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Hospice Billing Scenarios

Site of Service Codes

(Q5001-Q5010)

CMS

Today's Presenter

- ## Emily Fox-Squairs
  - Provider Outreach and Education
  - Syracuse, NY

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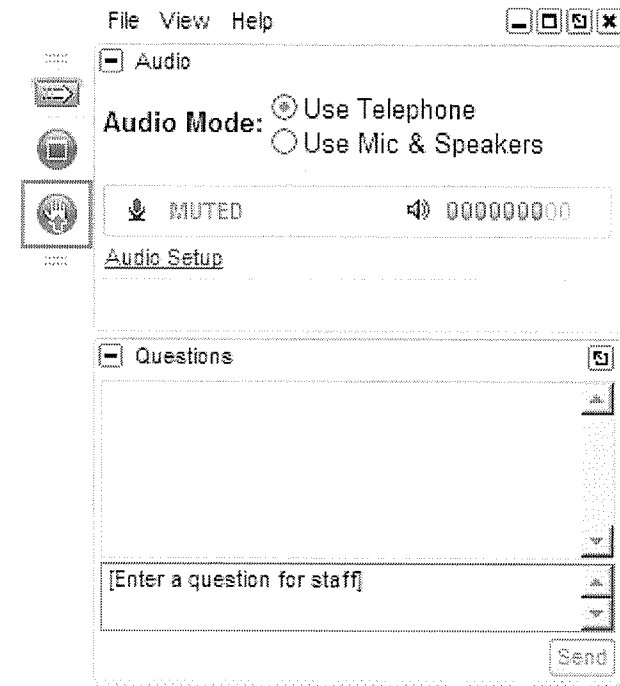
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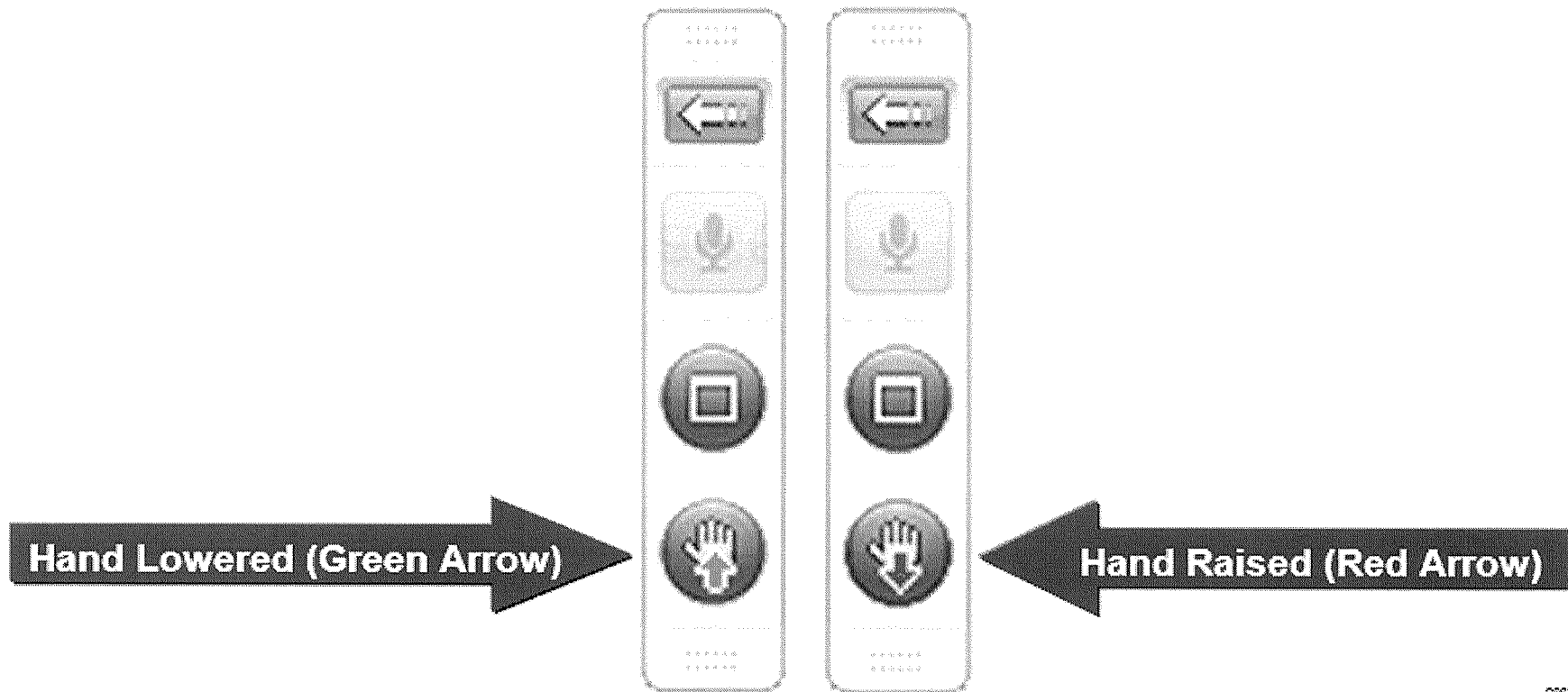- The **Red Arrow** means your hand is raised (Click to lower your hand)

