Hospice Billing: Two Tier and SIA Payments

January 2016

Today's Presenters

- Corrinne Ball, RN, CPC, CAC, CACO

Provider Outreach and Education Consultant

Email: J6.provider.training@anthem.com

Disclaimer

National Government Services, Inc. has produced this material as an informational reference for providers furnishing services in our contract jurisdiction. National Government Services employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this material. Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of publication, the Medicare Program is constantly changing, and it is the responsibility of each provider to remain abreast of the Medicare Program requirements. Any regulations, policies and/or guidelines cited in this publication are subject to change without further notice. Current Medicare regulations can be found on the CMS website at http://www.cms.gov.

No Recording

- Attendees/providers are **never** permitted to record (tape record or **any** other method) our educational events
  - This applies to our webinars, teleconferences, live events and any other type of National Government Services educational events

Acronyms

- Acronyms used in this presentation can be viewed on the **NGSMedicare.com** website. On the **Welcome** page, click on **Provider Resources > Acronyms**.

Objective

- The objectives for this session is to provide information regarding recent change request released by CMS and provide guidance and instructions for implementation of the regulations.

Agenda

- Change Request 9255
  - Drug reporting anti-cancer and anti-emetic drugs on hospice claims
- Change Request 9201
  - Two tier RHC payments
  - SIA

Change Request 9255

Change Request 9255

- Reporting of Anti-Cancer and Anti-Emetic Drugs
  - Issued: 8/6/2015
  - Effective date: 1/1/2016

Change Request 9255

- **Background**

- CR 8358 required hospices to report prescription drugs for the palliation and management of the terminal illness and related conditions on their claims, after 4/1/2014
- Common Working File (CWF) edit restricts the allowable bill types for certain anti-cancer and anti-emetic drugs
- Hospice claims are omitted from the edit
- Medicare systems are returning hospice claims that report these drugs to the provider

Change Request 9255

Billing Anti-Cancer and Anti-Emetic Drug Codes:

- Prior to 1/1/2016
  - Hospices should remove or omit service lines for oral anti-cancer and anti-emetic drugs until after 1/1/2016
  - Hospice claims returned in error should
    - Remove the drug codes for anti-cancer and anti-emetics and resubmit the claim

Change Request 9255

Billing Anti-Cancer and Anti-Emetic Drug Codes:

- **On or after 1/1/2016**
  - Submit adjustment claims to restore service line items for oral anti-cancer and anti-emetic drugs for previously removed or omitted from hospice claims
  - Submit service line items on the hospice claims for oral anti-cancer and anti-emetic drugs as previously instructed in CR 8358

Step-by-step guidance for reporting drugs is provided in the Hospice Job Aid "Hospice Prescription Drug and Infusion Pump Reporting"

Change Request 9201

Change Request 9201

- Issued on 8/14/2015
- Effective for dates of service on or after 1/1/2016
  - Hospice claims with through dates on or after 1/1/2016;
  - Two routine home care (RHC) payment rates
  - Service intensity add-on (SIA) payment

Medicare Definition

- Episode of hospice care
  - Is a hospice election period or series of elections periods separated by no more than a 60 day gap in hospice care
- Election periods
  - Initial 90-day period
  - Subsequent 90-day period
  - Unlimited 60-day periods

Effective Date Example

- Beneficiary is admitted on 12/15/2015 and discharges due to death on 01/15/2016
  - Claim 1: From and Through dates >12/15/2015-12/31/2015
    - SIA and two tier RHC level payment **DOES NOT** apply
  - Claim 2: From and Through dates > 1/1/2016-1/15/2016
    - SIA and two tier RHC level payment **DOES** apply
    - No special coding by provider is needed- system will calculate the payment level for the RHC tier payment
    - Minor coding changes to the reporting for SIA payment
    - Medicare systems count 60 days from the date of admission regardless of whether some days are covered or non-covered

Two Routine Home Care (RHC) Rates

- The Medicare system will calculate the payment when the following criteria is met:
  - The day is a RHC level of care day
  - RHC “high” rate
    - Paid for days 1-60 of hospice
  - RHC “low” rate
    - Paid for days 61

