

Hospice General Inpatient Documentation

7/29/2021



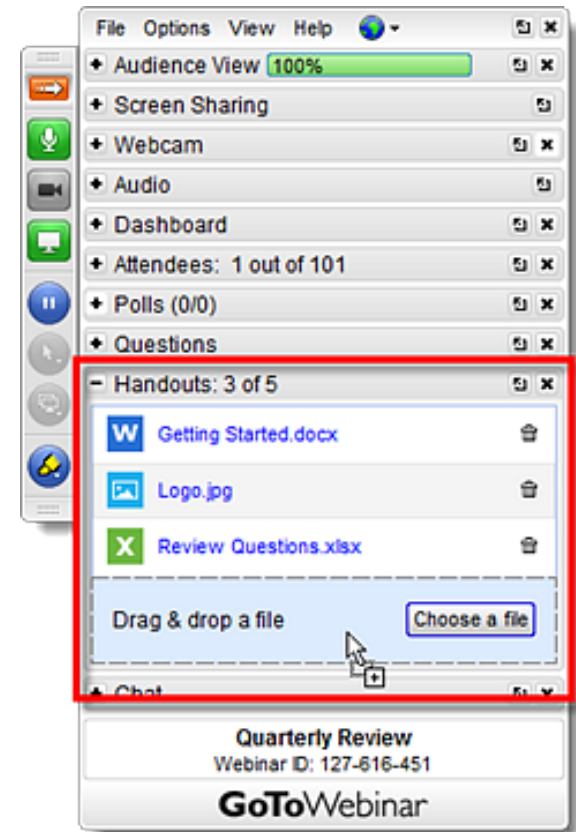
Today's Presenter

- Madeleine Collins, RN, CPHM
 - Medicare Home Health and Hospice Clinical Consultant
 - Provider Outreach and Education



Handouts

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- Select the PowerPoint to download the presentation



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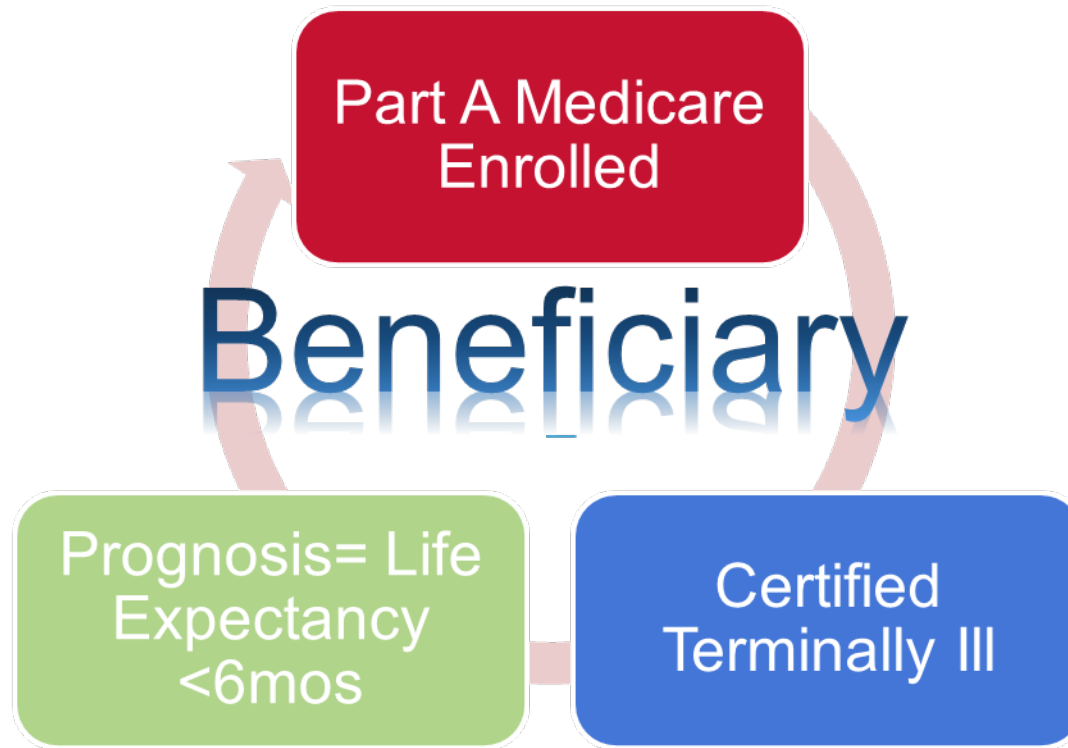
Objectives

- Ensure a comprehensive understanding of the documentation requirements for the GIP level of hospice care