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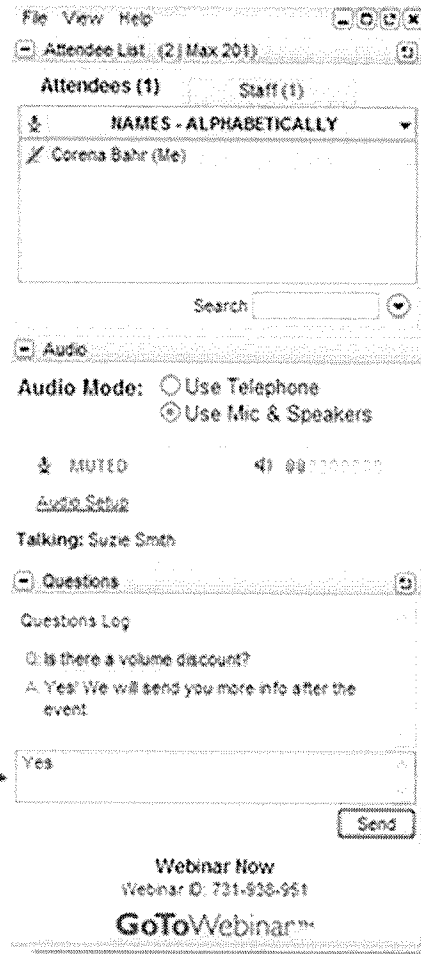
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- Please access the <u>Acronyms</u> page on the NGSMedicare.com site to view any acronym used within this presentation
  - HHH > Resources > Acronym Search

Objective

- To have an understanding of the different HCPCS codes reported on hospice claims to describe the location where the levels of care are provided

Agenda

- Hospice reporting requirements
  - Levels of care
  - Site of service codes
- Scenarios
- Resources

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Reporting Requirements

Reporting Requirements

- Reporting requirements for hospice include:
  - Levels of care
  - Locations
  - Disciplines (visits)
  - LIDOS
  - Units
  - Charges
  - Other coding: patient status codes, CC, OC, OSC, VC

Levels of Care

Description	Revenue Code	Unit=Time
Routine Home Care	0651	1 unit = 1 day
Continuous Home Care	0652	1 unit = 15 minutes
Inpatient Respite Care	0655	1 unit = 1 day
General Inpatient Care	0656	1 unit = 1 day

Levels of Care

- ## Service Date

  - Revenue codes 0651, 0655, and 0656

    - Report a separately dated line item for the level of care, each time the level of care/location changes

  - Revenue code 0652

    - Report a separately dated line item for each day that continuous home care is provided

Levels of Care

- ## Routine home care
  - Paid for each day the patient is under the care of the hospice and not receiving one of the other categories of hospice care
    - Paid without regard to the volume or intensity

