

Hospice General Inpatient Documentation

2020







Today's Presenter

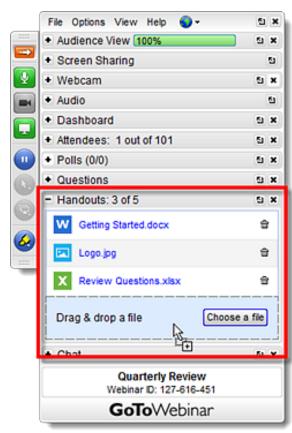
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 - Medicare Home Health and Hospice Clinical Consultant
 - Provider Outreach and Education





Handouts

- Select Handouts in your toolbar
- Select the PowerPoint to download the presentation







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Objectives

 Ensure a comprehensive understanding of the documentation requirements for the General Inpatient (GIP) level of hospice care





Agenda

- Hospice Coverage Requirements
- Levels of Care
- General Inpatient Care
 - Pain Management
 - Uncontrolled Nausea and Vomiting
 - Pathologic Fractures/Traction
 - Respiratory Disease Exacerbation
 - Complex Wound Care
 - Agitation and/or Delirium
 - Imminent Death
- Documentation Collaboration





Hospice Coverage Requirements

Part A Medicare Enrolled

Beneficiary

Prognosis= Life Expectancy <6mos

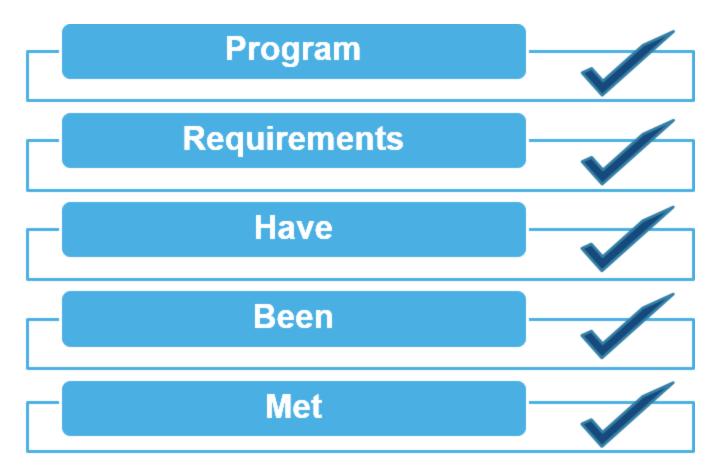
Certified Terminally III

CMS IOM Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 9, Section 10, "Requirements- General"





Hospice Coverage Requirements







Hospice Levels of Care

Revenue codes

- Routine home care
- Continuous home care
- Inpatient respite care
- General inpatient care

 Revenue Code: 0651 • 1 Unit = 1 Day RHC

• Revenue Code: 0652 CHC

1 Unit = 15 Minutes

Revenue Code: 0655

• 1 Unit = 1 Day

IRC

GIP

Revenue Code: 0656

• 1 Unit = 1 Day





Levels of Care

Comfort care

The care that is delivered to a dying patient in an effort to provide symptom relief while the patient continues to show signs and symptoms of deterioration and disease progression that provide evidence that he or she will not live longer than six months







Levels of Care

RHC

Majority of claims submitted to Medicare

No regard to volume or intensity

Paid for each day the patient is under the

care of the hospice agency

CHC

Must be a period of patient crisis

Primarily nursing care to manage acute medical symptoms in the home

Minimum of 8hrs of care in a 24 hr period; beginning & ending at midnight

Not intended to be utilized as respite

IRC

Relieve the caregiver in a Medicare certified facility on an occasional basis

No more than five consecutive days at a time

Every day beyond the fifth consecutive day is billed at RHC

GIP

All hospices must provide access
Intensity of care & symptoms that
cannot be managed in the home
Documentation must support the crisis
that could not be feasibly performed in
any other setting





Levels of Care

- Support the terminal prognosis
- Include clinical findings, interventions and patient response to treatment
- Provide objective data
- Describe patient decline and deterioration
- Care provided and patient response
- Changes in the plan of care
- Collaboration of documentation from GIP/IRC stays
- Collaboration of documentation from any internal and external agency, facility or office that has provided care or services





 General inpatient care is an integral component of a comprehensive hospice program because patients who elect the Medicare Hospice Benefit no longer have Medicare Part A benefits to cover acute-care hospitalization



 Medicare Hospice Benefit requires that all hospices provide patients access to general inpatient care for the management of pain and other symptoms





- Intensity of Care
 - GIP is provided only when the beneficiary requires an intensity of care directed towards pain control and/or symptom management that cannot be managed in any other setting
 - Documentation must support the crisis and include the interventions that are being performed that could not feasibly be performed in any other setting