Agenda

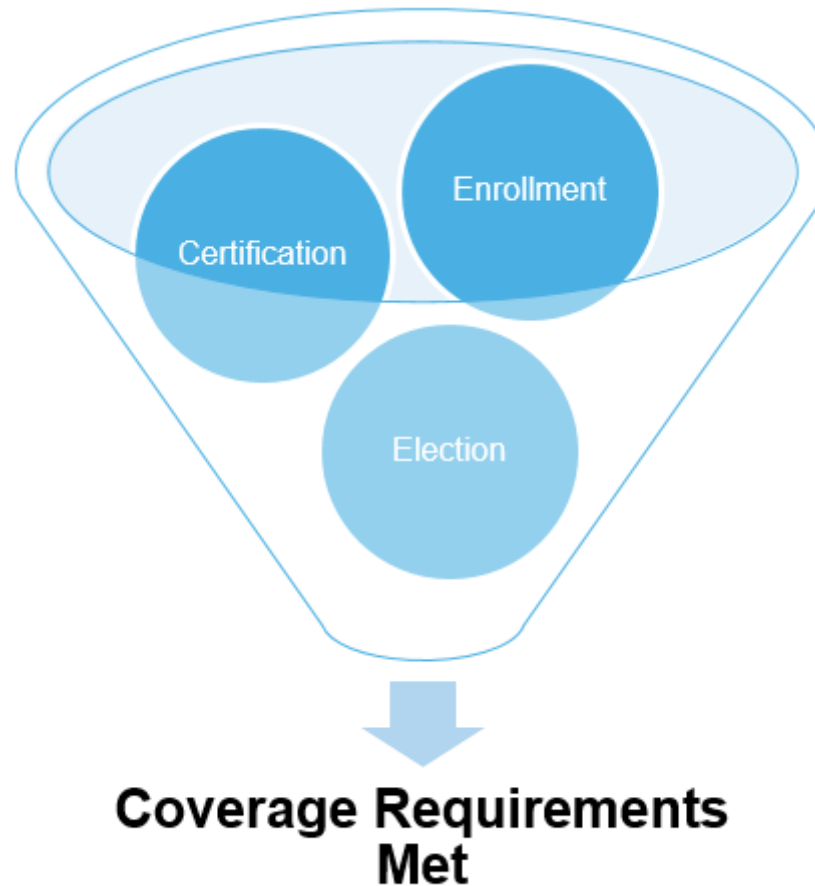
- Hospice Coverage Requirements
- Levels of Care
- General Inpatient Care
 - Pain Management
 - Uncontrolled Nausea and Vomiting
 - Pathologic Fractures/Traction
 - Respiratory Disease Exacerbation
 - Complex Wound Care
 - Agitation and/or Delirium
 - Imminent Death
- Documentation Collaboration

