# Avoiding Current Hospice Denials Session Ten

April 22, 2022

DATASOFTLOGIC
Create. Innovate. Transform.

---

## Today's Presenters

**National Government Services
Provider Outreach & Education
Home Health & Hospice Team**

| Mike Davis POE Manager | Erin Musumeci RN; POE HHH Consultant | Jan Wood; POE HHH Consultant | Shelly Dailey MSN, BSN, RN, CPHM; POE HHH Consultant | Christa Shipman; POE HHH Consultant |

# Disclaimer

National Government Services, Inc. has produced this material as an informational reference for providers furnishing services in our contract jurisdiction. National Government Services employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this material. Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of publication, the Medicare Program is constantly changing, and it is the responsibility of each provider to remain abreast of the Medicare Program requirements. Any regulations, policies and/or guidelines cited in this publication are subject to change without further notice. Current Medicare regulations can be found on the CMS website.

# No Recording

- Attendees/providers are **never** permitted to record (tape record or **any** other method) our educational events
  - This applies to our webinars, teleconferences, live events and any other type of National Government Services educational events

# Objectives

- This session will offer providers valuable information regarding how to respond to hospice additional documentation requests (ADRs), including submission of hospice medical record documentation. This session will also provide information regarding current hospice medical review denials and how to avoid the most recent top hospice claim denials.

# Agenda

- Hospice Eligibility & Election

- Responding to a Hospice Additional Documentation Request

- Submission of Hospice Medical Record Documentation

- Hospice Medical Review Updates

- Hospice References & Resources

- Question & Answer Period

# Session 10 Hospice Pre- Quiz


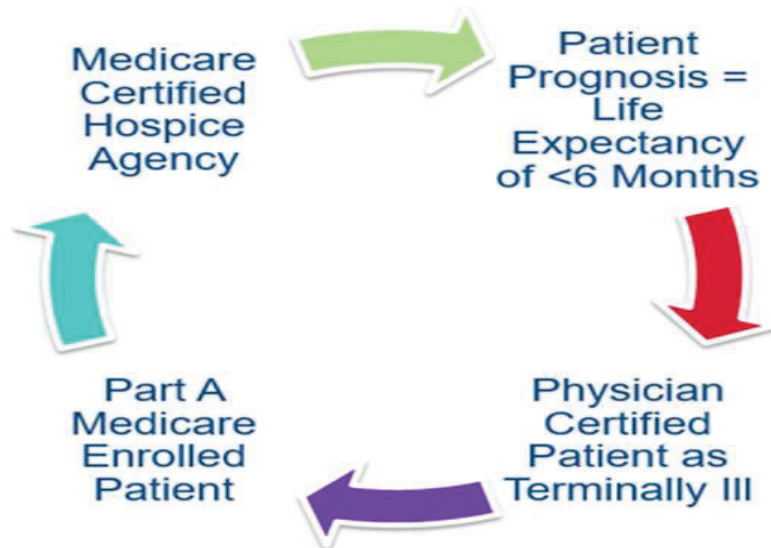
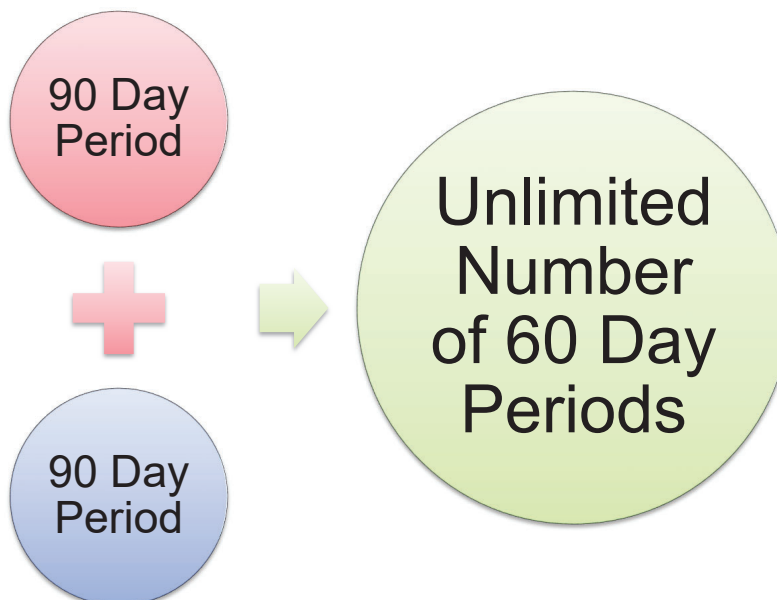www.quizizz.com

