



## Hospice Billing Scenarios

Levels of Care



## Today's Presenter

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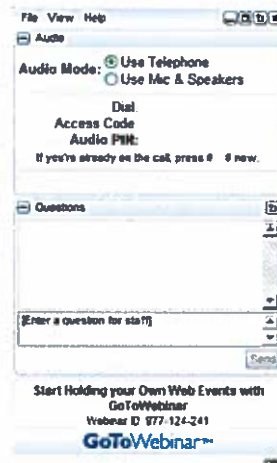
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- Please access the [Acronyms](#) page on the NGS Medicare.com website to view any acronym used within this presentation.

## Objectives

- To provide an understanding of the different hospice levels of care reported on hospice claims

## Agenda

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

## Reporting Requirements

- Reporting requirements for hospice include:
  - Levels of care
  - Locations
  - Disciplines (visits)
  - LIDOS
  - Units
  - Charges
  - Discharge status codes
  - Other coding: condition codes, occurrence codes, occurrence span codes, and value codes

## 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



## Multiple Inpatient Respite Stays in a Billing Period

- Claims submitted on or after July 1, 2014.
  - Claims reporting respite periods greater than five consecutive days will be returned to the provider (RTP)
  - Must report OSC M2 when more than one respite period occurs within the billing period

## 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

## GIP Demand Bills

- CR8371 provides instructions for claim coding when an ABN is issued for GIP level of care changes:
  - Submit a covered TOB
  - Report the OC 32 on the claim with the date the ABN was provided to the beneficiary
  - Submit the services in question as covered services
  - Append the GA modifier to the line item(s) related to the ABN
    - The MAC will review claims and determined if the care is not reasonable and medically necessary.
    - When the Medicare contractor makes the noncoverage determination, the GIP lines will be moved to noncovered and a line item for RHC (revenue code 0651) for each denied GIP line will be added

## 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

## 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 solely-certified SNF or a SNF portion of a dually certified facility
    - See Q5004

## Q5004

- Q5004 is to be used for hospice patients in a solely-certified 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

## Q5007

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

## Q5008

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

## 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)

## 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)

## SCENARIOS

## Scenario Assumptions

- NOEs submitted and processed prior to claim submission
- All certification/recertification requirements are met
  - Face-to-face encounters done timely, if applicable
- Location does not change unless specified
- Patient was on service as of the first day of the month and is continuing on service through the end of the month unless specified
- All appropriate coding is done for each claim as applicable
  - Bill type, occurrence codes, value codes, condition codes, etc.

## Scenario 1

- Patient began the month of July in the RHC LOC in a group home
  - CHC provided on 07/11/2014
    - CHC began at 6:00 AM and ended at 5:30 PM
      - 6.5 hours of nursing care
      - 3 hours of aide care

## Scenario 1 Billing

Claim Page 2				
Claim Line	Revenue Code	HCPCS Code	Units	Service Date
1	0651	Q5009	10	070114
2	0652	Q5009	38	071114
3	0651	Q5009	20	071214

- Revenue code 0651 is reported for RHC LOC
- Revenue code 0652 is reported for CHC LOC
  - Units reflect number of hours in 15-minute increments
- HCPCS code Q5009 is reported for the hospice care provided in the group home

## Scenario 2

- Patient began the month of August in the RHC LOC in a solely-certified SNF (resident of SNF)
  - Beneficiary went into crisis on 08/11/2014
    - Needed “continuous care” for 9 hours
      - 8:00 AM - 6:00 PM
        - » 6.5 hours of nursing care
        - » 2.5 hours of aide care

## Scenario 2 Billing

Claim Page 2				
Claim Line	Revenue Code	HCPCS Code	Units	Service Date
1	0651	Q5004	31	080114

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

## Scenario 3

- Patient began the month of July in the RHC LOC in a private residence
  - CHC provided on 07/11/2014
    - CHC began at 8:00 AM and ended at 5:30 PM
      - 5.5 hours of nursing care
      - 2 hours of aide care

## Scenario 3 Billing

Claim Page 2				
Claim Line	Revenue Code	HCPCS Code	Units	Service Date
1	0651	Q5001	31	070114

- Revenue code 0651 is reported for the RHC level of care
  - HCPCS code Q5001 is reported for the hospice care provided in the patient's home
- Revenue code 0652 is not reported for the CHC level of care
  - Hospice cannot bill for CHC because the requirement for the minimum number hours of "continuous care" was not met

## Scenario 4

- Patient began the month of August in the RHC LOC in a private residence
  - Admitted to inpatient respite in an acute care hospital on 08/16/2014
  - Discharged from inpatient respite on 08/19/2014
    - Back to RHC in private residence

## Scenario 4 Billing

Claim Page 2				
Claim Line	Revenue Code	HCPCS Code	Units	Service Date
1	0651	Q5001	15	080114
2	0655	Q5005	3	081614
3	0651	Q5001	13	081914

- 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 5

- Patient began the month of July in the RHC LOC in a private residence
  - Admitted to inpatient respite in hospital on 07/12/2014
  - Discharged from inpatient respite on 07/19/2014
    - Back to RHC in private residence