Hospice Coverage Requirements

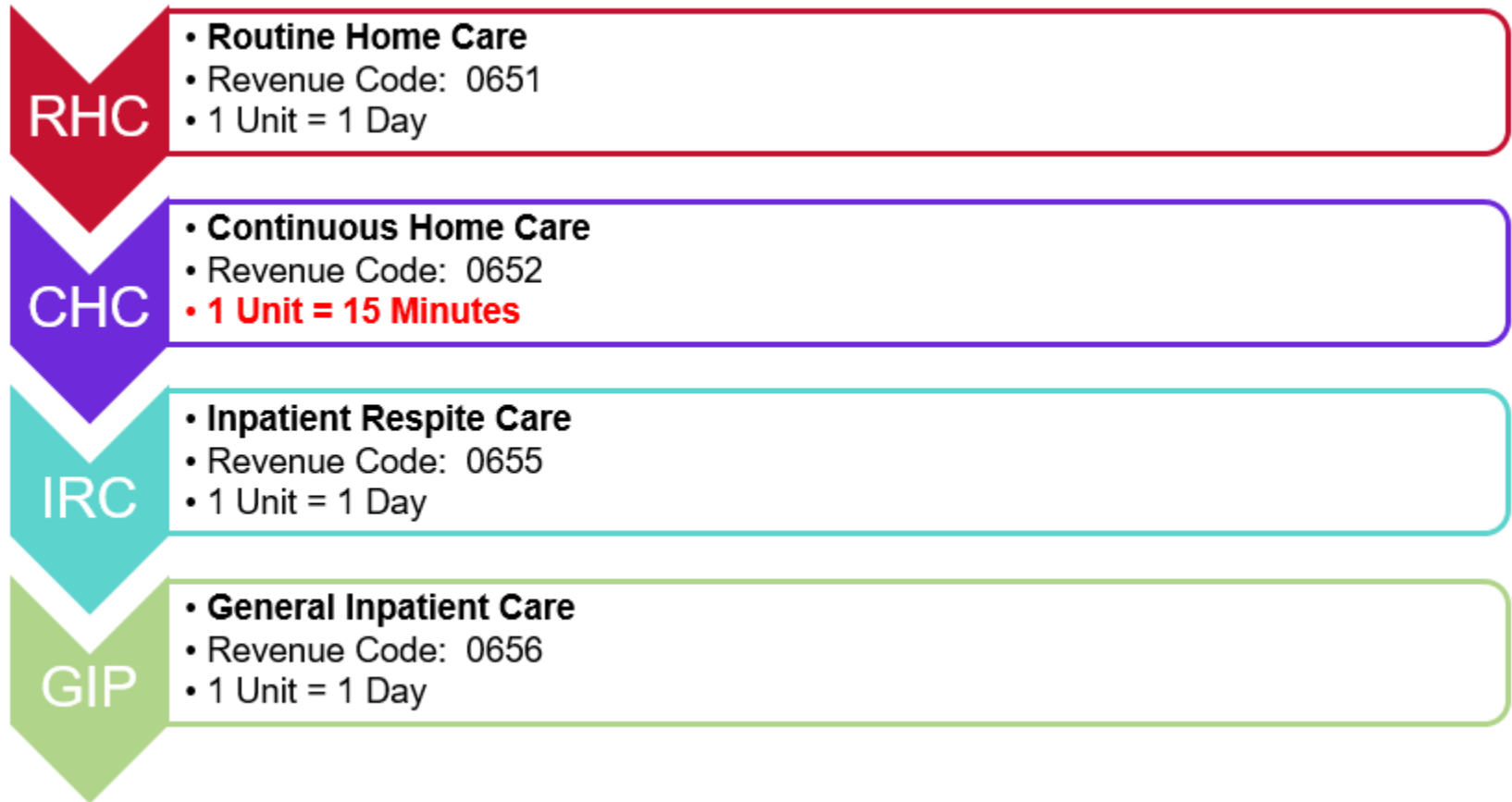


CMS IOM Publication 100-02, *Medicare Benefit Policy Manual*,
Chapter 9, Section 10, "Requirements- General"

Hospice Coverage Requirements



Hospice Levels of Care



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
- Delineation 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



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



General Inpatient Care

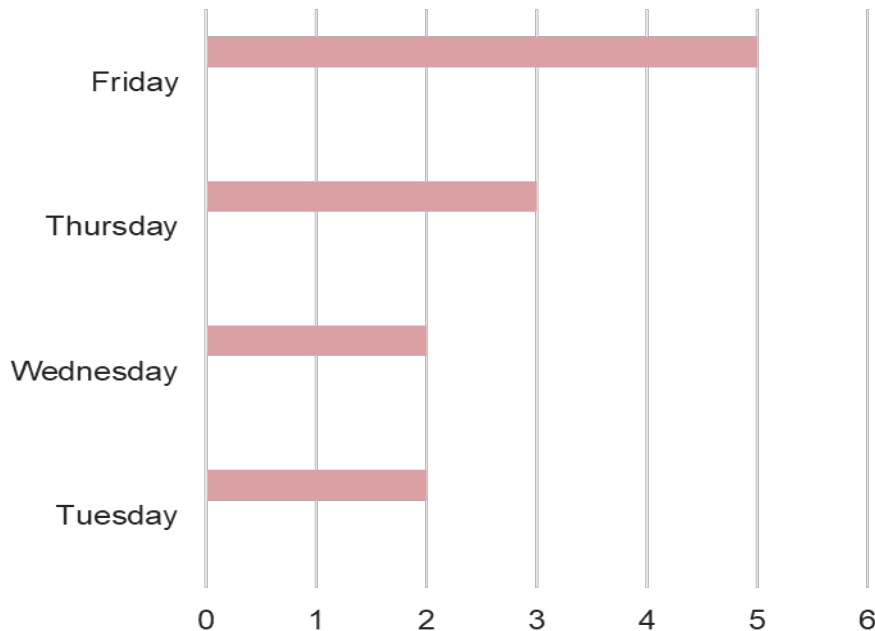
- Intensity of Care
 - GIP is provided only when the beneficiary requires an intensity of care directed towards pain control and/or symptom management that cannot be managed in any other setting
 - Documentation must support the **crisis** and include the interventions that are being performed **that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



Hospice

General Inpatient Care

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 and/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 and Vomiting



Uncontrolled Nausea and 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 and 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 and/or Traction

A dark blue downward-pointing chevron shape containing the white text 'RHC'.