# Enter Code:

---

# Hospice Eligibility & Election

# Hospice Eligibility & Election



# Hospice Eligibility & Election

# Hospice Eligibility & Election

Remains in the Care of a Hospice Agency

Does not Revoke the Election

Is Not Discharged from the Hospice Agency

---

# Hospice Eligibility & Election

| Beneficiary Election Statement Completed | Notice of Election Filed with the MAC | MAC Electronically Transmits to Common Working File (CWF) | Initial Election Processed & Maintained in CWF | Final Claim Indicates Discharge due to Death, Revocation or Termination |

# Responding to a Hospice Additional Documentation Request (ADR)

---

# Responding to a Hospice ADR

- An ADR is a request for documentation to support a Medicare claim
  - It is imperative that providers maintain a process or policy that ensures requested medical record documentation is collected efficiently and appropriately for review
  - Methods or techniques often utilized to ensure proper documentation is collected include:
    - Mock Chart
    - Check List
    - Staff Members Assigned to Collect Documentation
    - Staff Members Assigned to Review Documentation Prior to Submission

# Responding to a Hospice ADR

- Incorporating the methods and techniques mentioned into policies/procedures will assist in ensuring:
    - Appropriate documentation is obtained from outside entities
    - Records are reviewed for accuracy by multiple people prior to submission
    - All eligibility criteria have been met
    - All proper documentation is included in the medical record prior to submission
    - Proper claims payment

# Responding to a Hospice ADR

| System Issues ADR | • Claim suspends to status/location SB 6001<br>• ADR is sent to provider<br>• Provider has 45 days to return records to the MAC |
|---|---|
| Records Not Received by Day 45 | • On day 46 the system will deny the claim and move it to S/L DB 9997<br>• Claim assigned reason code 56900 |
| Wait One Week and Recheck Status Location | • If the records were received the claim will move to S/L SM 5REC<br>• If denial code appears, recheck, call the PCC for assistance, if necessary |

# Responding to a Hospice ADR

Utilize instructional information on the ADR to assist in creation of the checklist or mock chart.

THIS CLAIM REQUIRES ADDITIONAL INFORMATION IN ORDER TO MAKE APPROPRIATE PAYMENT DETERMINATION AND PROCESSING. PROVIDED BELOW ARE RECOMMENDED SUPPORTING DOCUMENTS, BUT NOT AN ALL INCLUSIVE LIST. THE DOCUMENTATION SHOULD SUPPORT THE VERIFICATION OF THE ISSUE THAT GENERATED THIS REQUEST. FOR FURTHER INFORMATION, ENTER THE REASON CODE(S) LISTED BELOW IN THE APPROPRIATE FIELDS IN THE ON-LINE SYSTEM. WE ACCEPT DOCUMENTS VIA PAPER, FAX, CD/DVD AND ESMD          OMB #0938-0969

PLEASE NOTE:

**MEDICAL** RECORDS ARE DUE TO THE MAC WITHIN 45 CALENDAR DAYS.

*NON-MEDICAL* RECORDS ARE DUE TO THE MAC WITHIN 14 CALENDAR DAYS.

**Records DUE: 45 Days**

# Responding to a Hospice ADR

The ADR provides helpful hints to help appropriate claims payment

MEDICARE REQUIRES A LEGIBLE IDENTIFIER FOR SERVICES PROVIDED AND ORDERED.

MEDICARE WILL ACCEPT CLEARLY LEGIBLE HANDWRITTEN SIGNATURES, HANDWRITTEN INITIALS OR ELECTRONIC SIGNATURES. STAMPED SIGNATURES ARE NOT ACCEPTABLE ON ANY MEDICAL RECORD.