Hospice "Day" Counts for Tier Payment

- Brand new Medicare hospice beneficiary
  - On or after 1/1/2016
  - Day 1 is the first day of the election
- Previous Medicare hospice elections
  - Day 1 is the first day of the 1st election and starts the "day" count
  - "Day" count continues to run as long as there is no break in service longer than 60 days
    - This includes patients who revoke, or are discharged for any reason
  - "Day" count will reset if a new election occurs after the patient's 60 day break in service

Hospice "Day" Count for Tier Payment

- The Medicare system will calculate the patient's episode day count based on the total number of days the patient has been receiving hospice care, separated by no more than 60 day gap in hospice care, regardless of **level of care** or whether those days were **billable or not**. This calculation would include hospice days that occurred prior to 1/1/2016

Hospice "Day" Count for Tier Payment

- Medicare hospice beneficiaries on service prior to 1/1/2016 with a day count on January 1st of 61 or more days the payment rate will be at the "low" RHC rate

Day Count Example

- Brand new beneficiary with no previous Medicare hospice elections or has had a gap in service greater than 60 days is admitted to hospice on 12/1/2015
  - "Day" count will start on 12/1/2015 as day 1
  - On 1/1/2016 the beneficiary will have a day count of 32 days
  - The RHC "high" rate will be paid from 1/1/2016 through day 60 – 1/29/2016
  - The RHC "low" rate would start on day 61- 1/30/2016

Day Count Example

- Brand new beneficiary with no previous Medicare hospice elections or has had a gap in service greater than 60 days is admitted to hospice on 11/1/2015
- Beneficiary revokes the benefit on December 10th
  - "Day" count on 12/10/2015 is 40 days
- Beneficiary re-elects the benefit on December 30th
  - "Day" count on 12/30/2015 is 41 days
- 1/1/2016 the beneficiary "day" count is 43 and would paid at the "high" RHC rate through day 60

Day Count Example

- Beneficiary elects the hospice benefit on 1/10/2016
- Beneficiary revokes on 1/30/2016
- Beneficiary re-elects on 2/16/2016
- Beneficiary is discharged from hospice care deceased on 3/28/2016
- Since the break in service from 1/30 to 2/16 is less than sixty days the beneficiary count continues with the second admission

Day Count Example

- Lets break it down:
  - 1/10/2016 through 1/30/2016
    - 21 days would be paid at the “high” RHC rate
  - 2/16/16 through 3/26/2016
    - Count continues since the gap in service was less than 60 days
    - 39 days for this admission would be paid at the “high” RHC rate
  - 3/27/2016 through discharge date of 3/28/2016
    - 3/27/2016 is “day” 61 and these days would be paid at the “low” RHC rate

RHC Payment Example

- March Claim- DOS 03/01-3/28/2016

Rev code	HCPCS	Line item date of service	Units
0651	Q5001	030116	28

- Medicare System will calculate:
  - Dates from 03/01 to 03/26 at the “high” RHC rate
  - Dates from 3/27/2016 to 3/28/2016 at the “low” RHC rate
  - Sum of these two amounts in the payment applied to this line item.

Hospice Health Insurance Query Access (HIQA)

Hospice Health Insurance Query Access (HIQA)

- Sign into Fiscal Intermediary Standard System/Direct Data Entry (FISS/DDE)
- Used for:
  - Checking simple eligibility checks
  - Checking benefit periods
  - Checking days used

Step by Step instructions available in the job aid “Hospice Health Insurance Query Access (HIQA) Tips” on the NGSMedicare.com website

Checking HIQA

```
HIQACOP                    CWF PART A INQUIRY REPLY        PAGE 02 OF XX
IP-REC   CN XXXXXXXXXA    NM PATIENT IT I   DB 01161932    SX F   IN XXXXX
PAP:                       PAP DATE: 000000
IMMUNO/TRANSPLANT DATA     COV. IND.:   TRANS. IND.:   DISCH. DATE: 000000
                                                                   000000
                                                                   000000
HOSPICE DATE     PERIOD 001 OWNER CHANGE 000   PERIOD 000 OWNER CHANGE 000
START DATE1      10/22/15
TERM DATE1       01/19/16
PROV1            XXXXXX

INTER 1          XXXXX
DOEBA DATE       10/22/2015
DOLBA DATE       12/31/2015
DAYS USED        071
START DATE2
PROV2
INTER2
REVOCATION IND 0
             PF1=INQ SCREEN    PF3/CLEAR=END    PF7=PREV   PF8=NEXT
```