RHC

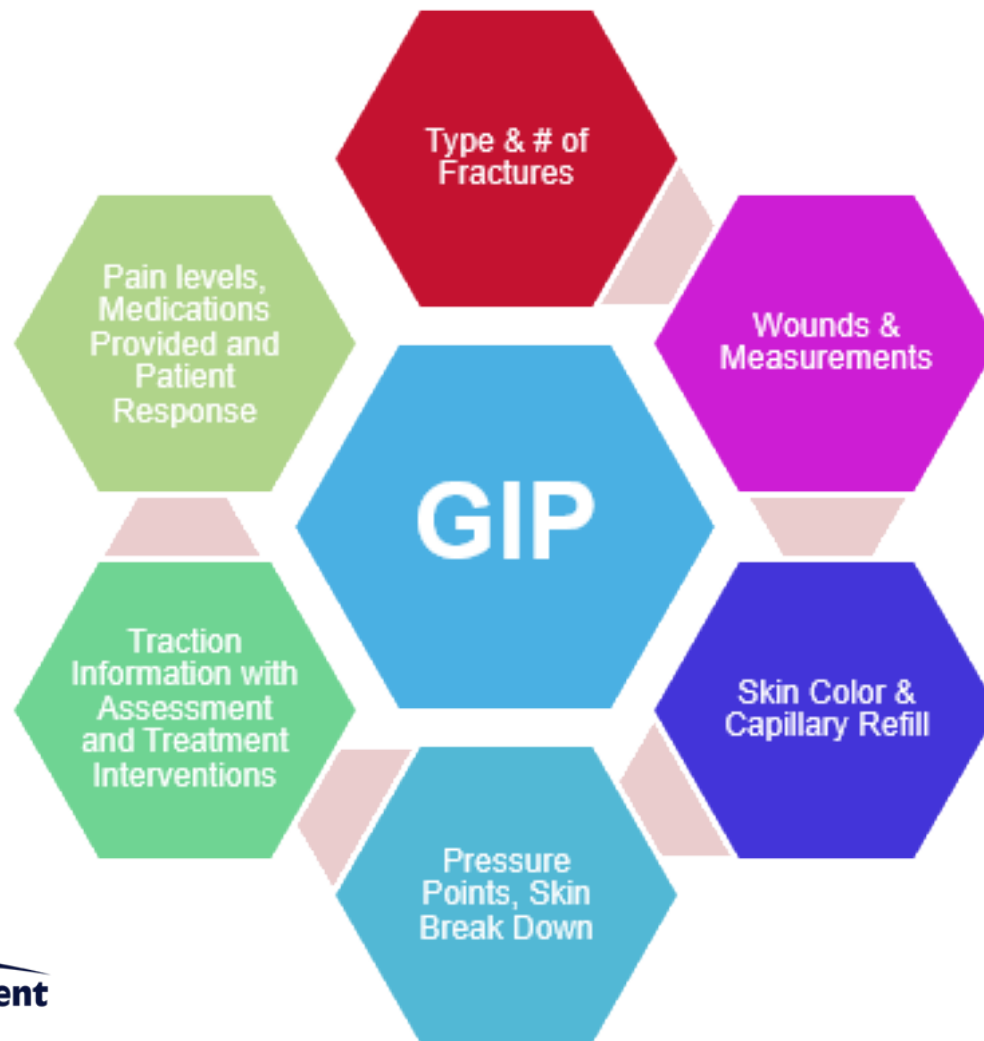
- A hospice patient with pathologic fractures or one that is in traction being turned and positioned every two hours while awake

A light blue downward-pointing chevron shape containing the white text 'CHC'.