## Scenario 5 Billing

Claim Page 2				
Claim Line	Revenue Code	HCPCS Code	Units	Service Date
1	0651	Q5001	11	070114
2	0655	Q5005	5	071214
3	0651	Q5005	2	071714
4	0651	Q5001	13	071914



## Scenario 5 Billing

- Revenue code 0651 is reported three times for the RHC level of care
  - HCPCS code Q5001 is reported for the hospice care provided in the patient's home
  - HCPCS code Q5005 is reported for the hospice care provided in the hospital
    - For every day beyond the 5<sup>th</sup> day of respite
- Revenue code 0655 is reported for the inpatient respite level of care
  - HCPCS code Q5005 is reported for the inpatient hospice care provided in the hospital

## Scenario 6

- Patient was admitted to inpatient respite in hospital on 07/01/2014
  - Discharged from inpatient respite on 07/03/2014
    - Back to RHC in private residence
  - On 07/15/2014, the family had to go out of town for a funeral, so the patient was admitted to respite again in the hospital and was discharged on 07/18/2014
    - Back to RHC in private residence

## Scenario 6 Billing

Claim Page 1				
OSC	M2 07012014-07022014	M2 07152014-07172014		
Claim Page 2				
Claim Line	Revenue Code	HCPCS Code	Units	Service Date
1	0655	Q5005	2	070114
2	0651	Q5001	12	070314
3	0655	Q5005	3	071514
4	0651	Q5001	14	071814

## Scenario 6 Billing

- Revenue code 0651 is reported two times for the RHC level of care
  - HCPCS code Q5001 is reported for the hospice care provided in the patient's home
- Revenue code 0655 is reported two times for the inpatient respite level of care
  - HCPCS code Q5005 is reported for the inpatient hospice care provided in the hospital
- The OSC M2 is required along with the actual dates of the inpatient respite stays

## Scenario 7

- Patient began the month of July in the RHC LOC in a private residence
  - Admitted to inpatient respite in hospital on 07/02/2014
  - Discharged from inpatient respite on 07/05/2014
    - Back to RHC in private residence
  - On 07/12/2014, the family had to go out of town for a funeral, so the patient was admitted to respite again in the hospital and was discharged on 07/19/2014
    - Back to RHC in private residence

## Scenario 7 Billing

Claim Page 1				
OSC	M2 07022014-07042014	M2 07122014-07162014		
Claim Page 2				
Claim Line	Revenue Code	HCPCS Code	Units	Service Date
1	0651	Q5001	1	070114
2	0655	Q5005	3	070214
3	0651	Q5001	7	070514
4	0655	Q5005	5	071214
5	0651	Q5005	2	071714
6	0651	Q5001	13	071914

## Scenario 7 Billing

- Revenue code 0651 is reported four times for the RHC level of care
  - HCPCS code Q5001 is reported for the hospice care provided in the patient's home
  - HCPCS code Q5005 is reported for the hospice care provided in the hospital
    - For every day beyond the 5<sup>th</sup> day of respite
- Revenue code 0655 is reported two times for the inpatient respite level of care
  - HCPCS code Q5005 is reported for the inpatient hospice care provided in the hospital
    - The OSC M2 is required along with the actual dates of the inpatient respite stays

## Scenario 8

- Patient began the month of August in the RHC LOC in a hospice house
  - Admitted to GIP in inpatient hospice facility on 08/06/2014
  - Patient passed away while in GIP on 08/08/2014

## Scenario 8 Billing

Claim Page 2				
Claim Line	Revenue Code	HCPCS Code	Units	Service Date
1	0651	Q5010	5	080114
2	0656	Q5006	3	080614

- Revenue code 0651 is reported for the RHC LOC
  - HCPCS code Q5010 is reported for the hospice home care provided in the hospice facility
- Revenue code 0656 is reported for the GIP LOC
  - HCPCS code Q5006 is reported for the inpatient hospice care provided in the inpatient hospice facility
    - Day of death is billed at GIP LOC

## Scenario 9

- Patient began the month of August in the RHC LOC in a private residence
  - Admitted to GIP in an inpatient hospice facility on 08/06/2014
  - Discharged from GIP on 08/08/2014
    - Back to RHC in private residence

## Scenario 9 Billing

Claim Page 2

Claim Line	Revenue Code	HCPCS Code	Units	Service Date
1	0651	Q5001	5	080114
2	0656	Q5006	2	080614
3	0651	Q5001	24	080814

- Revenue code 0651 is reported twice for the RHC LOC
  - HCPCS code Q5001 is reported for the hospice care provided in the private residence
- 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

## Scenario 10

- Patient began the month of August in the RHC LOC in a private residence
  - Admitted to hospital at the GIP LOC on 08/10/2014
    - On 08/12/2014, hospice determined that patient was no longer at the GIP LOC
      - Family wanted patient to remain at GIP in hospital and wanted Medicare to make the determination
        - » ABN completed and signed on 08/12/2014
  - Patient left hospital on 08/16/2014
    - Back to RHC in private residence

## Scenario 10 Billing

### Claim Page 1

OC	32 081214
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### Claim Page 2