Levels of Care

- ## Continuous home care
  - Provided only during periods of crisis to maintain the beneficiary at home
    - Beneficiary requires "continuous care" for at least 8 hours in a 24-hour period (midnight to midnight)
      - More than 50% of care must be nursing by RN, LPN, or LVN
    - Care need not be continuous
    - Homemaker or hospice aide may supplement nursing
  - Not intended to be used as respite care

Levels of Care

- ## Inpatient respite care

  - Provided only when necessary to relieve the family members or other persons caring for individual at home

    - Provided in a Medicare or Medicaid certified hospital, SNF, NF, or hospice facility
    - Only on an occasional basis
    - May not be reimbursed for more than five consecutive days at a time

Levels of Care

- ## General inpatient care
  - Provided only when beneficiary requires an intensity of care directed towards pain control and symptom management that cannot be managed in any other setting
    - Can be provided in an acute hospital, SNF or NF if they meet special hospice standards

Inpatient LOC Discharge Date

- Day of discharge from inpatient LOC is billed/paid at the RHC LOC unless:
  - Patient expires
  - Patient goes to another LOC

Location HCPCS Codes

HCPCS	Definition
Q5001	Hospice care provided in patient's home/residence
Q5002	Hospice care provided in assisted living facility
Q5003	Hospice care provided in nursing LTC facility or nonskilled NF
Q5004	Hospice care provided in SNF
Q5005	Hospice care provided in inpatient hospital
Q5006	Hospice care provided in inpatient hospice facility
Q5007	Hospice care provided in LTCH
Q5008	Hospice care provided in inpatient psychiatric facility
Q5009	Hospice care provided in place NOS
Q5010	Hospice home care provided in a hospice facility

Location HCPCS Codes

- If care is rendered at multiple locations, each location is to be identified on the claim with a corresponding HCPCS code
  - For example, routine home care may be provided for a portion of the billing period in the patient's residence and another portion in an assisted living facility
    - Report one revenue code 0651 line with HCPCS code Q5001 and another revenue code 0651 line with HCPCS code Q5002

Q5001

- Hospice care provided in a private residence (e.g., house, apartment, town house)
    - Do not use Q5001 for congregate living situations (e.g., group home)
        - See Q5009
    - Do not use Q5001 for NF/SNF residents
        - See Q5003/Q5004

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Q5002

- Q5002 is reported for hospice care provided in an assisted living facility
  - Do not report Q5002 for NF/SNF residents
    - See Q5003/Q5004

Q5003

- Q5003 is to be used for hospice patients in an unskilled NF or hospice patients in the unskilled NF portion of a dually certified facility, who are receiving unskilled care from the facility staff
  - Do not report Q5003 for patients in a SNF or a SNF portion of a dually certified facility
    - See Q5004

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Q5004

- Q5004 is to be used for hospice patients in a SNF, or hospice patients in the SNF portion of a dually certified facility, who are receiving skilled care from the facility staff

  – Do not report Q5004 for patients in an unskilled NF or patients in an unskilled NF portion of a dually certified facility

    - See Q5003

Q5003/Q5004

- Some facilities are dually certified as a SNF and an NF
  - The hospice will have to determine what level of care the facility staff is providing (skilled or unskilled) in deciding which type of bed the patient is in, and therefore which code to use

Q5005

- Q5005 is reported for the hospice care provided in the acute care hospital

Q5006

- Q5006 is reported for the GIP or respite care provided in the inpatient hospice facility
  - Do not report Q5006 when RHC or CHC is provided at a hospice facility
    - See Q5010

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Q5007

- Q5007 is reported for hospice care provided in a long term care hospital

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Q5008

- Q5008 is reported for hospice care provided in an inpatient psychiatric facility

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Q5009

- Q5009 is reported for the hospice care provided in locations which are not already spelled out in one of the other site of service codes

  - For example, Q5009 would be used for patients in congregate living facilities (e.g., group home) or for those patients who are homeless

Q5010

- Q5010 is reported for the RHC or CHC provided at a hospice residential facility or a hospice facility which is also certified to provide inpatient care
  - Do not report Q5010 when GIP or respite care is provided in the hospice facility
    - See Q5006