CHC

- 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 and/or Traction



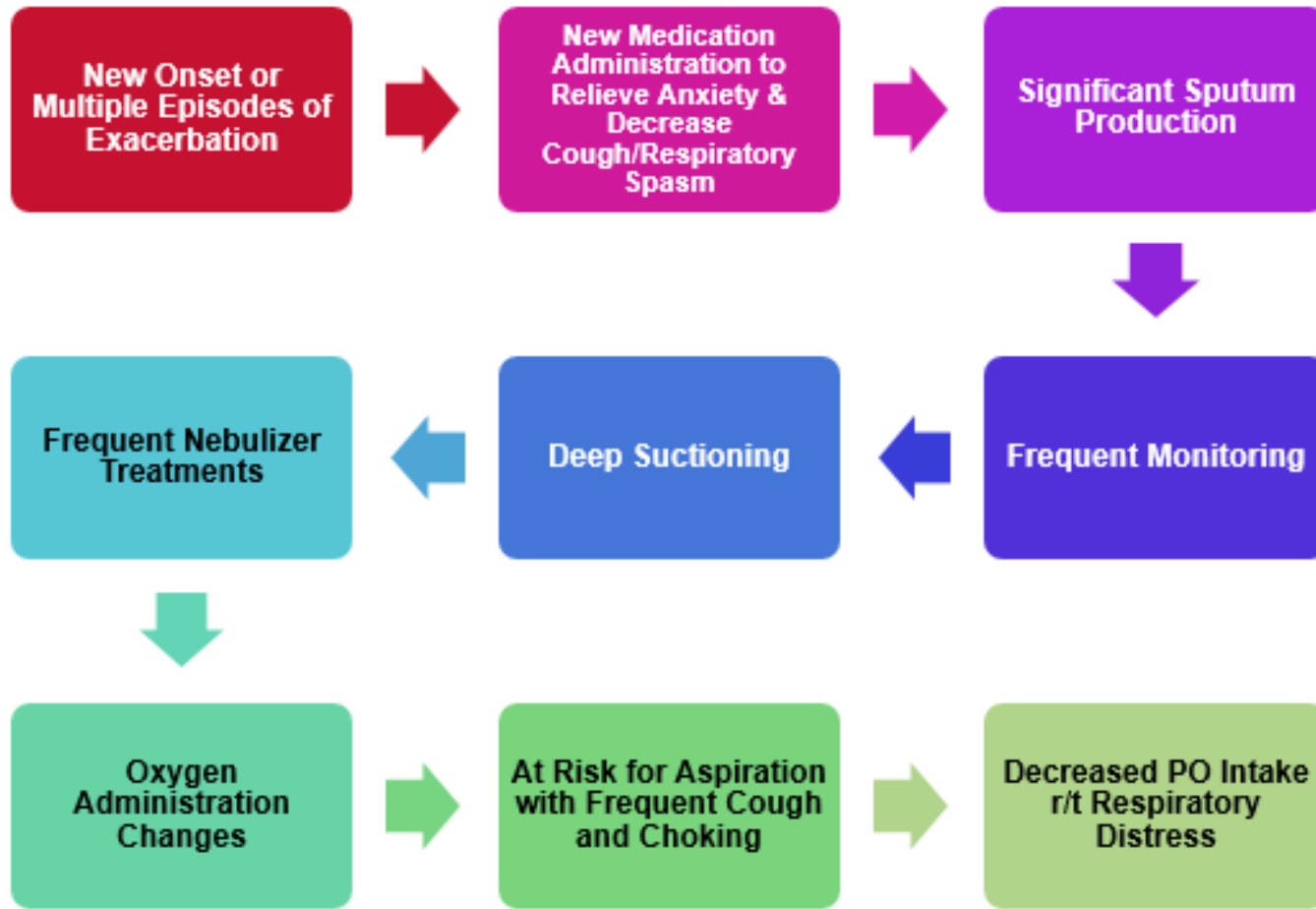
Respiratory Disease Exacerbation

Mrs. Jones has a cough with some crackles throughout. She is receiving albuterol via nebulizer every four hours with improvement in symptoms and remains on 02 2LNC for comfort

- Would this documentation support a period of crisis?
- Would this meet GIP level of care?



