Per CMS Change Request 8358

https://www.dropbox.com/s/vrqbjbztikurylw/CR8358_July_2013_R2747CP.pdf

1 - Medicare hospices shall report line-item visit data for hospice staff providing general inpatient care (GIP) to hospice patients in skilled nursing facilities (site of service HCPCS code Q5004) or in hospitals (site of service HCPCS codes Q5005, Q5007, Q5008). This includes visits by hospice nurses, aides, social workers, physical therapists, occupational therapists, and speech-language pathologists, on a line-item basis, with visit and visit length reported as is done for the home levels of care. It also includes certain calls by hospice social workers (as described in CR 6440, Transmittal 1738, dated May 15, 2009), on a line-item basis, with call and call length reported as is done for the home levels of care. CMS is not changing the existing GIP visit reporting requirements when the site of service is a hospice inpatient unit (site of service HCPCS code Q5006). For all visit/call reporting, only report visits/calls by the paid hospice staff; do not report visits by non-hospice staff.

Enter the no charge visits like usual, and they will be included on the claim

2 - Hospices shall report the National Provider Identifier (NPI) of any nursing facility, hospital, or hospice inpatient facility where the patient is receiving services, regardless of the level of care provided, when the site of service is not the billing hospice. In compliance with the 837i requirements, the billing hospice must report the name, address, and NPI of the service facility where the service is being performed when the service is not performed at the same location as the billing hospice's location. When the patient has received care in more than one facility during the billing month, the hospice reports the NPI of the facility where the patient was last treated.

Billing - Other - Enter HH Location / Hospice Facility Stay Dates
When a Hospice patient is in a facility other than an Assisted Living Facility (02), use the Facility panel to identify the facility (as entered under Codes - Doctors, and identified as a facility), and make sure that facility has the correct NPI assigned

3 - Hospices shall report visits and length of visits (rounded to the nearest 15 minute increment), for nurses, aides, social workers, and therapists who are employed by the hospice, that occur on the date of

death, after the patient has passed away. Due to system limitations with reporting services after the date of the death, post mortem visits occurring on a date subsequent to the date of death are not to be reported. Visits occurring after death, and on the date of death, would need to be reported using a PM modifier to differentiate them from visits occurring before death. The reporting of post-mortem visits, on the date of death, should occur regardless of the patient's level of care or site of service.

This will require a new job code for SN, Aide, and SW, that has the appropriate HCPCS code and the PM modifier

4 - Hospice agencies shall report injectable and non-injectable prescription drugs on their claims. Both injectable and non-injectable prescription drugs should be reported on claims on a line-item basis per fill. Over-the-counter drugs are not to be reported at this time.

5 - Hospice agencies shall report infusion pumps (a type of DME) on a line-item basis for each pump order and for each medication refill. DME other than infusion pumps, and medical supplies are not to be reported at this time.

Billing - Other - Enter Hospice Per Diem Charges
A new tab has been added for Hospice Medications
Select the Patient and the Item Date
Click in the Medicine text area. A list of the Medication History will appear on the right. Click on the med, or DME-PUMP.
If the medication to be added to the claim is not in the Med History, fix that first!

For non-injectable meds, enter the first 9 digits of the NDC (National Drug Code). A list of the possible packaging codes will appear below, showing how that med is packaged. Click on the one with the last 2 digits that match your 11-digit NDC. Click on the NDC units code. Fill in the units (this can have up to 3 digits to the right of the decimal). Fill in the total price. Save.

For injectable meds, or an infusion pump, or infusion meds, enter the appropriate HCPCS code for that med, and a modifier if needed. Fill in the units and price and Save.

To correct or delete an item, click on it in the panel at the bottom of the screen.

More details can be found in the following article: Hospice April 1 Changes

Knowledgebase
http://kb.barnestorm.biz/KnowledgebaseArticle51127.aspx