Claim Line	Revenue Code	HCPCS Code/Modifier	Units	Service Date
1	0651	Q5001	8	080214
2	0656	Q5005	2	081014
3	0656	Q5005 GA	4	081214
4	0651	Q5001	16	081614

## Scenario 10 Billing

- Revenue code 0651 is reported twice for the RHC LOC
  - HCPCS code Q5001 is reported for the hospice care provided in the private residence
- Revenue code 0655 is reported twice for the GIP LOC
  - HCPCS code Q5005 is reported for the hospice care provided in the hospital
    - The GIP days associated with the ABN are billed with the GA modifier
      - The OC 32 along with the date the ABN was issued is also required

## RESOURCES



## CMS Resources

- CMS Web site, Hospice Center
  - <http://www.cms.gov/center/hospice.asp>
- CMS Transmittals
  - <http://www.cms.gov/Transmittals/>
- CMS Internet-Only Manuals
  - <http://www.cms.gov/manuals>
    - Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 9
    - Publication 100-04, *Medicare Claims Processing Manual*, Chapter 11



## National Government Services Resources

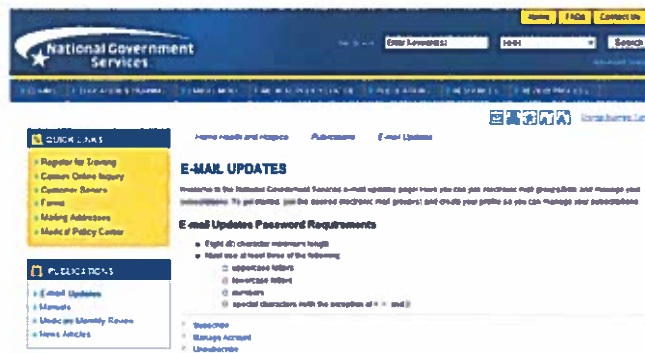
- <http://www.NGS Medicare.com>
  - Home Health and Hospice portal
    - Acronym Search
    - Fiscal Intermediary Standard System/Direct Data Entry Provider Online Guide
    - Health Insurance Query Access Manual
    - Hospice Job Aids

## National Government Services Resources

- <http://www.NGS Medicare.com>
  - Home Health and Hospice portal
    - Top Claims Submission Errors
    - Medicare Secondary Payer information
    - Training Events Calendar
    - Training Summaries

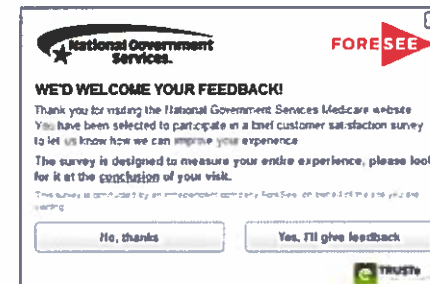
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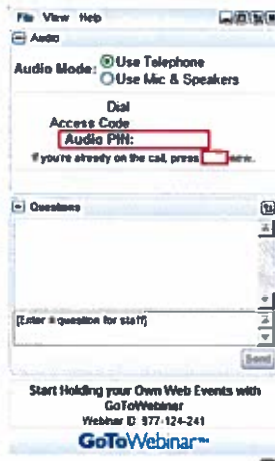


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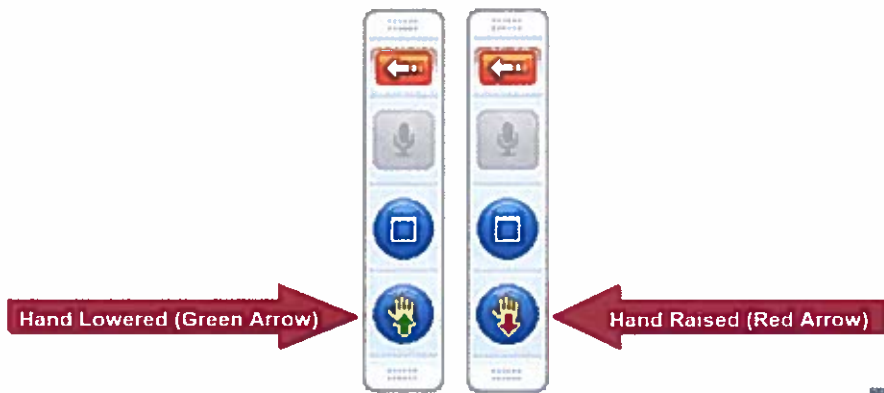


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your hand is raised (Click to  
lower your hand)



## To Ask a Question By Raising Your Hand



## To Ask a Question Using the Question Box



## Medicare University

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

## Medicare University Self-Reporting Instructions

- Log on to the National Government Services Medicare University site at <http://www.MedicareUniversity.com>
  - Topic = **Hospice Billing Scenarios: Levels of Care**
  - Medicare University Credits (MUCs) = **1**
  - Catalog Number = **To be provided**
  - Course Code = **To be provided**
  - For step-by-step instructions on self-reporting please visit the [Accessing the Self-Reporting Tool page](#) on the NGS Medicare.com website

**Thank You!**

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