- Increased Level of Intensity of Service Related to Increased Uncontrollable Symptoms and or Pain
 - Pain Management
 - Uncontrolled Nausea and Vomiting
 - Pathologic Fractures/Traction
 - Respiratory Disease Exacerbation
 - Complex Wound Care
 - Agitation &/or Delirium
 - Imminent Death





Pain Management

- May include complicated technical delivery of medication requiring an RN for calibration, tubing changes, site care and administration and evaluation of aggressive pain control treatment and frequent medication adjustments
- Documentation should identify a patient that is having a crisis requiring significant intervention and this is not the normal decline and expected outcome for this terminal illness





Pain Management

Complicated Technical Delivery of Medication

Requiring a RN for Calibration, Tubing Changes, Site Care

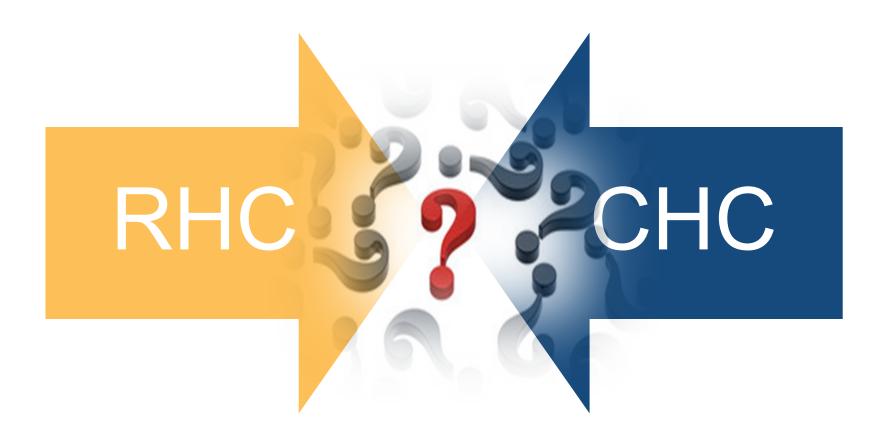
Frequent Evaluation by RN/MD/NP/PA

Aggressive &/or Frequent Treatments to Control Pain

Frequent Medication Adjustments



Uncontrolled Nausea & Vomiting







Uncontrolled Nausea & Vomiting

- May include comprehensive documentation to identify:
 - Continued nausea with multiple episodes of vomiting
 - Rehydration via IV fluid
 - The amount, consistency, color and frequency of emesis
 - Changes in medication, as well as frequency of administration, the route, and patient response
 - Continued Interventions
 - PO intake and urinary output
 - Requiring excess monitoring & assistance
- In an effort to identify the patient is having a crisis and that this is not the normal decline and expected outcome for this terminal patient





Pathological Fractures &/or Traction



 A hospice patient with pathologic fractures or one that is in traction being turned and positioned every two hours while awake



 A hospice patient with pathologic fractures that is in traction and requires frequent repositioning with more than one staff member to provide stability (requiring a nurse for eight hours of a day) may be considered a high level of intensity of service



Pathological Fractures &/or Traction



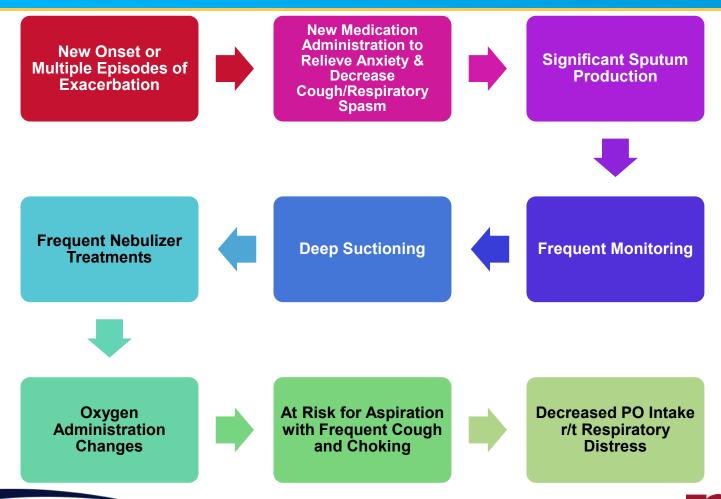
Respiratory Disease Exacerbation

Vague documentation stating that the patient has a cough and is now receiving albuterol via nebulizer every four hours and 02 2LNC for comfort is probably not indicative of a period of crisis, nor provide appropriate documentation to meet the GIP level of care





