hospices have to take a close look at that type of scenario to avoid payment denials.

Pivotal: "The hospice benefit covers items and services related to the terminal illness and related conditions," says attorney **Marie Berliner**, in Austin, Texas. Thus, whether the hospice patient qualifies for Part A SNF services depends on whether his three-day qualifying hospital stay was related or not to his terminal illness or related conditions. (The person would, of course, have to have days left in his SNF benefit period and meet medical necessity requirements for SNF Part A services, etc.)

Example: Suppose a patient with a hospice diagnosis of colon cancer falls and breaks a hip, says hospice consultant **Beth Carpenter** in Lake Barrington, Ill. "The MAC/FI can say the chemotherapy weakened the person's bones, causing the hip to fracture and the person to fall," she cautions.

"Scenarios that would qualify for both Part A SNF care and hospice care would be a fall or other condition where the cause is outside the hospice diagnosis," says Carpenter. An example would be a hospice patient who falls due to a wet floor or obstacle on the floor, requiring hospital care followed by SNF services to treat the injury, she adds. "The same would be true of a medication error that caused an adverse drug reaction."

2 more potentially covered examples: Suppose a hospice recipient receiving an inpatient level of hospice care in the hospital developed a hospital-related MRSA infection that other patients developed in the same hospital unit. That type of scenario would "potentially qualify as a three-day stay for purposes of triggering SNF coverage under Part A," says Berliner.

Or suppose a person with cancer as the terminal diagnosis is injured in a car accident and receives surgery as a hospital inpatient, remaining in the hospital for three days, says Berliner. Then he needs to recuperate in the SNF. "The hospice patient would likely qualify for SNF coverage based on the hospital stay, which was unrelated to the terminal condition," says Berliner.

Key: "The attending or medical director for the hospice and the hospital admitting physician and the patient's SNF attending physician should be in agreement that the issues were unrelated," Berliner stresses. And the hospice, hospital, and SNF documentation should "clearly and separately" indicate that's the case.

Also Be on the Lookout for This Development

A resident could receive three or more days of a hospice-covered inpatient level of care in the hospital setting and then decide to revoke his hospice benefit. For example, the person may decide to go off hospice in order to pursue aggressive treatment for his condition, says Berliner. "In that case, a three-day hospital stay could qualify the person for SNF services related to the condition they received treatment for in the hospital, which could have been their terminal condition."

Must-have: "If the beneficiary revokes his/her hospice benefit, the revocation must be in writing," says Berliner.