Location HCPCS Codes and Level of Care

- Claims will RTP when levels of care are billed for services provided in non-covered settings
- GIP cannot be billed with
  - Q5001 (Patient's home/residence)
  - Q5002 (Assisted living facility)
  - Q5003 (Nursing LTC facility or NF)
  - Q5010 (Hospice home care)

Location HCPCS Codes and Level of Care

- Inpatient respite cannot be billed with
  - Q5001 (Patient's home/residence)
  - Q5002 (Assisted living facility)
  - Q5010 (Hospice home care)

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Location HCPCS Codes and Level of Care

- CHC cannot be billed with
  - Q5004 (Skilled nursing facility)
  - Q5005 (Inpatient hospital)
  - Q5006 (Inpatient hospice)
  - Q5007 (LTC hospital)
  - Q5008 (Inpatient psychiatric facility)

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Site of Service Codes
Scenarios

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Scenario Assumptions

- NOEs submitted and processed prior to claim submission
- All certification/recertification requirements are met
- Face-to-face encounters done timely, if applicable
- Level of care does not change from location to location unless specified
- Coding assumptions:
  - All appropriate coding is done for each claim as applicable

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Scenario 1

- Admitted to hospice on 03/09/2014
- Revoked benefit on 04/18/2014
  - RHC in a group home upon admission
  - Moved to an assisted living facility on 04/04/2014

Scenario 1 March Billing

Claim Page 2				
Claim Line	Revenue Code	HCPCS Code	Units	Service Date
1	0651	Q5009	23	030914

- ## Revenue code 0651 is reported for the RHC LOC

  - HCPCS code Q5009 is reported for the hospice care provided in the group home

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Scenario 1 April Billing

Claim Page 2				
Claim Line	Revenue Code	HCPCS Code	Units	Service Date
1	0651	Q5009	3	040114
2	0651	Q5002	15	040414

- Revenue code 0651 is reported twice for the RHC LOC
  - HCPCS code Q5009 is reported for the hospice care provided in the group home
  - HCPCS code Q5002 is reported for the hospice care provided in the assisted living facility

Scenario 2

- Admitted to hospice on 04/02/2014
- Revoked benefit on 04/28/2014
  - RHC in a SNF upon admission
  - Beneficiary went into crisis on 04/11/2014
    - Needed "continuous care" for 9 hours
      - More than 50% of this care was nursing

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Scenario 2 Billing

Claim Page 2				
Claim Line	**Revenue Code**	**HCPCS Code**	**Units**	**Service Date**
1	0651	Q5004	27	040214

- ## Revenue code 0651 is reported for the RHC LOC
  - HCPCS code Q5004 is reported for the hospice care provided in the SNF
- ## Revenue code 0652 is **not** reported for the CHC LOC
  - Hospice cannot bill the CHC LOC when the patient is in the SNF

Scenario 3

- Admitted to hospice on 04/02/2014
- Revoked benefit on 04/29/2014
  - RHC in a private residence upon admission
  - Admitted to inpatient respite in an acute care hospital on 04/16/2014
  - Discharged from inpatient respite on 04/19/2014

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Scenario 3 Billing

Claim Page 2				
Claim Line	Revenue Code	HCPCS Code	Units	Service Date
1	0651	Q5001	14	040214
2	0655	Q5005	3	041614
3	0651	Q5001	11	041914

- Revenue code 0651 is reported twice for the RHC LOC
    - HCPCS code Q5001 is reported for the hospice care provided in the patient's home
- Revenue code 0655 is reported for the inpatient respite LOC
    - HCPCS code Q5005 is reported for the inpatient hospice care provided in the acute care hospital

Scenario 4

- Admitted to hospice on 04/04/2014
- Died on 04/24/2014
  - RHC in a private residence upon admission
  - Admitted to inpatient respite in a SNF on 04/12/2014
  - Discharged from inpatient respite on 04/19/2014

Scenario 4 Billing

Claim Page 2				
Claim Line	Revenue Code	HCPCS Code	Units	Service Date
1	0651	Q5001	9	040414
2	0655	Q5004	5	041214
3	0651	Q5004	2	041714
4	0651	Q5001	6	041914