**STAMPED SIGNAURES**

# Responding to a Hospice ADR

PATIENT IDENTIFICATION, DATE OF SERVICE, AND PROVIDER OF **◄ Date**
THE SERVICE SHOULD BE CLEARLY IDENTIFIED ON THE SUBMITTED DOCUMENTATION. IF
THE RENDERING PROVIDER SIGNATURE IS NOT CLEARLY LEGIBLE, ATTACH A SIGNATURE **◄ Signature**
LOG/KEY THAT INCLUDES THE TYPED NAME OF THE PROVIDER WITH CREDENTIALS, THE
SIGNATURE, AND THE INITIALS FOR EACH PROVIDER FOR WHICH THE RECORDS ARE
REQUESTED. IF YOU QUESTION THE LEGIBILITY OF YOUR SIGNATURE, YOU SHOULD
SUBMIT AN ATTESTATION STATEMENT IN YOUR DOCUMENTATION RESPONSE. IF THE
SIGNATURE REQUIREMENTS ARE NOT MET, THE REVIEWER WILL CONDUCT THE REVIEW
WITHOUT CONSIDERING THE DOCUMENTATION WITH THE MISSING OR ILLEGIBLE **◄ Legibility**
SIGNATURE. THIS COULD LEAD THE REVIEWER TO DETERMINE THAT THE MEDICAL
NECESSITY FOR THE SERVICE BILLED HAS NOT BEEN SUBSTANTIATED.
PLEASE SUBMIT THE SUPPORTING DOCUMENTATION WITHIN 45 DAYS FROM THE DATE OF
THIS NOTICE. THIS DOCUMENTATION MUST BE CLEAR AND LEGIBLE.

---

# Submission of Hospice Medical Record Documentation

# Submission of Hospice Medical Record Documentation

- Documentation Collaboration
- Sources of documentation that may assist in supporting terminality upon referral from an acute care or provider office include:
  - Discharge Summary and/or Progress Notes Progress notes
  - History & Physical
  - Plan of Care
  - Case Management Records
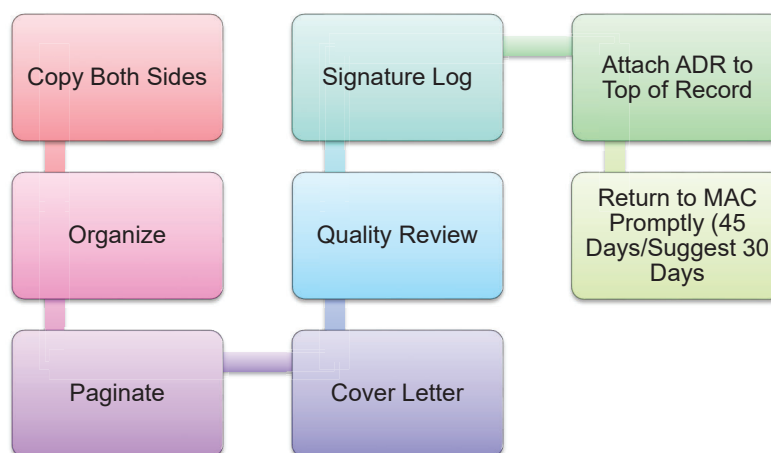  - Discharge Planning Documentation

# Submission of Hospice Medical Record Documentation

- **Documentation Preparation**
- Prior to submission of documentation, it is imperative that all medical record documentation is **completely reviewed** to ensure:
  - All pages are for the appropriate patient
  - PECOS - Validation for all physicians involved in the patient's care for all DOS in the period of care
  - The patient's name is on each page (front and back where appropriate)
  - The correct dates of service for the claimed period of care
  - Dates and signatures are clear and appropriate
  - Legibility of all handwritten documentation

