National Government Services

*A CMS Contracted Agent*

National Government Services, Inc.
www.NGSMedicare.com

Medicare

**February 2011**

**Site of Service Codes for Continuous Home Care and General Inpatient Care**

To facilitate more accurate billing of Medicare hospice claims, CMS is implementing several edits within the claims processing system to return to providers (RTP), claims submitted on types of bill 81X or 82x for which hospice days are billed for services provided in non-covered settings. In Change Request 6778 dated February 5, 2010 CMS announced edits and appropriate place of service for GIP and CHC levels of care.

Medicare covers two levels of service, general inpatient and continuous home care for hospice patients who require care beyond routine care during a crisis period. The focus of continuous home care is to provide predominately nursing care in response to a patient crisis, i.e., pain management, and allow the beneficiary to stay in the "home" setting. General Inpatient (GIP) care is a level or intensity of services in response to a crisis situation i.e., pain management, to provide care that can not feasibly be provided in any other setting, other than an inpatient setting.



**Continuous Home Care**

The focus of CHC is to provide a "skilled" level of nursing services yet allow the beneficiary to remain in the home setting. Therefore it would not be appropriate to provide this level of service in the following settings:

- Q5004- Skilled Nursing Facility
- Q5005- Inpatient hospital
- Q5006- Inpatient hospice
- Q5007- Long Term Care Hospital
- Q5008- Inpatient Psychiatric facility

These types of facilities typically are required to have nursing staff available to perform at a higher level of service, care that would not be found in a patients home. If a beneficiary resides in this type of facility a CHC level of service would not be appropriate due to the requirements of the facility to provide a higher level of care if the patient's condition warrants it.

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

## General Inpatient Care

The focus of GIP is to provide an intensity of service in response to a crisis situation that can not feasibly be provided in any other setting. A GIP level of service typically requires frequent monitoring of a patient, and/or medication or interventions by a physician or nurse. Therefore it would not be appropriate to bill a GIP level of service in the following settings:

- Q5001- Patients home/residence
- Q5002- Assisted living facility
- Q5003- Nursing long term care facility of non-skilled nursing facility

These types of facilities typically are not required to provide "skilled care" as part of the room and board, and often do not meet the staffing requirements for a GIP level of care. Publication 100-04 *The Medicare Claims Processing Manual*, Chapter 11 Section 30.1 Levels of Care Data Required on the Institutional Claim to Medicare Contractor states, "*Payment at the inpatient rate is made when general inpatient care is provided at a Medicare certified hospice facility, hospital, or skilled nursing facility".* Therefore it would not be appropriate to provide a GIP level of care in a Non-skilled nursing facility. However, some nursing facilities are dually certified as a skilled nursing facility (SNF) and nursing facility (NF). In this instance when the beneficiary requires a GIP level of care and all Conditions of Participations (COPs) are met as a skilled nursing facility, and the SNF is providing these services the hospice provider could bill for a GIP level of care.