Checking HIQA

```
HIQACOP                        CWF PART A INQUIRY REPLY          PAGE 02 OF XX
IP-REC    CN XXXXXXXXXA     NM PATIENT IT I    DB 01161932     SX F    IN XXXXX
PAP:                           PAP DATE: 000000
IMMUNO/TRANSPLANT DATA     COV. IND.:    TRANS. IND.:    DISCH. DATE: 000000
                                                                      000000
                                                                      000000

HOSPICE DATE     PERIOD 004  OWNER CHANGE 000    PERIOD 003 OWNER CHANGE 000
START DATE1      12/12/15                        052215
TERM DATE1       02/09/16                        072015
PROV1            XXXXXX                          XXXXX

INTER 1          XXXXX                           XXXXX
DOEBA DATE       12/12/2015                      052215
DOLBA DATE       12/31/2015                      072015
DAYS USED        020                             060
START DATE2
PROV2
INTER2
REVOCATION IND 0                                 1
            PF1=INQ SCREEN     PF3/CLEAR=END     PF7=PREV    PF8=NEXT
```

Checking HIQA

```
HIQACOP                      CWF PART A INQUIRY REPLY          PAGE 02 OF XX
IP-REC   CN XXXXXXXXXA     NM PATIENT IT I    DB 01161932    SX F    IN XXXXX
PAP:                        PAP DATE: 000000
IMMUNO/TRANSPLANT DATA      COV. IND.:    TRANS. IND.:    DISCH. DATE: 000000
                                                                       000000
                                                                       000000
HOSPICE DATE     PERIOD 004 OWNER CHANGE 000    PERIOD 003 OWNER CHANGE 000
START DATE1      12/12/15                       101315
TERM DATE1       02/09/16                       121115
PROV1            XXXXXX                         XXXXX

INTER 1          XXXXX                          XXXXX
DOEBA DATE       12/12/2015                     101315
DOLBA DATE       12/31/2015                     121115
DAYS USED        020                            060
START DATE2
PROV2
INTER2
REVOCATION IND 0                                0
              PF1=INQ SCREEN     PF3/CLEAR=END     PF7=PREV    PF8=NEXT
```

Service Intensity Add (SIA) Payment

Service Intensity Add-on (SIA) Payment

- Effective for hospice Services with “through” dates, on and after 1/1/2016, a hospice claim will be eligible for an end of life (EOL) SIA payment if the following criteria are met:

1. The day is a RHC level of care day.
2. The day occurs during the last seven days of life (and the beneficiary is discharged dead).
3. Service is provided by an RN or social worker that day for at least 15 minutes and up to 4 hours total.
4. The service is not provided by a social worker via telephone.

SIA

- Per CR 9369 -Two new G-Codes established to distinguish between services provided by an RN and LPN
  - G0299- Registered Nurse
  - G0300- Licensed Practical Nurse
- The G-codes will be billed in 15 minute increments and payable up to 4 hours or a total of 16 units per day for the final 7 days as long as the criteria has been met

SIA Scenario

- Beneficiary is on service 1/1/2016 and dies on 1/23/2016
- January claim billed with OC 55 –date 1/23/2016
- RN and social worker visits reported between January 17-23, 2016 are eligible for the SIA payment for up to 4 hours as long as all criteria is met

