



Hospice General Inpatient Care

2/28/2024

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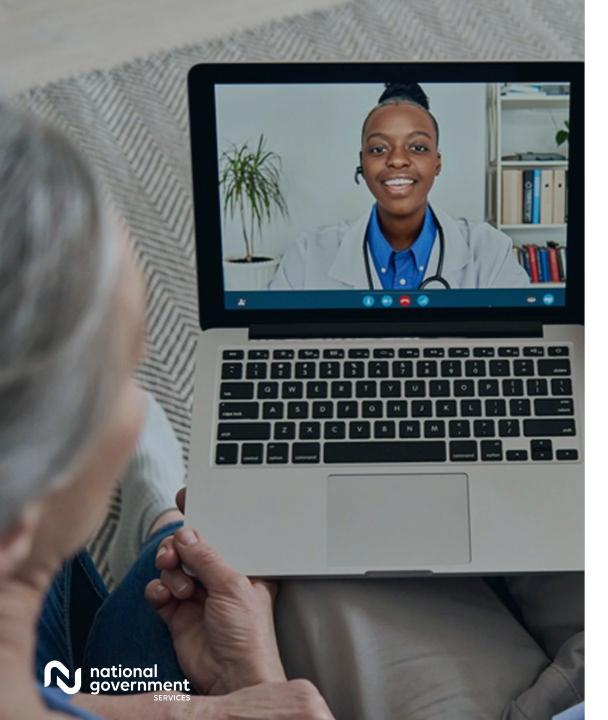


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Objective

Define the hospice general inpatient (GIP) level of care (LOC) and highlight clinical documentation required by hospice clinicians to support them.



Today's Presenters

Provider Outreach and Education Consultants

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Agenda

Hospice LOC Revenue Codes

General Inpatient Care (GIP)

GIP Documentation

References and Resources

Q & A









Hospice LOC Revenue Codes

LOC	Code	Units of Service
Routine Home Care (RHC)	0651	1 unit = 1 Day
Continuous Home Care (CHC)	0652	1 unit = 15 Minutes
Inpatient Respite Care (IRC)	0655	1 unit = 1 Day
General Inpatient Care (GIP)	0656	1 unit = 1 Day

Hospice Billing Codes and Level of Care Revenue Codes



General Inpatient Care

- Provide an intensity of service in response to a patient crisis situation that cannot feasibly be provided in any other setting
- Level of service typically requires frequent monitoring of patient, and/or medication or interventions by a physician or nurse
- May only be provided in a Medicare participating hospital, SNF, or hospice inpatient facility
- Any services provided in an inpatient setting must conform to the written plan of care





GIP Documentation

Symptom Changes	Pain Control	Other Reasons
Uncontrolled pain	Requires skilled nursing	Medication adjustments
Sudden deterioration	 Frequent evaluation 	 Psych-social monitoring
 Pathological fractures 	 Frequent medication adjustments 	 Stabilizing treatment
 Uncontrolled nauseaand/or vomiting 	 Aggressive treatment to control pain 	 Interventions with close observation
 Unmanageable respiratory distress 		

- Frequent, skilled wound care needs
- New or increased delirium and/or agitation



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GIP Documentation

- Always support the event or reason for LOC change
 - Date, time, reason for LOC change and interventions tried in the home setting that were unsuccessful
- Summary of report given to/from inpatient facility staff
- Include transport records, VS/I&O logs, pain assessments, med administration records, recent admission or discharge summaries and any pertinent nursing or physician notes



