



NHPCO Regulatory Alert

To: NHPCO Members
From: Judi Lund Person, Vice President, Quality
Date: July 26, 2007
Re: **Reporting of hospice visits/ services on Hospice Claims**

On July 20, 2007, CMS posted a new Change Request, CR 5567, requiring hospices to provide new data on Medicare claims. Starting January 1, 2008, hospice providers will be required to report data which describe the services provided in the course of delivering each hospice level of care billed on their claims for Medicare payment. For each week, beginning on Sunday and ending on Saturday, hospice providers are to indicate the number of services/visits provided by nurses (registered, licensed and/or nurse practitioner), home health aides, social workers, physicians, and nurse practitioners serving as the beneficiary's attending physician.

A service/visit constitutes direct care to the beneficiary. An entry in a medical/clinical record without a visit does not constitute a visit and as such is not counted. Only the number of direct patient care visits will be counted. Items and services within that visit are not separately counted. If the site of service changes, a separate line will be required to reflect the site where the direct patient care visit was made. To be counted, a service/visit must be medically reasonable and necessary. This applies in circumstances where separate billing for physician or nurse practitioner, serving as the attending physician. For the nurse, home health aide and social worker, the weekly total of services/visit by discipline are not for the purpose of separate payment but to provide transparency into the services that are being provided to beneficiaries who are electing the Medicare hospice benefit.

Specific instructions regarding this data are included in revisions to the Claims Processing Manual, chapter 11, section 30.3 contained in this transmittal.

CMS states it has identified that claims are being submitted with an ICD-9 v codes identified as the terminal diagnosis. As v codes (for example, history of stroke, positive tuberculin test, physical therapy, palliative care and radiation therapy) are not intended to capture terminal diagnoses, they will no longer accept claims submitted with a v code for the principle diagnosis. These claims will be returned to the provider.

To read the CMS transmittal in its entirety, access the CMS website at the following link: <http://www.cms.hhs.gov/center/hospice.asp> For questions about this CMS directive, please contact Jennifer Kennedy at jkennedy@nhpco.org