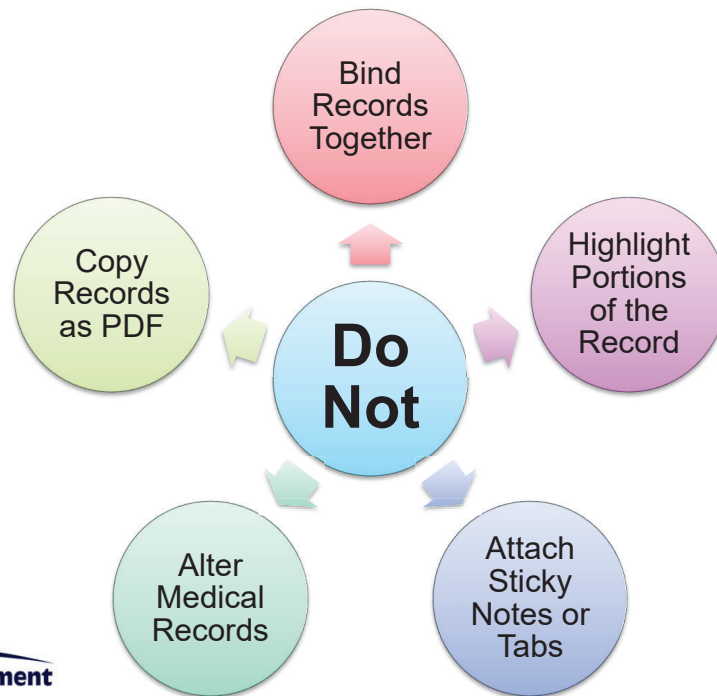# Submission of Hospice Medical Record Documentation

- Documentation Preparation
- Prior to submission of documentation, review all records to ensure:
    - Identifiable credentials for each clinician signature
        - Signature sheets as appropriate from agency and referring facility/office
    - Accuracy of documentation
    - All staples, paperclips, binder clips, sticky notes, rubber bands, etc. are removed prior to submission
    - Pages are not folded over, cut off or crinkled during copying/printing/faxing
    - Highlighter is not utilized
    - ADR is placed on the top of the medical record
    - Reminder: Black ink copies best
    - Provider contact name and telephone number

---

# Submission of Hospice Medical Record Documentation



| Copy Both Sides | Signature Log | Attach ADR to Top of Record |
| --- | --- | --- |
| Organize | Quality Review | Return to MAC Promptly (45 Days/Suggest 30 Days |
| Paginate | Cover Letter | |

## Suggestions for Preparing Medical Records for Submission to NGS

# Submission of Hospice Medical Record Documentation



- Bind Records Together
- Highlight Portions of the Record
- Copy Records as PDF
- **Do Not**
- Alter Medical Records
- Attach Sticky Notes or Tabs

# Submission of Hospice Medical Record Documentation

**NGSConnex**
esMD

**FedEx**
National Government Services Inc.
8115 Knue Rd
Indianapolis, IN 46250
Attn: Mail & Distribution

**MAIL**
National Government Services Inc.
PO Box 6474
Indianapolis, IN 46206-6474

FAX: 315.442.4154

Always check www.NGSMedicare.com for the most current information

# Submission of Hospice Medical Record Documentation

## Records Not Received

56900

**DENIED**

National Government Services

---
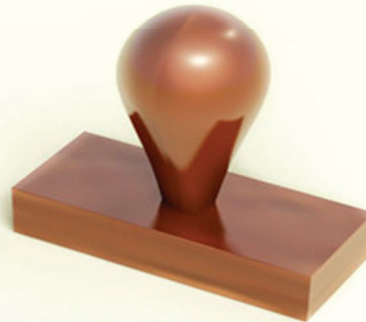
# Submission of Hospice Medical Record Documentation

- **Timely**
- **Educate Staff**
- **Responsibility**
- **Medical Necessity/Terminality**
- **Anti-Kickback Statute**
- **Stark Laws**
- **Report Fraud**

Helpful Hints

National Government Services

# Hospice Medical Review Updates

## Hospice Medical Review Updates

- **Current Hospice Edits – Jurisdiction 6**
  - **5CQM1**: Place of Service (Q5003 & Q5004) – Post Pay
  - **5CQC1 & 5WQC1:** Place of Service (Q5003 & Q5004) – Pre Pay

# Hospice Medical Review Updates

## Targeted Probe & Educate

- 45 Days to Submit Medical Records
- Support Billed Services
- Failure to Submit Records May Result in Denial of Billed Services
- Documentation must be Legible & Authenticated
- Review Results will be Issued upon Completion of the Review
- Education will be Offered as Needed