SIA Example

```
MAP1712   PAGE 02        NATIONAL GOVERNMENT SERVICES, INC.
XXX1111   SC                  INST CLAIM ENTRY
                                                    REV CD PAGE
 HIC XXXXXXXXXA     TOB 8X4   S/LOC S B0100   PROVIDER XXXXXX
                                 TOT     COV
 CL   REV   HCPC MODIFS     RATE UNIT    UNIT   TOT CHARGE NCOV CHARGE SERV DT
  1  0651  Q5001                 00023   00023  XXXX.00                 010116
  2  0551  GXXXX                00004   00004  XXXX.00                 011616
  3  0551  GXXXX                00002   00002  XXXX.00                 011716
  4  0551  GXXXX                00004   00004  XXXX.00                 012016
  5  0551  GXXXX                00010   00010  XXXX.00                 012216
  6  0551  GXXXX                00016   00016  XXXX.00                 012316
  7  0561  G0155                00002   00002  XXXX.00                 011616
  8  0561  G0155                00016   00016  XXXX.00                 011816
  9  0561  G0155                00004   00004  XXXX.00                 012316
 10  0001                                      XXXX.00

      PROCESS COMPLETED --- PLEASE CONTINUE
PRESS PF2-171D PF3-EXIT PF5-UP PF6-DOWN PF7-PREV PF8-NEXT PF9-UPDT PF11-RIGHT
```

CERT A/B MAC Outreach & Education Task Force

CERT A/B MAC Outreach & Education Task Force

- A joint collaboration of the A/B MACs to communicate national issues of concern regarding improper payments to the Medicare Program
- Shared goal of reducing the national improper payment rate as measured by the CERT program
- Partnership to educate Medicare providers on widespread topics affecting most providers and complement ongoing efforts of CMS, the MLN and the MACs individual error-reduction activities within its jurisdictions
- **Disclaimer:** The CERT A/B MAC Outreach & Education Task Force is independent from the CMS CERT team and CERT contractors, which are responsible for calculation of the Medicare fee-for-service improper payment rate.

Participating Contractors

- Cahaba Government Benefit Administrators, LLC/J10
- CGS Administrators, LLC/J15
- First Coast Service Options, Inc./JN
- National Government Services, Inc./J6 and JK
- Noridian Healthcare Solutions, LLC/JE and JF
- Novitas Solutions, Inc./JH and JL
- Palmetto GBA/J11
- Wisconsin Physicians Service Insurance Corporation/J5 and J8

CERT A/B MAC Outreach & Education Task Force

- The CERT Task Force educates on common billing errors and contributes educational Fast Facts to the CMS website
  - CMS MLN Provider Compliance Fast Facts web page
    - http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/ ProviderCompliance.html
  - In addition, the CERT Task Force section on the NGSMedicare.com website provides a link to the CMS MLN Provider Compliance Fast Facts