Respiratory Disease Exacerbation





National Government Services

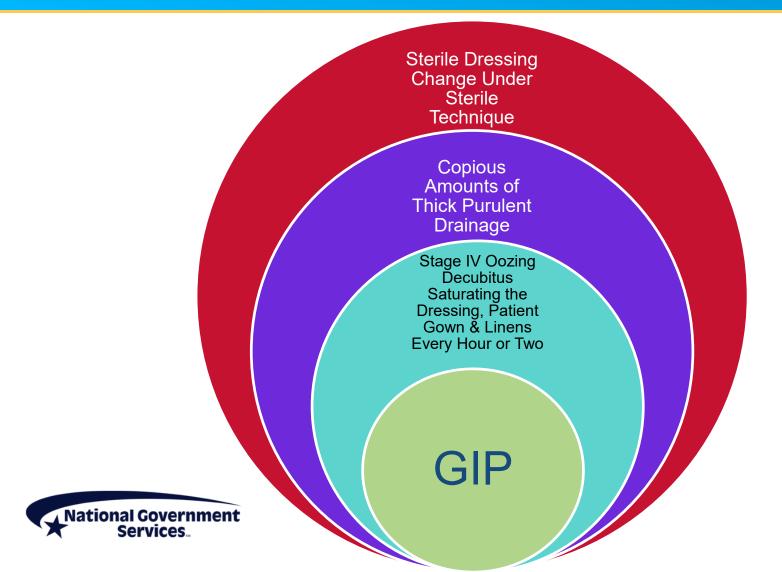
Complex Wound Care

- A hospice patient with wound care that requires a dressing change every eight hours is a service that may require a RHC level of service
- A hospice patient with repeated complex dressing changes requiring a nurse to complete the task (and total nurse hours equal eight or more) may be indicative of a crisis that requires a CHC level of service





Complex Wound Care





Agitation &/or Delirium

Q4H Medications Relieved Delirium

Decreased Intensity of Nursing Services Being Rendered





Agitation &/or Delirium

Possible GIP Documentation

Behavior

Delusions

Medications
Name, Route, Dose, Frequency

Other Interventions

Aroma, Music, Mental Health, Physical Therapies

Patient Response to Therapies and/or Treatments



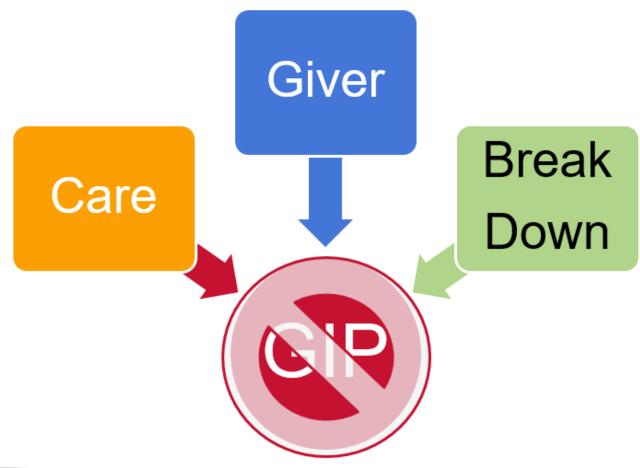
Imminent Death

- It is **not** the specific phrase "Imminent death" or any other specific diagnosis that validates admission to GIP level of care
- Symptoms and condition of the patient along with the intensity of care delivery support GIP level of care services





Care Giver Break Down





Hospice Nursing Documentation

- Hospice nursing documentation
 - Specific
 - Objective
 - Measureable
 - Support the trajectory of decline related to the terminal diagnosis

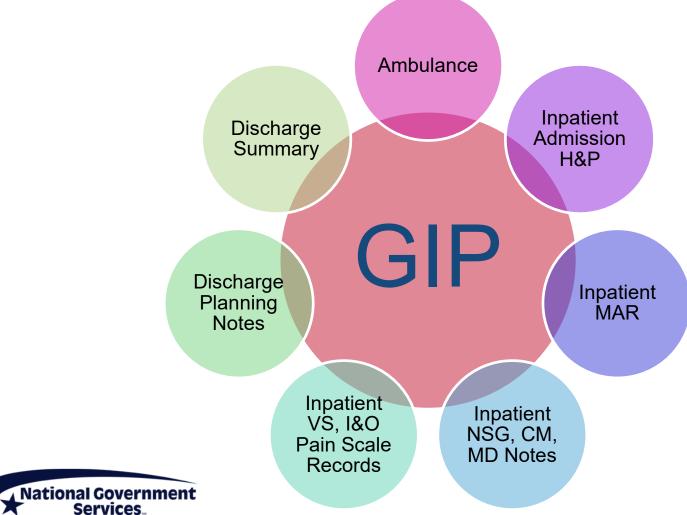
Measurable Objectives

- ✓ Weights
- √ Mid arm circumference
- ✓ Abdominal girths
- √ Food and fluid intake
- √ Signs and symptoms
- ✓ Diagnostic studies
- ✓ Lab values