---

# Hospice Medical Review Updates

- Beneficiary Election Statement
- Election Statement Addendum (If Requested)
- Physician Certification & Recertification
- Physician Narrative Summaries
- Interdisciplinary Group Notes
- General Inpatient Medical Records
- Hospice Plan of Care
- Nurses Notes & Initial Assessment
- Physician Progress Notes & Orders
- All Other Caregiver Notes
- Face-to-Face Encounter Documentation
- ABN, Signed & Dated (as applicable)

# Hospice Medical Review Updates

## Top Hospice Claim Denials

**55H1L**
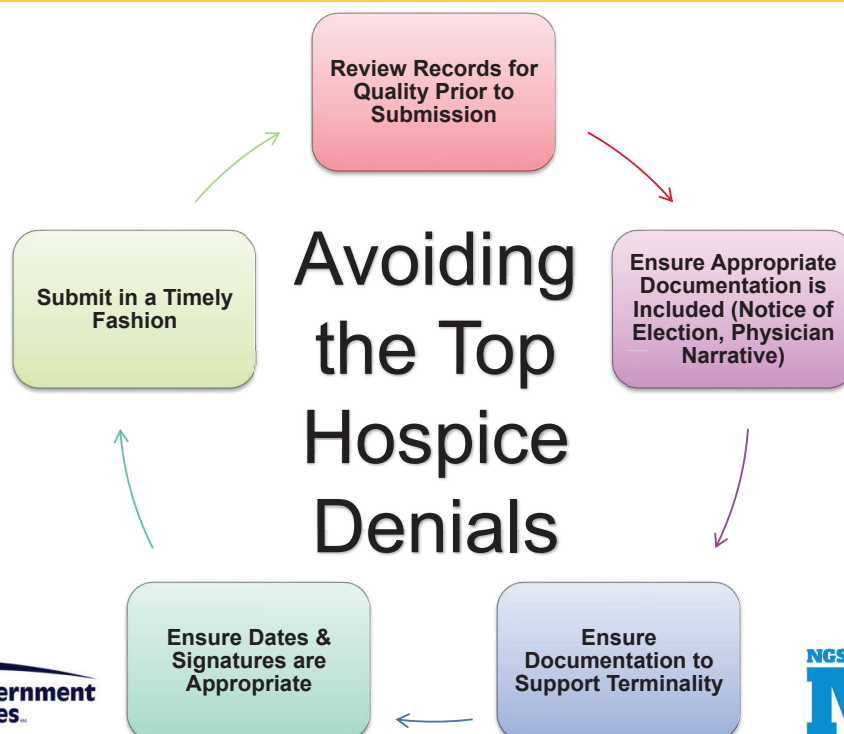- Information provided does not support terminal prognosis of six months or less

**55H1Y**
- Physician narrative statement not present or not valid

**55H1R**
- Notice of election is invalid because it does not meet statutory/regulatory requirements

National Government Services

NGS MU

---

# Hospice Medical Review Updates

**Avoiding the Top Hospice Denials**

- Review Records for Quality Prior to Submission
- Ensure Appropriate Documentation is Included (Notice of Election, Physician Narrative)
- Ensure Documentation to Support Terminality
- Ensure Dates & Signatures are Appropriate
- Submit in a Timely Fashion