CERT A/B MAC Outreach & Education Task Force

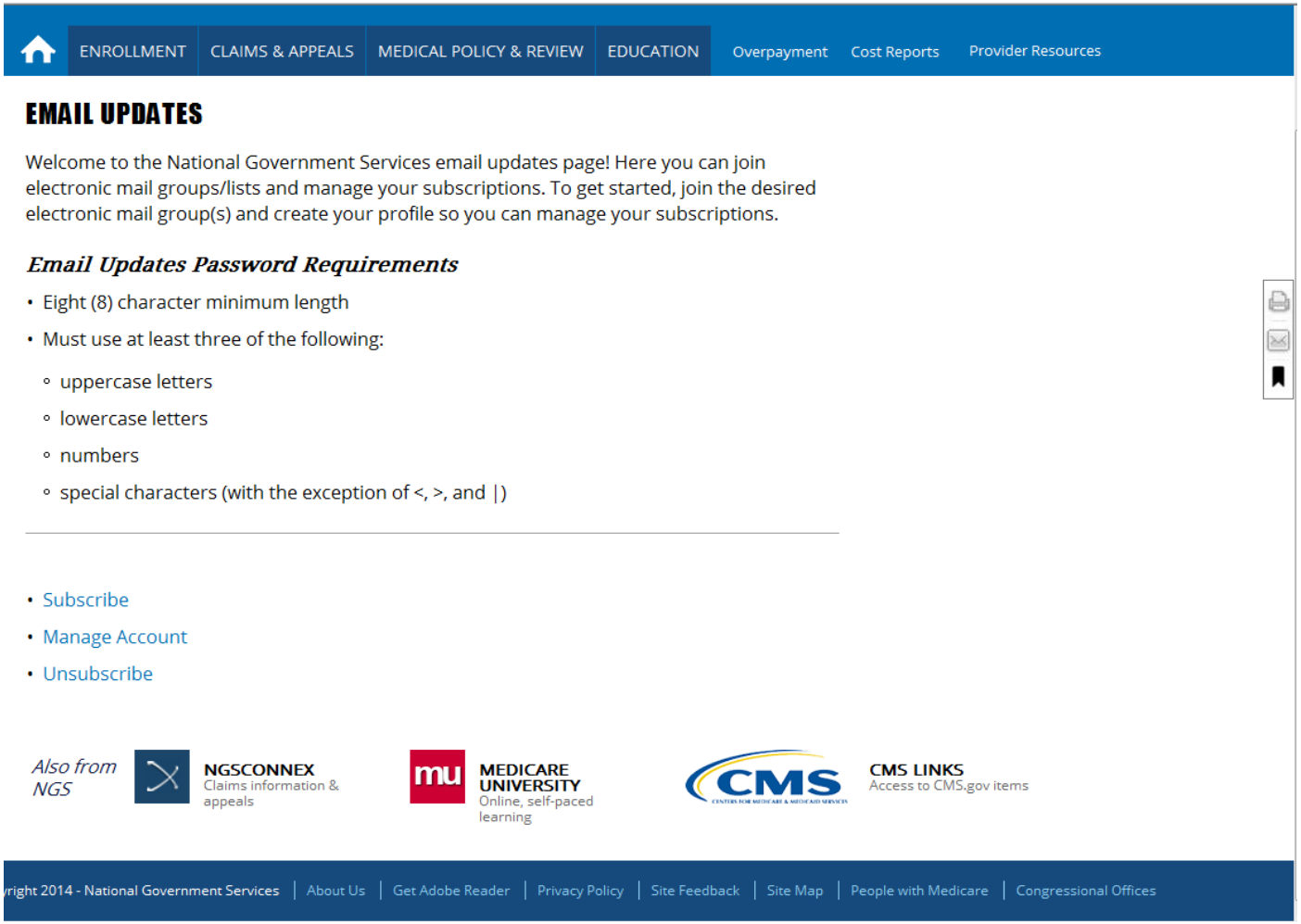
- CERT Task Force Web Page
  - Go to our website, https://www.NGSMedicare.com; in the **About Me** drop down box, select your provider type and applicable state, click on **Next**, **accept** the **Attestation**. Choose the **Medical Policy & Review** tab, then choose **CERT**, the **CERT Task Force** link is located to the right of the web page.
- Task Force Scenarios
  - Complying with medical record documentation requirements
  - Documenting therapy and rehabilitation services
  - Look for new articles added to this page and provided in your Email Updates

CERT A/B MAC Outreach & Education Task Force

- CMS works closely with the CERT A/B MAC Task Force and the CERT DME MAC Outreach & Education Task Force
  - CMS has a web page dedicated to education developed by the CERT A/B MAC Outreach & Education Task Force
    - http://www.cms.gov/Medicare/Medicare-Contracting/FFSProvCustSvcGen/CERT-Outreach-and-Education-Task-Force.html

Email Updates

- Subscribe to receive the latest Medicare information.



Website Survey

- This is your chance to have your voice heard—Say “yes” when you see this pop-up so National Government Services can make your job easier!

Medicare University

- Interactive online system available 24/7
- Educational opportunities available
  - Computer-based training courses
  - Teleconferences, webinars, live seminars/face-to-face training
- Self-report attendance
- Website
  - http://www.MedicareUniversity.com

Medicare University Self-Reporting Instructions

- Log on to National Government Services Medicare University
  - http://www.MedicareUniversity.com
    - Topic = **Enter title of webinar**
    - Medicare University Credits (MUCs) = **Enter number**
    - Catalog Number = To be provided
    - Course Code = To be provided
  - Visit our website for step-by-step self-reporting instructions.
    - Click on the **Education** tab, then the **Medicare University Course List** tab, click on the **Get Credit** link. This will open the **Get Credit for Completed Courses** web page.

Continuing Education Credits

- All National Government Services Part A and Part B Provider Outreach and Education attendees can now receive one CEU from AAPC for every hour of National Government Services education received.
- If you are accredited with a professional organization other than AAPC, and you plan to request continuing education credit, please contact your organization not National Government Services with your questions concerning CEUs.

Thank You!

- Follow-up email
  - Attendees will be provided a Medicare University Course Code
- Questions?