
Medicare Intermediary Manual Part 3 - Claims Process

Department of Health and
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 1846

Date: NOVEMBER 1, 2001

CHANGE REQUEST 1442

| <u>HEADER SECTION NUMBERS</u> | <u>PAGES TO INSERT</u> | <u>PAGES TO DELETE</u> |
|---------------------------------|------------------------|------------------------|
| 3143.2 (Cont.) - 3143.2 (Cont.) | 3.58.8E (1 pp.) | 3.58.8E (1 pp.) |

NEW/REVISED MATERIAL----*EFFECTIVE DATE: April 1, 2002*

IMPLEMENTATION DATE: April 1, 2002

Section 3143.2, Special Coverage Requirements, revised to add language specifying the MSN and EMOB numbers to be used when a respite stay exceeds the five consecutive day limit and payment is being reduced for all following days.

DISCLAIMER: The revision date and transmittal number only apply to the redlined material. All other material was previously published in the manual and is only being reprinted.

These instructions should be implemented within your current operating budget.

The hospice must provide a minimum of 8 hours of care during a 24-hour day which begins and ends at midnight. This care need not be continuous, e.g., 4 hours could be provided in the morning and another 4 hours in the evening. Nursing care must be provided for more than half of the period of care and must be provided by either a registered nurse or licensed practical nurse. Homemaker or home health aide services may be provided to supplement the nursing care.

NOTE: When fewer than 8 hours of nursing care are required, the services are covered as routine home care rather than continuous home care.

Nursing care in the hospice setting can include skilled observation and monitoring when necessary and skilled care needed to control pain and other symptoms.

Continuous home care is covered only as necessary to maintain the terminally ill individual at home.

B. Respite Care.--Respite care is short-term inpatient care provided to the individual only when necessary to relieve the family members or other persons caring for the individual at home. Respite care may be provided only on an occasional basis and may not be reimbursed for more than five consecutive days at a time. **Payment for the sixth and any subsequent days is to be made at the routine home care rate.**

For hospice claims on which the respite care rate is not allowed because this 5 consecutive day limit is exceeded, use the following messages to notify the beneficiary:

o MSN message 27.12: "The documentation indicates that your respite level of care exceeded five consecutive days. Therefore, payment for every day beyond the 5th day will be paid at the routine home care rate."

o EOMB message 16.98: "The documentation indicates that your respite level of care exceeded five consecutive days. Therefore, payment for every day beyond the 5th day will be paid at the routine home care rate."

The spanish translation for this message is as follows:

"La documentación indica que su nivel de cuidado temporero excedió 5 días consecutivos. Por lo tanto, el pago por cada día después del quinto (5) día será ajustado a la tarifa de cuidado rutinario en el hogar."

ó=alt 162

í=alt 161

é=alt 130

C. Bereavement Counseling.--Bereavement counseling consists of counseling services provided to the individual's family after the individual's death. Bereavement counseling is a required hospice service, but it is not separately reimbursable.