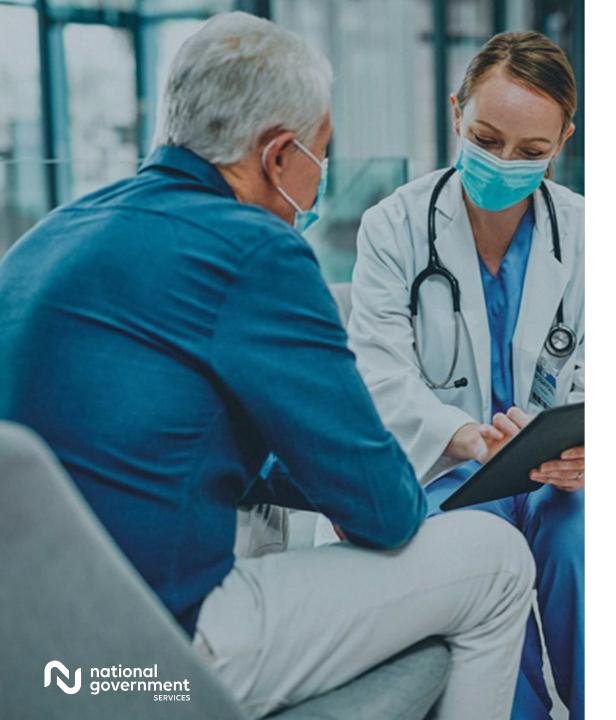


Is GIP LOC Appropriate?

- 72-year-old female, h/o of lung cancer w/ metastasis, has elected to discontinue treatments and pursue comfort measures, wishes to be home. Patient has lost 30 pounds in the past 3-months; she has become increasingly weak per caregiver. Receiving IV fluids via right chest wall port. She has become increasingly agitated, rates pain 10/10, increased from 7/10 one hour ago during assessment and last prn pain med administration. Respirations are increased from 20 to 30 breaths per minute; she is diaphoretic and complaining of chest "tightening." Adjustments to medications have not been effective at home. Med administration record shows changes in medication, all PRN doses have been administered. Patient denies any relief of pain following last prn pain med.
- Nice Nurse, RN







Potential GIP Issues

- Long stays
- Inappropriate use of GIP
- No discharge planning
- Documentation not supporting GIP
- Location does not determine LOC



GIP Documentation Tips



Frequent Documentation

- How crisis remains ongoing
- Completed interventions to resolve the crisis
- Patient's response

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Include Quantitative Data

- Pain ratings
- Vital signs
- Weights
- Intake and output
- Descriptions and other objective data
- Body language if unable to communicate



Additional Suggestions

- Discharge and disposition planning begins before admission
- A discharge plan should be documented daily for all GIP patients
- Medicare does not pay for additional days for discharge planning





- Conditions of Participation: Hospice Care (42 CFR 418.108)
- <u>CMS IOM, Publication 100-04, Medicare Claims Processing Manual</u> Chapter 11, Processing Hospice Claims
- <u>CMS IOM, Publication 100-02, Medicare Benefit Policy Manual</u>, Chapter 9, Coverage of Hospice Services Under Hospital Insurance
- NGSMedicare.com
 - Job Aids
 - Webinars
 - Medicare University Computer Based Training (CBT)





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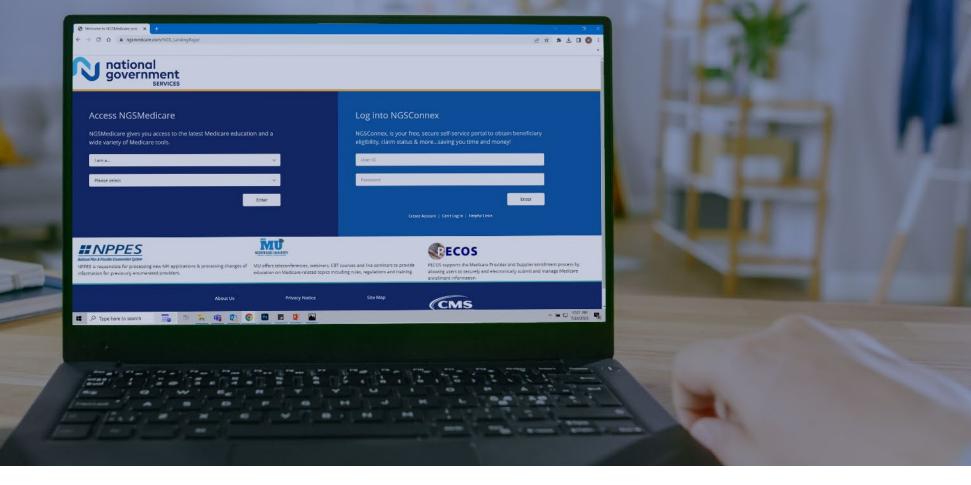


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