

additional g-codes

NEW CODES HAVE BEEN ESTABLISHED TO DIFFERENTIATE BETWEEN RNS AND LPNS IN THE HOME HEALTH AND HOSPICE SETTINGS

The Centers for Medicare and Medicaid Services (CMS) is implementing a Service Intensity Add-On (SIA) payment for skilled visits (provided by an RN and/or medical social worker) during the last seven days of life during a hospice election. The SIA payment would be paid in addition to the current per diem rate for the RHC level of care. These changes are discussed in MLN Matters® article [MM9201](#).

The SIA policy necessitates the creation of two new G-codes for nursing for use when billing skilled nursing visits (revenue center 055x): one for a RN and one for a LPN. During periods of crisis, such as the precipitous decline before death, patient needs intensify and RNs are more highly trained clinicians with commensurately higher payment rates who can appropriately meet those increased needs. Moreover, **CMS rules at section 418.56(a)(1)** require the RN member of the hospice interdisciplinary group to be responsible for ensuring that the needs of the patient and family are continually assessed. CMS expects that at end of life, the needs of the patient and family will need to be frequently assessed; thus the skills of an RN are required. As such, the SIA policy was finalized to recognize additional payment at end-of-life for services provided by RNs and not LPNs.

In order to quantify the amount of RN services provided to a patient, hospice claims must differentiate between nursing services provided by an RN and nursing services provided by an LPN. Therefore, CMS established new codes to distinguish between RN services (G0299) and LPN services (G0300). The current single G-code of G0154 for “direct skilled nursing services of a licensed nurse (LPN or RN) in the home health or hospice setting” will be retired. Since G0154 is used in both the home health and hospice settings, home health agencies and hospices will be required to use G0299 for “direct skilled nursing services of an RN in the home health or hospice setting” and G0300 for “direct skilled nursing of an LPN in the home health or hospice setting.”

For more information on the additional G-Codes, [CLICK HERE >>](#)

REMINDER: medicare home health billing codes change january 1, 2016

Beginning January 1, 2016, HCPCS code G0154 for reporting skilled nursing visits on Medicare home health claims will be retired and replaced by two codes:

- + **G0299:** Services of a registered nurse
- + **G0300:** Services of licensed practical nurse

Many home health claims will span the January 1 date:

- Use **G0154** for skilled nursing visits through December 31
- Use **G0299** or **G0300** for skilled nursing visits on or after January 1

At this time Medicare (Palmetto GBA) will be ready to accept new codes for services provided on or after January 1, 2016. Since these codes are HCPCS codes all payer sources will need to implement the new codes.

Medicaid and Medicaid Managed Care plans will not be ready for the January 1, 2016 implementation date. OCHCH will keep you updated on the Medicaid implementation date of the new codes. This means that home health agencies will need to retain the G0154 skilled nursing visit codes for traditional Medicaid and the Medicaid Managed Care Plans.

The Medicare Advantage plans and private insurances may or may not be ready by January 1, 2016, so agencies will need to contact their contracted plans to find out when the new codes will be implemented.

home health value-based purchasing (HHVBP) MODEL

CMS is also finalizing a new initiative designed to support greater quality and efficiency of care among Medicare-certified HHAs across the nation.

Authorized under the ACA and implemented by the Center for Medicare and Medicaid Innovation, the HHVBP model supports the Department of Health and Human Services' efforts to build a health care system that delivers better care, spends health care dollars more wisely and results in healthier people and communities.

The HHVBP model leverages the successes of and lessons learned from other value-based purchasing programs and demonstrations — including the Hospital Value-Based Purchasing Program and the Home Health Pay-for-Performance Demonstration — to shift from volume-based payments to a model designed to promote the delivery of higher quality care to Medicare beneficiaries. The model will test whether incentives for better quality care can improve outcomes in the delivery of home health services.

