



NDoc[®] Billing Reference for Configuring Hospice Discharge Reasons for Medicare Claims

(changes included in 1.2.8.36 Billing Update)

Summary:

In NDoc Billing Release 1.2.8.36, Electronic Claims were altered to allow for additional Hospice discharge reason types. We made this program change to prevent claim rejections due to new Medicare Edits.

How it Works:

Based on the entries in the Discharge Reason table and the Electronic Claim set up, the discharge Status code, occurrence code, condition codes, and bill notes will pull according to the Medicare Hospice Discharge Matrix shown below. When the status code is TR in the billing Discharge Reason table, the patient status code 01 will pull to the claim and no occurrence 42 code with discharge date will be generated. However, when the discharge status code is blank or 01, the occurrence code 42 will pull to the claim. When 52 or H2 are used as the status codes, the patient status code 01 will pull to the claim, no occurrence code 42 with date will be generated, and these status codes will populate the claim as condition codes based on the fact that the Electronic Option Set is configured accordingly.

| Medicare Hospice Discharge Matrix | | | | | |
|-------------------------------------------------------------------|------------------------------|--------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------|
| Reason for Discharge | Status Code in Billing Table | Status Code which will pull to Claim | Remarks Required on Claim | Occurrence Code and Date of Discharge/Death | Condition Code on Claim |
| Died at home | 40 | 40 | None required | 55 | NO |
| Died in facility | 41 | 41 | None required | 55 | NO |
| Died, location unknown | 42 | 42 | None required | 55 | NO |
| Transfer/Discharge to Hospice – Home (Routine or CHC) | 50 | 50 | Bene transferred to a Medicare Certified Hospice eff (DC date) | NO | NO |
| Transfer/Discharge to Hospice – Medical Facility (Respite or GIP) | 51 | 51 | Bene transferred to a Medicare Certified Hospice eff (DC date) | NO | NO |
| Revoked election | 01 | 01 | Bene Revoked Eff (DC date) | 42 | NO |
| No Longer Terminally Ill | TR | 01 | Bene was discharged due to stable condition eff (DC date) | NO | NO |
| Moved Out of Service Area | 52 | 01 | Bene moved out of our service area and did not transfer to a certified hospice eff (DC date) | NO | 52 |
| Discharged for Cause | H2 | 01 | Bene discharged for cause | NO | H2 |

NOTE: If the Status Code is blank in the billing table, then the system will default to the status code of 01, and for Hospice patients, pull the Occurrence code 42 and discharge date.

How to Review:

In Clinical, verify which Discharge Reasons are used for Hospice patients and should be reviewed. Go to Administration > Tables > Patient DC Reason > Print Patient DC Reason Table > View Report. By clicking on the header "Hospice", you can re-sequence the table so that all Hospice Discharge Reasons (yes) are listed together. These are the discharge reasons that need to be reviewed in the Billing tables.





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| Patient DC Reason Listing | | | | |
|---------------------------|---------------------------------------------------|--------|--------|---------|
| Page 1 of 3 | | | | |
| Number | Description | Abbrev | Code | Hospice |
| 12 | decertified | DE | DE | Yes |
| 13 | Hospice-Revoked Election | RE | RE | Yes |
| 14 | entered facility | EF | EF | Yes |
| 15 | Hospice -transfer to another Hospice | TR | TR | Yes |
| 16 | died | DI | DI | Yes |
| 18 | Hospice-Died at home | DAH | DAH | Yes |
| 19 | HO-DIED IN FACILITY | DIF | DIF | Yes |
| 20 | HO-DIED - LOCATION UNKNOWN | DLU | DLU | Yes |
| 21 | Hospice- No longer terminally ill | SC | SC | Yes |
| 22 | Hospice-Moved out of area- no transfer | MNT | MNT | Yes |
| 34 | HO-DISCHARGED TO HOSPITAL | DTH | DTH | Yes |
| 35 | HO-DISCHARGED TO HOME | DIH | DIH | Yes |
| 36 | HO-DISCHARGED TO SNF | DTSNF | DTSNF | Yes |
| 37 | HO-DISCHARGED TO HOMEHEALTH | DTHH | DTHH | Yes |
| 38 | Hospice-Discharge at patient request | DATR | DATR | Yes |
| 39 | Hospice-Decertification | DNLT | DNLT | Yes |
| 40 | HO-DISCHARGED NON-COMPLIANT | DNC | DNC | Yes |
| 41 | Hospice-Change of payor source | CPS | CPS | Yes |
| 43 | Hospice Discharged for Cause | HDC | HDC | Yes |
| 44 | Hospitalized - none hospice related symptom/issue | HNODC | HOSPND | Yes |
| 1 | All goals met - d/c to home | AGM | AGM | No |
| 2 | Expired | EX | EX | No |
| Total: 47 | | | | |

In NDoc Billing, go to File > File Maintenance > Category > Change type to Discharge Reason. Click in the Code field to select the table.