Scenario 4 Billing

- ## Claim page 2:
  - Revenue code 0651 is reported three times for the RHC LOC
    - HCPCS code Q5001 is reported for the hospice care provided in the patient's home
    - HCPCS code Q5004 is reported for the hospice care provided in the SNF
      - Respite cannot be billed for more than 5 consecutive days
  - Revenue code 0655 is reported for the inpatient respite LOC
    - HCPCS code Q5004 is reported for the inpatient hospice care provided in the SNF

Scenario 5

- Admitted to hospice on 04/02/2014
- Died on 05/12/2014
  - RHC in a long-term care facility upon admission
  - Moved to a hospice house on 04/19/2014
  - Admitted to GIP in an inpatient hospice facility on 05/06/2014
  - Died while in GIP on 05/08/2014

Scenario 5 April Billing

Claim Page 2				
Claim Line	Revenue Code	HCPCS Code	Units	Service Date
1	0651	Q5003	18	040214
2	0651	Q5010	12	041914

- Revenue code 0651 is reported twice for the RHC LOC
  - HCPCS code Q5003 is reported for the hospice care provided in the long-term care facility
  - HCPCS code Q5010 is reported for the hospice home care provided in the hospice facility

Scenario 5 May Billing

Claim Page 2				
Claim Line	Revenue Code	HCPCS Code	Units	Service Date
1	0651	Q5010	5	050114
2	0656	Q5006	3	050614

- Revenue code 0651 is reported for the RHC LOC
  - HCPCS code Q5010 is reported for the hospice home care provided in the hospice house
- Revenue code 0655 is reported for the GIP LOC
  - HCPCS code Q5006 is reported for the inpatient hospice care provided in the inpatient hospice facility

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Scenario 6

- Admitted to hospice on 04/08/2014
- Revoked benefit on 04/22/2014
  - RHC in a homeless shelter upon admission
  - Moved to an NF on 04/11/2014
    - CHC provided on 04/14/2014
      - Began at 6:00 AM and ended at 5:30 PM
        » 5 hours of nursing care
        » 4 hours of aide care

Scenario 6 Billing

Claim Page 2				
Claim Line	Revenue Code	HCPCS Code	Units	Service Date
1	0651	Q5009	3	040814
2	0651	Q5003	3	041114
3	0652	Q5003	36	041414
4	0651	Q5003	8	041514

- Revenue code 0651 is reported three times for the RHC LOC
  - HCPCS code Q5009 is reported for the hospice care provided in the shelter
  - HCPCS code Q5003 is reported for the hospice care provided in the NF
- Revenue code 0652 is reported for the CHC LOC
  - HCPCS code Q5003 is reported for the hospice care provided in the NF

RESOURCES

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CMS Resources

- ## CMS Website, Hospice Center
  - http://www.cms.gov/center/hospice.asp
    - Medicare > Provider Type: Hospice
- ## CMS Transmittals
  - http://www.cms.gov/Transmittals/
    - Regulations and Guidance > Transmittals
- ## CMS Internet-Only Manuals
  - http://www.cms.gov/manuals
    - Regulations and Guidance > Manuals > Internet-Only Manuals
      - Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 9
      - Publication 100-04, *Medicare Claims Processing Manual*, Chapter 11

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National Government Services Resources

- ## http://www.NGSMedicare.com
  - Home Health and Hospice portal
    - Acronym Search
      - Resources > Acronym Search
    - Fiscal Intermediary Standard System/Direct Data Entry Provider Online Guide
      - Publications > Manuals
    - Health Insurance Query Access Manual
      - Publications > Manuals
    - Hospice Job Aids
      - Resources > Tools and Materials

National Government Services Resources

- ## http://www.NGSMedicare.com
  - Home Health and Hospice portal
    - Top Claims Submission Errors
      - Claims > Top Claims Submission Errors
    - Medicare Secondary Payer information
      - Claims > Medicare Secondary Payer
    - Training Events Calendar
      - Education and Training > Training Events Calendar
    - Training Summaries
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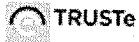
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  - Catalog Number = To be provided
  - Course Code = To be provided
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