Beginning January 1, 2016, CMS will implement the HHVBP model among all HHAs in nine states representing each geographic area in the nation. All Medicare-certified HHAs that provide services in Massachusetts, Maryland, North Carolina, Florida, Washington, Arizona, Iowa, Nebraska and Tennessee will compete on value in the HHVBP model, where payment is tied to quality performance.

HHAs in these nine states will have their payments adjusted by a maximum payment adjustment of 3% (upward or downward) in 2018, a maximum payment adjustment of 5% (upward or downward) in 2019, a maximum payment adjustment of 6% (upward or downward) in 2020, a maximum payment adjustment of 7% (upward or downward) in 2021, and a maximum payment adjustment of 8% (upward or downward) in 2022.

This model is designed so there is no selection bias, participants are representative of home health agencies nationally, and there is sufficient participation to generate meaningful results among all Medicare-certified HHAs nationally.

For additional information about the Home Health Prospective Payment System, [CLICK HERE >>](#)

2016 THERAPY CAPS

“But I work in Home Health, why do I need this?” If you don't know, hurry up and register for a PMB seminar today!

Change Request (CR) 9448 describes the amounts and the policy for outpatient therapy caps for CY 2016. For physical therapy and speech language pathology combined, the 2016 therapy cap will be \$1,960. For occupational therapy, the cap for 2016 will be \$1,960. Please make sure your billing staffs are aware of these updates.

OIG RELEASES WORK PLAN for 2016

The U.S. Office of the Inspector General (OIG) recently released its 2016 Work Plan. In the introduction, it states the OIG has focused its efforts on identifying and offering recommendations to reduce improper payments, prevent and deter fraud, and foster economical payment policies. It goes on to state that hospices can expect greater oversight, including oversight of certification surveys and hospice-worker licensure requirements.

Other key focus areas include skilled nursing facility (SNF) compliance with patient admission requirements and evaluation of CMS' Fraud Prevention System as well as reviews planned to promote the effectiveness and efficiency of the Medicaid program.

There is one area of focus listed for hospices and one area of focus listed for home health agencies; however, home health agencies will be further impacted by the OIG's plans related to Medicaid home- and community-based services, and hospices may be impacted.

EXCERPT FROM THE WORK PLAN

We will review compliance with various aspects of the home health prospective payment system (PPS), including the documentation required in support of the claims paid by Medicare. We will determine whether home health claims were paid in accordance with Federal laws and regulations. A prior OIG report found that one in four home health agencies (HHAs) had questionable billing.

Further, CMS designated newly enrolling HHAs as high-risk providers, citing their record of fraud, waste, and abuse. Since 2010, nearly \$1 billion in improper Medicare payments and fraud has been identified relating to the home health benefit. Home health services include part-time or intermittent skilled nursing care, as well as other skilled care services, such as physical, occupational and speech therapy; medical social work; and home health aide services.

in the SPOTLIGHT

NAME: Helen Morris

POSITION: Data Entry

YEARS WITH PMB: 2 years

FAVORITE MUSIC GROUP: Hillsong

HOW DO YOU SPEND YOUR SPARE TIME? Playing the drums.

WHAT IS A MEANINGFUL QUOTE TO YOU?

“The greatest tragedy in life is not death, but a life without a purpose.” – Myles Munroe

WHAT MOTIVATES YOU EVERY DAY?

I am making. Knowing that I am making them proud with my achievements makes me want to work harder at my life goals.



OUT+ABOUT

2016 Upcoming Events

2016 MEDICAL GROUP MANAGEMENT ASSOCIATION (MGMA) PAYER DAY

March 17, 2016 | Westborough, Massachusetts

[LEARN MORE >>](#)

TEXAS MGMA 2016 ANNUAL MEETING

March 30 – April 1, 2016 | Dallas, Texas

[LEARN MORE >>](#)

NEW ENGLAND HOME CARE AND HOSPICE CONFERENCE AND SHOW

May 16 – 18, 2016 | Mashantucket, Connecticut

[LEARN MORE >>](#)