



News Flash – The revised Hospice Payment System Fact Sheet (November 2009) is now available in downloadable and print formats. This fact sheet provides general information about the Medicare hospice benefit including coverage of hospice services, certification requirements, hospice election periods, how payment rates are set, patient coinsurance payments, caps on hospice payments, and additional reporting required on hospice claims. The fact sheet can be accessed at http://www.cms.hhs.gov/MLNProducts/downloads/hospice_pay_sys_fs.pdf on the CMS website. To place your order for hardcopies, visit <http://www.cms.hhs.gov/MLNGenInfo/>, scroll down to “Related Links Inside CMS” and select “MLN Product Ordering Page.”

MLN Matters® Number: MM6791

Related Change Request (CR) #: 6791

Related CR Release Date: January 29, 2010

Effective Date: April 29, 2010

Related CR Transmittal #: R1897CP

Implementation Date: April 29, 2010

Associating Hospice Visits to the Level of Care

Provider Types Affected

Hospice providers submitting claims to Medicare Administrative Contractors (A/B MACs), and/or Regional Home Health Intermediaries (RHHIs) for services provided to Medicare hospice beneficiaries are affected by this article.

Provider Action Needed

This article is based on Change Request (CR) 6791 and will require hospice agencies to report a separate line item for each time the level of care changes. Be certain your billing staffs are aware of these Medicare changes.

Background

With implementation of Change Request (CR) 6440 on January 1, 2010, hospice providers are required to report visits, certain phone calls, and visit or call intensity for nearly all hospice days billed, according to line item date of service. You can review the MLN Matters® related article at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6440.pdf> on the CMS website.

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These visit data will better reflect the services provided to Medicare hospice beneficiaries, and may be used in research conducted for possible future payment reform. For the data to fully serve their purposes, it is necessary that the visit or call always be associated with the level of care being billed. Currently, when a hospice patient has different levels of care within a given month, it is sometimes not clear from the claim which visits or calls are associated with each level of care reported on the claim. This is because each level of care is only required to be reported once on the claim for the location it was provided and all days associated with that level of care are billed on one claim line, even when the days being billed on that line are not consecutive.

Reporting Requirements

For hospice claims submitted on or after April 29, 2010, hospices should report separate line items for the level of care each time the level of care changes. This includes revenue codes 0651 (Routine Home Care), 0655 (Inpatient Respite Care) and 0656 (General Inpatient Care).

For example, if a patient begins the month receiving routine home care followed by a period of general inpatient care and then later returns to routine home care all in the same month, in addition to the one line reporting the general inpatient care days, there should be two separate line items for routine home care. Each routine home care line reports a line item date of service to indicate the first date that level of care began for that consecutive period. This will ensure visits and calls reported on the claim will be associated with the level of care being billed with minimal administrative demands on providers. However, should providers not adhere to this policy the Centers for Medicare & Medicaid Services (CMS) may consider implementing a line item date of service billing requirement for hospice level of care revenue codes. This would require reporting a separate line for the level of care for each day billed on the hospice claim.

CMS realizes this is an additional burden in reporting but this level of reporting will ensure that each level of care is reported with a line item date of service and therefore, each visit and call is appropriately associated with the level of care during the time of visit.

Additional Information

If you have questions, please contact your Medicare MAC or RHHI at their toll-free number which may be found at

<http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip>
on the CMS website. The official instruction, CR6791, issued to your Medicare MAC or RHHI regarding this change may be viewed at

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<http://www.cms.hhs.gov/Transmittals/downloads/R1897CP.pdf> on the CMS website.

For additional information regarding the Hospice Payment System, see http://www.cms.hhs.gov/MLNProducts/downloads/hospice_pay_sys_fs.pdf on the CMS website.

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