Category Maintenance: Discharge Reason

Category

Code:

Description:

Status Code:

Change Type

Category Type:

☐ Acuity

☐ Municipality

☐ County

☐ Optional

☐ Denial Reason

☐ Payment Type

☐ Diagnosis Grp

☐ PayRate Type

☒ Disch Reason

☐ Priority

☐ Disch Condition

☐ Program

☐ Document Type

☐ Race

☐ Insurance Class

☐ Referral Type

☐ Insurance Type

☐ Religion

☐ Language

☐ Renewal Type

☐ Level Of Care

☐ Revenue Code

☐ Marital Status

☐ Team Group

Find

Save

Cancel

Print

Add

Delete





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To easily confirm the necessary Discharge Reasons and Status Codes have been entered, click Print, then Preview to view the Discharge Reason List. The entries identified as Hospice discharge reasons in the Clinical table are the entries that should be reviewed on the billing list.

| 5/19/2017 1:22:13 PM Alphabetic | | Category Listing HBS Empty Database: Billing | Page 1 Discharge Reason |
|------------------------------------|-------------------------------------|--------------------------------------------------------|----------------------------|
| Code | Description | Status-Code | |
| NF | Admitted to SN Facility | 03 | |
| AC | Alternate Care Program | 70 | |
| DC | Discharged for cause | H2 | |
| EXHO | Expired at Home - Hospice PT | 40 | |
| EX | Expired HH | 20 | |
| EXF | Expired in Med Facility- Hospice PT | 41 | |
| EXUK | Expired location unknown | 42 | |
| GM | Goals Met | 01 | |
| AH | HOSPITAL | 02 | |
| MO | Moved out of service area | 52 | |
| LF | Nonpayment of /lack of funds | 01 | |
| OT | Other | 01 | |
| RS | Patient refused service | 01 | |
| PR | Patient remained in community | 01 | |
| REV | Revoked | 01 | |
| SC | Stable -no longer terminally ill | TR | |
| TRM | Transfer to hospice-med facility | 51 | |
| TR | Transferred to another agency | 01 | |
| TRHO | Transferred to hospice -home | 50 | |
| UP | Unavailable personnel | 01 | |
| MV | Unknown because patient moved | 01 | |

Medicare Hospice Bill Option Set requirements:

To review and update the Medicare Hospice bill Option Set(s) where necessary, follow the steps below.

For Electronic Claims:

- Merge the latest "1151 - Electronic 837 (Baseline)" option set (dated 5/18/17 or later) into your Medicare Hospice option set(s):
 - Go to Billing>Electronic Claims.
 - Select the "1151 - Electronic 837 (Baseline)" Option Set and click on the "Options" button.
 - Once in the Billing Options Wizard, select "Merge" and enter the Medicare Hospice option set to receive the new changes.
 - After a successful merge, Exit the Billing Options Wizard and the Electronic Claims menu.
- Reopen Electronic Claims and select your Medicare Hospice set.
- Click "Options" to access the Billing Options Wizard.





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- Go to Locator 2300.70 HI*BG Condition Code 1 and set to “Discharge Reason Status Codes (52, H2 only):

Billing Options Wizard

902 - Medicare Hospice 5010

Previous Locator: 2300.70 HI*BG Condition Code 1 Next

2300.70 HI*BG Condition Code 1

Select for Loop 2300 HI*BG 02 Cond Code 1

- ☐ Bypass this Data Element
- ☐ Pat-Ins Bill Data Condition1
- ☐ Insurance Claim Number
- ☐ Constant Value (Entered)
- ☒ Discharge Reason Status Codes (52, H2 only)

Save Cancel Print Copy Merge Rename

- Go to Locator 2300.73 HI*BH Occurrence Code/Date A and set to “Patient Discharge Date (Alive/Not Transferred)” and enter “42” in the free text field:

Billing Options Wizard

903 - Medicare Hospice 5010

Previous Locator: 2300.73 HI*BH Occurrence Code/Date A Next

2300.73 HI*BH Occurrence Code/Date A

Select for Loop 2300 HI*BH Occurrence A

- ☐ Bypass this Data Element
- ☐ Pat-Ins Bill Data Occurrence1 (Code/Date)
- ☒ Patient Discharge Date (Alive/Not Transferred)
- ☐ Patient Discharge Date
- ☐ Patient Diagnosis Primary Onset Date
- ☐ Patient Certification From Date
- ☐ Patient Admit Date
- ☐ First Billable Visit or Assess Date for this Cert (PPS)

42

Save Cancel Print Copy Merge Rename





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- Go to Locator 2300.74 HI*BH Occurrence Code/Date B and set to “Patient Death Date” and enter “55” in the free text field:

Billing Options Wizard

903 - Medicare Hospice 5010

Previous Locator: 2300.74 HI*BH Occurrence Code/Date B Next

2300.74 HI*BH Occurrence Code/Date B

Select for Loop 2300 HI*BH Occurrence B

- ☐ Bypass this Data Element
- ☐ Pat-Ins Bill Data Occurrence2 (Code/Date)
- ☐ Patient Discharge Date
- ☐ Patient Diagnosis Primary Onset Date
- ☐ Patient Certification From Date
- ☐ Patient Admit Date
- ☒ Patient Death Date

55

Save Cancel Print Copy Merge Rename

- Go to Locator 2300.75 HI*BH Occurrence Code/Date C and set to “Patient Certification From Date” and enter “27” in the free text field:

Billing Options Wizard

903 - Medicare Hospice 5010

Previous Locator: 2300.75 HI*BH Occurrence Code/Date C Next

2300.75 HI*BH Occurrence Code/Date C

Select for Loop 2300 HI*BH Occurrence C

- ☐ Bypass this Data Element
- ☐ Patient Discharge Date
- ☐ Patient Diagnosis Primary Onset Date
- ☒ Patient Certification From Date
- ☐ Patient Admit Date
- ☐ Pat-Ins Bill Data Occurrence3 (Code/Date)

27

Save Cancel Print Copy Merge Rename

- Save Changes.