National Government Services

NGS MU

**Session 10 Hospice Post-Quiz:**



www.quizizz.com

# Enter Code:

---

Hospice References & Resources

# References & Resources

- [Hospice Center Webpage](#)
- [Hospice Code of Federal Regulations](#)
- [Medicare Contractor Beneficiary and Provider Communications Manual](#)
- [Medicare Benefit Policy Manual-Hospice](#)
- [Medicare Claims Processing Manual-Hospice](#)
- [Office of Inspector General Report: Vulnerabilities in the Medicare Hospice Program Affect Quality Care and Program Integrity](#)
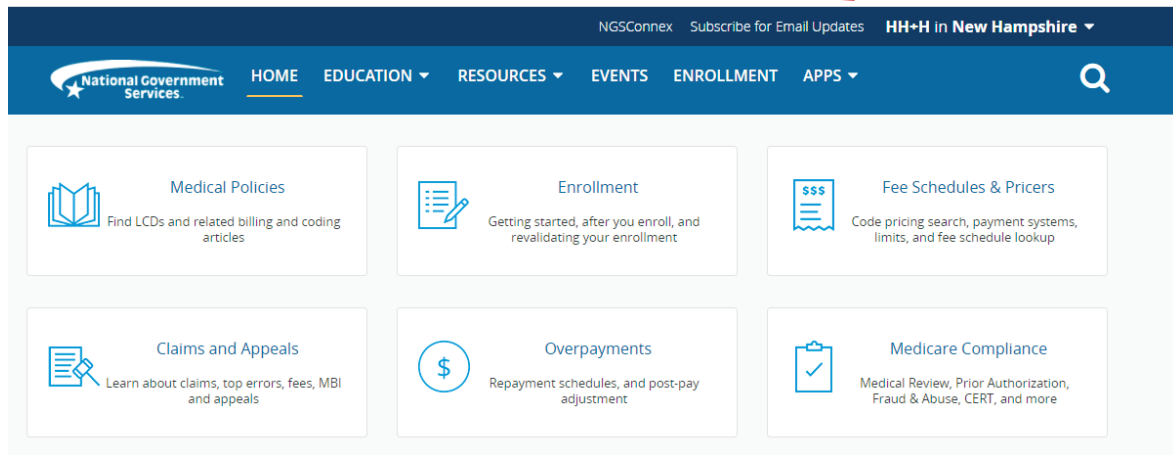
# References & Resources

- [NGS Website](#)
  - Resources
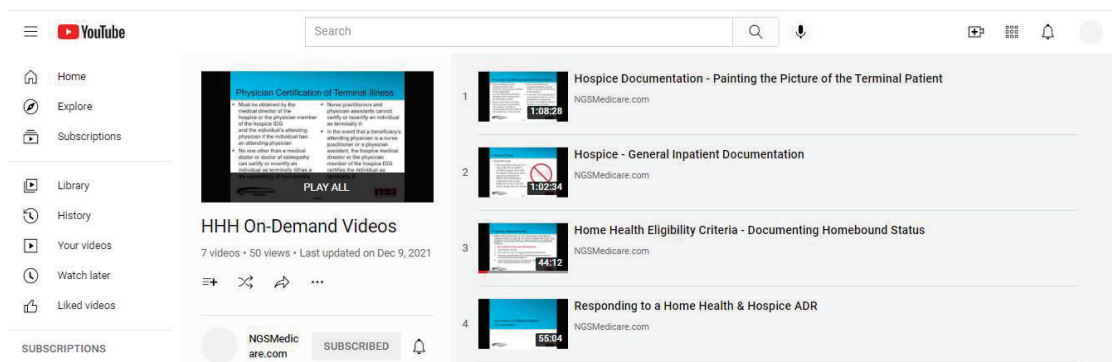  - Medicare Compliance
  - Fraud and Abuse

# NGS Email Updates

- Subscribe to receive the latest Medicare information

---



## NGS HHH On-Demand Videos

# Medicare University

- 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 website

# Continuing Education Credits

- All National Government Services Part A and Part B Provider Outreach and Education attendees can now receive one CEU from AAPC for every hour of National Government Services education received

- If you are accredited with a professional organization other than AAPC, and you plan to request continuing education credit, please contact your organization not National Government Services with your questions concerning CEUs

# Provider Contact Center Procedures

- The Provider Contact Center should always be your first option when contacting National Government Services

  - Required to log and track all incoming inquires

- Tiered system to respond accurately to all provider inquiries

---

# Provider Contact Center

| State/Region | Toll-Free Number | Interactive Voice Response (IVR) | Hours of Service |
|---|---|---|---|
| Alaska, Arizona, **California**, Hawaii, Idaho, Nevada, Oregon, Washington, American Samoa, Guam, Northern Mariana Island | 866-590-6724 TTY: 888-897-7523 | 866-277-7287 | Monday–Friday 8:00 a.m.–4:00 p.m. PT Thursday, closed for training 12:00–2:00 p.m. PT |

# Thank You!

- Questions?

**follow us on twitter**

**@ngsmedicare**

National Government Services

45