Respiratory Disease Exacerbation



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 and/or Delirium



Agitation and/or Delirium

Behavior

Aggression

Depression

Hallucinations

Delusions

Restraints

Medications

Name, Route, Dose, Frequency

Other Interventions

Aroma, Music, Mental Health, Physical Therapies

Patient Response to Therapies and/or Treatments

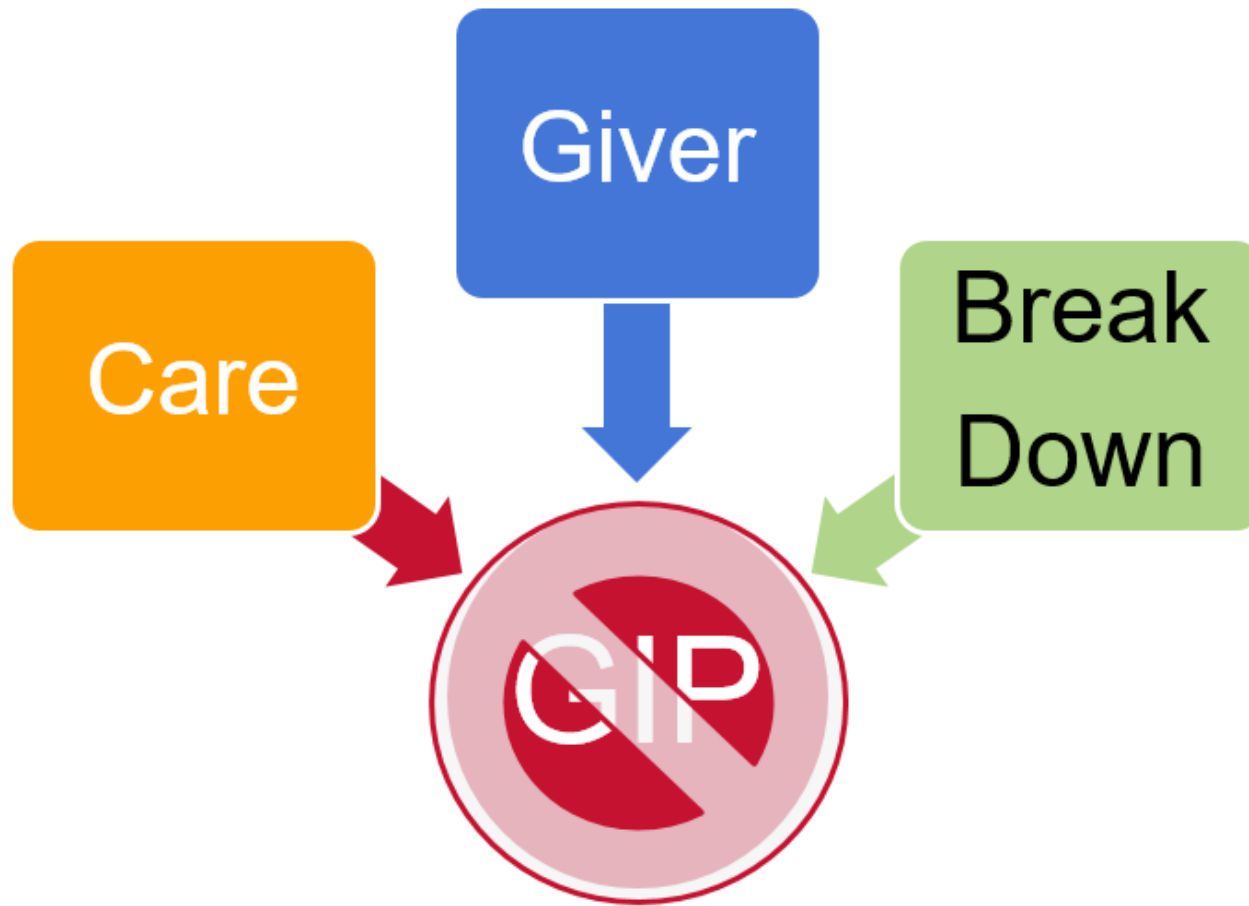
Possible GIP Documentation

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



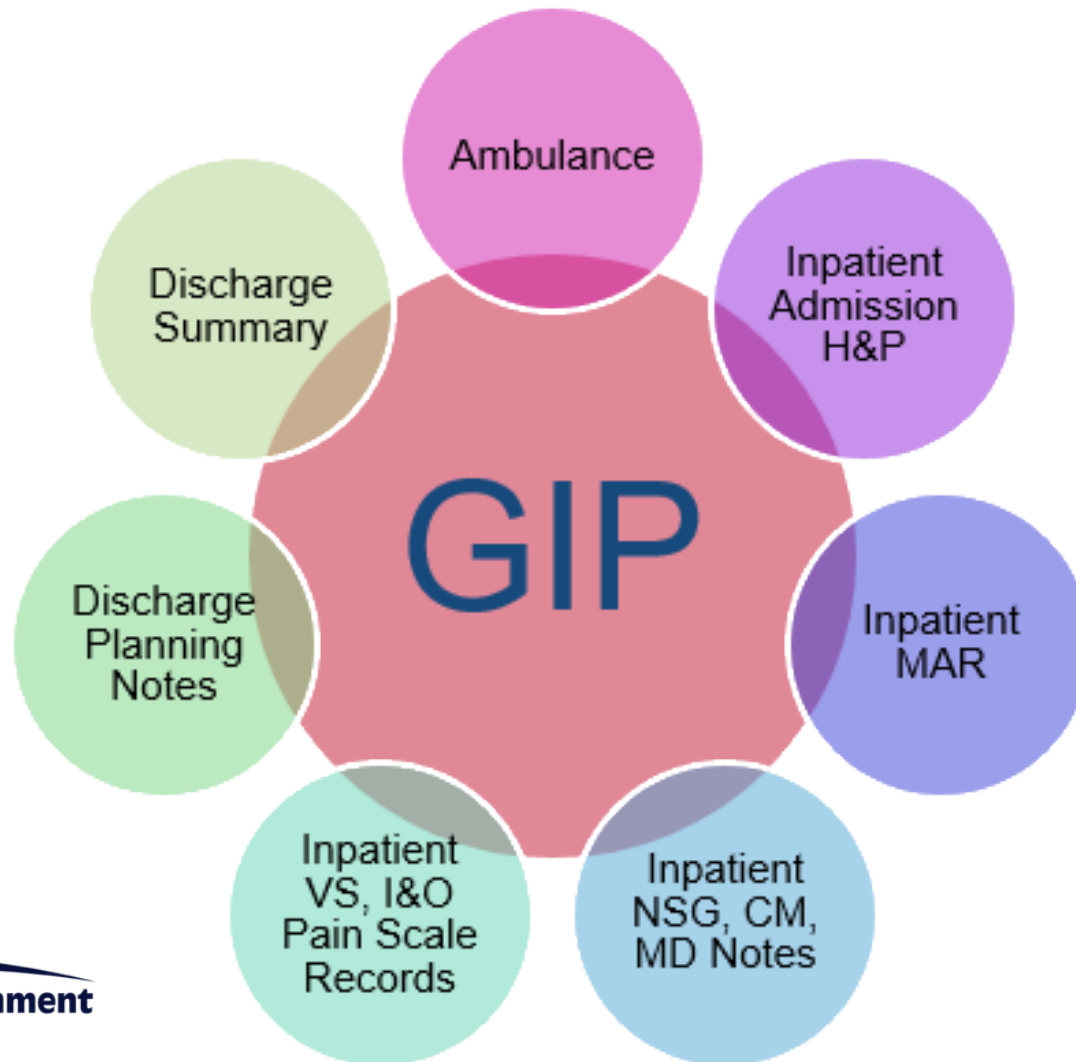
Hospice Nursing Documentation

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

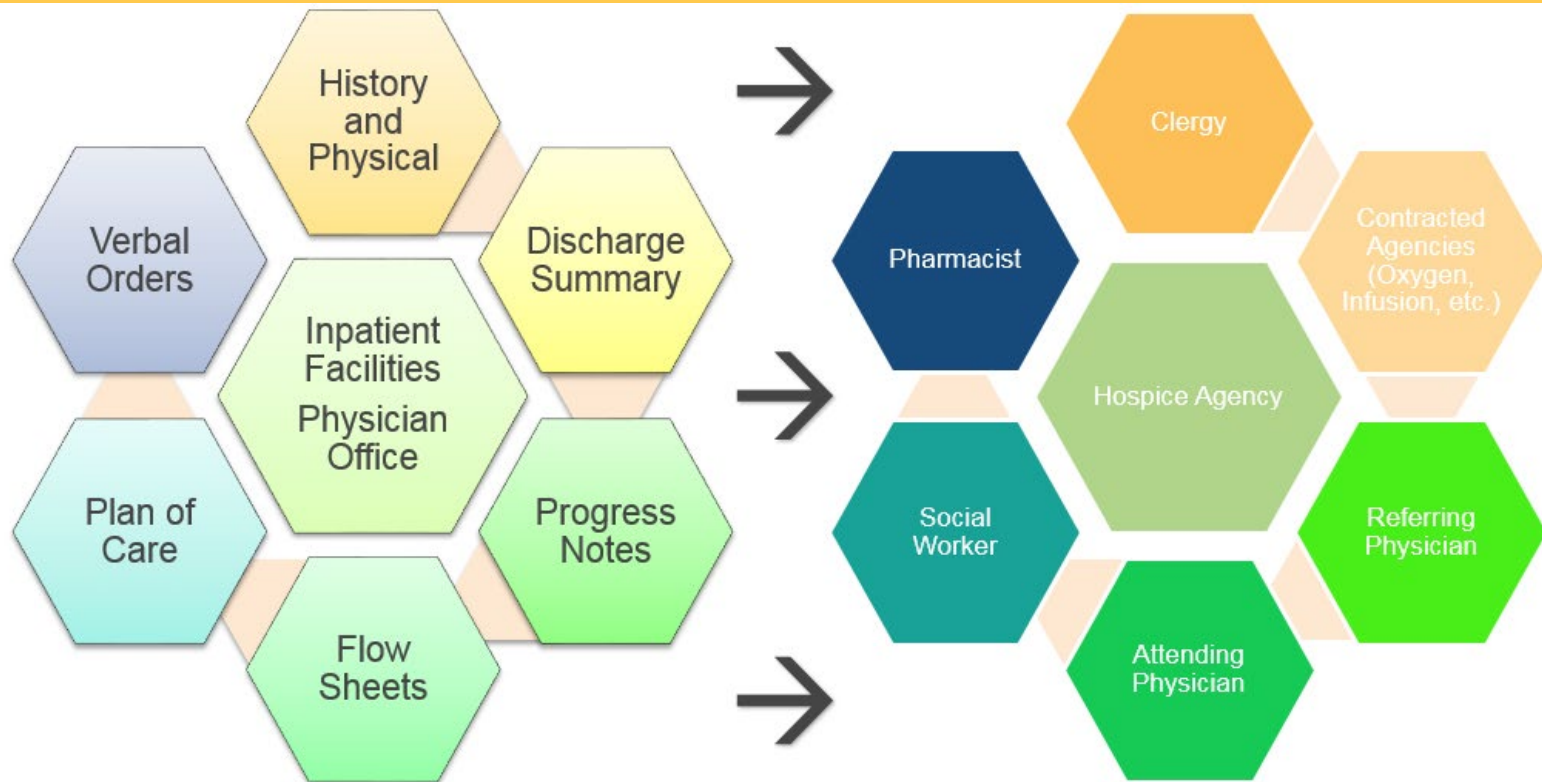
Measurable Objectives

- ✓ 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

Hospice Medical Review Updates



Hospice Medical Review Updates

- On 3/26/2020, the Centers for Medicare & Medicaid Services (CMS) suspended its Medicare Fee-for-Service (FFS) Medical Review (MR) activities related to the improper payment rate
 - On 8/17/2020, CMS resumed Medicare FFS medical review activities on a limited basis
 - Center for Program Integrity (CPI) limited MAC medical reviews to service-specific, postpayment reviews for dates of services (DOS) prior to 3/1/2020