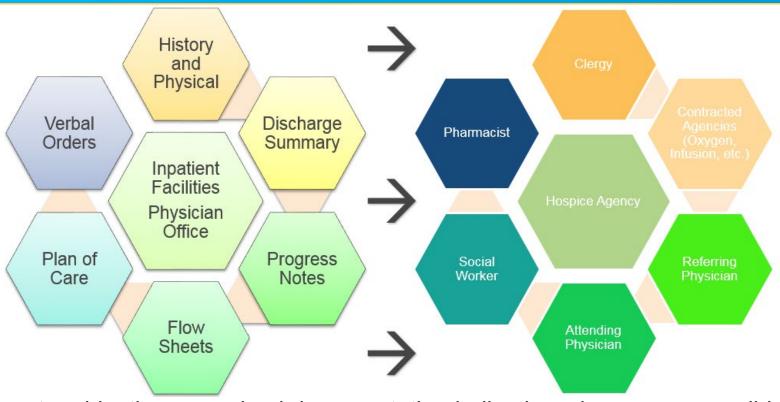
Documentation Collaboration







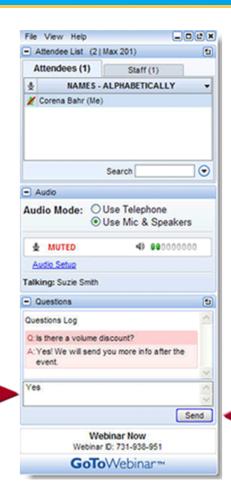
Documentation Collaboration



Accurate, objective, organized documentation indicating who was responsible for and providing medical record information should include signature sheets for all facilities, agencies and offices in an effort to support the level of care provided to the patient

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To Ask a Question Using the Question Box



Type questions here

Then click Send





Hospice Resources





CMS Hospice Resources

- CMS website, Hospice Center
- CMS website, Transmittals
- CMS website, Internet-Only Manuals
 - Medicare Benefit Policy Manual (Publication 100-02)
 - Chapter 9 (Hospice Coverage)
 - Medicare Claims Processing Manual (Publication 100-04)
 - Chapter 11 (Hospice Billing)
 - Code of Federal Regulations
 - Part 418 Hospice Care





National Government Services Website Hospice Resources

- Go to our website
 - Log in or enter as a guest
 - Select I am a...HH+H for the Home Health and Hospice Portal
 - Select the state in which you bill
 - Hospice Job Aids
 Click the Education Mega Tab, then click the Job Aids & Manuals link on the right-hand side
 - Hospice Policy Articles
 Click the Medical Policy & Review Mega Tab, then click the Policy
 Education Topics link on the left-hand side
 - Hospice Payment Rates
 Click the Claims & Appeals Mega Tab, then click the Fee Schedules and
 Pricers link on the left-hand side



SAVE THE DATE

September 23–24, 2020



2020 Home Health and Hospice Medicare Summit: Understanding Medicare as a Whole

Save the date and learn more about this unique learning opportunity!

Dates: September 23–24, 2020

Cost: \$169 early bird price until 5/31/2020

\$189 until 9/9/2020; \$250 after 9/9/2020

Venue: Rio Conferencing Center

3700 W Flamingo Road

Las Vegas, NV 89103

Registration open 4/1/2020

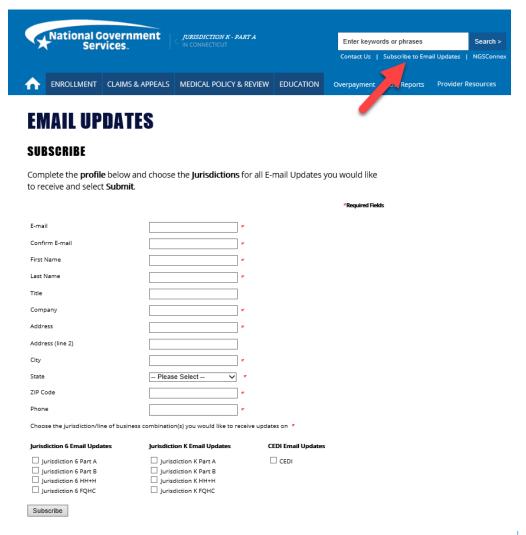
Details available on our website event calendar





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- Website





Medicare University Self-Reporting Instructions

- Log on to National Government Services' Medicare University
 - Topic = Hospice: Hospice Resolution Tuesday Admission Thru Discharge
 - Medicare University Credits (MUCs) = 1.0
 - Catalog Number =
 - Course Code =
 - 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.





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 - Email: <u>J6.provider.training@anthem.com</u>

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Thank You!

• Questions?



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