

Review of Medicare Hospice Changes



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Change Request 8358, Additional Data Reporting Requirements for Hospice Claims,
<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM8358.pdf>

Summary: Creates additional data reporting requirements on hospice claims

1. Hospice staff visits under General Inpatient Care (GIP) are line item reported when the place of services is skilled nursing facility (Q5004), inpatient hospital (Q5005), long term care facility (Q5007) or inpatient psychiatric facility (Q5008)
2. Facility NPI must be reported with the place of service is non-skilled nursing facility (Q5003), skilled nursing facility (Q5004), inpatient hospital (Q5005), inpatient hospice facility (Q5006) (if different than the billing hospice), long term care facility (Q5007) or inpatient psychiatric facility (Q5008)
3. Post-mortem visits provided by hospice staff on the date of death are reported with HCPCS modifier PM
4. Injectable drugs are reported on a line-item basis per fill with revenue code 0636 and the appropriate HCPCS code
5. Non-injectable prescriptions are reported on a line-item basis per fill with revenue code 0250 and National Drug Code (NDC)
6. Infusion pumps and medication refills are reported on a line-item basis per pump order (with 029X) and per medication fill/refill (with 0294) and the appropriate HCPCS.

Additional Resources:

- Hospice Medicare Billing Codes Sheet:
http://www.cgsmedicare.com/hhh/education/materials/pdf/Hospice_Medicare_Billing_Codes_Sheet.pdf
- Hospice Claims Filing Webpages:
http://www.cgsmedicare.com/hhh/education/materials/Hospice_CF.html
 - Claim Page 02:
http://www.cgsmedicare.com/hhh/education/materials/claim_page_2.html
 - Claim Page 03:
http://www.cgsmedicare.com/hhh/education/materials/claim_page_3.html
- HCPCS Drug List for 2014:
<http://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Downloads/DRUG2014.pdf>
- NDC list: <http://www.fda.gov/drugs/informationondrugs/ucm142438.htm>

Change Request 7903, Expedited Determinations for Provider Service Terminations,
<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7903.pdf>

Summary:

- Updates effective August 26, 2013
- Details provider's responsibility in process
- Impact provider's reimbursement if not completed correctly
- Added instructions about delivery of Notice of Medicare Non-Coverage (NOMNC) at least
 - Two days before Medicare covered services end; or
 - Second to last day of service (if care is not daily)

- Adds instructions if QIO decision extends coverage beyond physician’s orders, provider cannot deliver care
 - Provider must notify physician of QIO ruling, and allow opportunity to reinstate orders
 - Beneficiary can seek other physician to write orders or other provider

Additional Resources:

- “Hospice Expedited Determination Process” webpage, http://www.cgsmedicare.com/hhh/coverage/Coverage_Guidelines/Expedited_Determination_Process.html
- “Hospice Guidelines for the Advance Beneficiary Notice of Noncoverage (ABN) and Expedited Determinations Process” quick resource tool, http://www.cgsmedicare.com/hhh/education/materials/pdf/Hospice_Guidelines_ABN_Noncoverage.pdf

August 7, 2013, Federal Register, “FY2014 Hospice Wage Index and Payment Rate Update; Hospice Quality Reporting Requirements; and Updates on Payment Reform” Final Rule, <http://www.gpo.gov/fdsys/pkg/FR-2013-08-07/pdf/2013-18838.pdf>

Summary:

- Page 48246 clarifies diagnosis reporting on hospice claims
- “Debility” and “Failure to thrive” are not allowable as principal diagnosis on hospice claims
 - Delays returning claims to provider until claims dated on/after October 1, 2014
- Reminder: hospices are required to code *all related* diagnoses

Special Edition Article (SE) 1249, “HIPAA Eligibility Transaction System (HETS) to Replace Common Working File (CWF) Medicare Beneficiary Health Insurance Eligibility Queries”, <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1249.pdf>

Summary:

- Revised on February 10, 2014
- CMS is delaying termination of ELGA/ELGH, which was originally scheduled for April 2014
- CMS will provide at least 90 days advance notice of new termination date
- Frequently Asked Question #3 indicates “Changes are currently underway to...return Hospice period information in the same format as CWF. When these changes are made, HETS will return all of the information provided by the CWF eligibility queries that is needed to process Medicare claims. These changes will be in place before the termination date for the FISS DDE CWF query access.

Additional Resources:

- HETS Companion Guide, <http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/HETSHelp/Downloads/HETS270271CompanionGuide5010.pdf>
- myCGS User Manual, <http://www.cgsmedicare.com/mycgs/manual.html>
 - Chapter 4: Eligibility Tab, <http://www.cgsmedicare.com/pdf/mycgs/chapter4.pdf>

ICD-10 Implementation

Summary:

- ICD-10 implementation date is October 1, 2014
 - Claims for dates of service on/after this date must include only ICD-10 codes

Additional Resources:

- CGS ICD-10-CM/PCS webpage, <http://www.cgsmedicare.com/hhh/claims/5010.html>
- CMS ICD-10 website, <http://www.cms.gov/Medicare/Coding/ICD10/index.html>