 - MACs may now begin conducting post-payment medical reviews for later dates of service. The Targeted Probe and Educate program (intensive education to assess provider compliance through up to three rounds of review) will restart later. The MACs will continue to offer detailed review decisions and education as appropriate
- JK: ngs-jkmedicalreview@anthem.com
 - J6: j6probeandeducate@anthem.com

Hospice Post Pay Medical Review Updates

- **Current Edit:** General Inpatient (GIP) Care
- **Edit Reason Code:** 5CPGP/5WPGP
- **Bill Type:** 81X, 82X
- **Revenue Code:** 0656, 7 or more days

- **Current Edit:** Hospice Length Of Stay > 730 Days
- **Edit Reason Code:** 5CSLP/5WSLP
- **Bill Type:** 81X, 82X

[Hospice Medical Review Focus Area](#)

Hospice Medical Review Updates

- Documentation Requirements
- Notice of election/signed election statement by the beneficiary
- Beneficiary election statement addendum (if requested)
- Initial and subsequent physician's certifications, including applicable physician's narrative summaries
- Interdisciplinary group notes
- Complete general inpatient medical records
- Hospice plan of care for beneficiary
- Nurses notes and initial assessment, if applicable
- Physician progress notes and orders
- All other caregiver notes
- Documentation to support the face-to-face encounter
- If there is an ABN on file, please include a copy of the signed and dated ABN of non-coverage to the beneficiary.

Hospice Medical Review Updates

Reason Code 55H1L:

According to Medicare hospice requirements, the information provided did not support that the beneficiary's illness was terminal. For example, the beneficiary's overall status was very similar to admission status; since the documentation showed no decline in beneficiary's status, therefore, the terminal prognosis of six months or less is not supported. (See LCD L33393)

Reason Code 55H1R:

The notice of election is invalid because it didn't meet statutory/regulatory requirements. Examples include: The NOE lacks a statement that the attending physician was the beneficiary's (or beneficiary representative's) choice

Hospice Top Denials

55H1M:

According to Medicare hospice requirements, the documentation indicates the general inpatient level of care was not reasonable and necessary. Therefore, payment will be adjusted to the routine home care rate

Reason Code 55H1S:

Face-to-face encounter requirements were not met. Example: Documentation of the face-to-face encounter was not included in the record. (See IOM, 100-02, Ch. 9, Section 20.1.)

Hospice Medical Review Updates

55H1L

Terminal Diagnosis
Prognosis c/w 6 Months or Less
History of Failed Treatments, Medication Changes with little/no Response
Labs Supporting Terminal Diagnosis
Signs & Symptoms
Oral intake
Weight Loss/Gain

55H1R

Information Identifying Designated Attending Physician
Patient's Choice
Effective Date
Hospice Provider
Waived Services
Signatures
Acknowledgment of Palliative vs Curative

Avoiding Hospice Denials

55H1M:

Documentation to support intensity of care directed towards pain control and symptom management that cannot be managed in any other setting
Documentation to support level of service typically requires frequent monitoring of a patient, and/or medication or interventions by a physician or nurse

55H1S:

FTF Timely Completed
If untimely, Reasoning
Attestation Requirements
Date of the Encounter
Clearly Titled

Hospice Resources



CMS Hospice Resources

- [CMS website, Hospice Center](#)
- [CMS website, Transmittals](#)
- [CMS website, Internet-Only Manuals](#)
 - CMS IOM Publication 100-02, *Medicare Benefit Policy Manual*
 - Chapter 9 (Hospice Coverage)
 - CMS IOM Publication 100-04, *Medicare Claims Processing Manual*
 - 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

NGS Jurisdiction 6

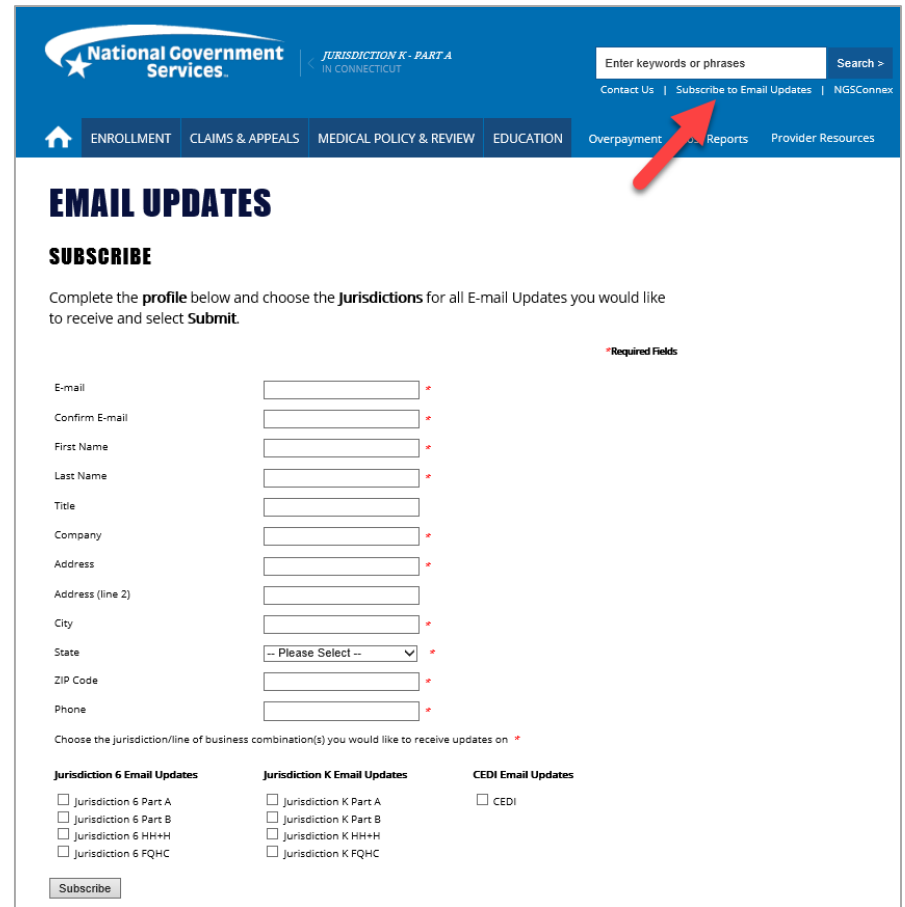
- [NGS Website](#)
- IVR Unit – 866-277-7287
- Provider Contact Center – 866-590-6724
- LCDs and Policy Articles – See website, Medical Policy & Review Tab, Medical Policy Center

NGS Jurisdiction K

- [NGS Website](#)
- IVR Unit – 866-275-7396
- Provider Contact Center – 866-289-0423
- LCDs and Policy Articles – See website, Medical Policy & Review Tab, Medical Policy Center

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- Self-report attendance
- [Medicare University website](#)

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- For future hospice questions or issues
 - Email: J6.provider.training@anthem.com

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