



## How Do I Post SIA Amounts to the A/R?

Effective 1/1/2016, a service intensity add-on (SIA) payment will be made by Medicare for MSW and RN visits provided during routine home care in the last seven days of life. To post these SIA amounts via the Billing Audit complete the following steps:

### One Time Set-up:

- Go to File>File Maintenance>Charge Code
  - Click the “Add” button.
  - In the Code field, enter “HOSPICESIA”.
  - In the Description field, enter “Hospice Service Intensity Adj”.
  - In the Modality drop-down, select a Non-Billable modality (use a modality not configured to pull to claims via any option sets).
  - Save changes (Bill-Rate, Pay-Rate, Revenue-Code information are not required).

Example:

A screenshot of a software window titled "Charge: HOSPICESIA - Hospice Service Intensity Adj". The window has a tabbed interface with "Charge" selected. The form contains the following fields: "Code" with a dropdown menu showing "HOSPICESIA" and "Active" checked; "Description" with a text box containing "Hospice Service Intensity Adj"; "Modality" with a dropdown menu showing "Non-Billable"; and "Non-Billable" with an unchecked checkbox. At the bottom, there is a toolbar with icons for Find, Save, Cancel, Print, Add, and Delete.

- Go to File>File Maintenance>Entity>Type = Insurance
  - Select the Medicare Hospice insurance
  - Go to the Ins-Rate tab.
  - Click the “Add” button.
  - In the new row that is created, change the Charge-Code to “HOSPICESIA”, change the Start-Date to “1/1/2016”, select “P” as the Type, enter “98” as the Rate (for the sequester reduction) and check the “Allow” box.
  - Save changes.

Example:

Entity Maintenance: Insurance 90001 - MEDICARE HOSPICE - Browse						
Name/Address	Phone	Insurance	Ins-Rate	Notes		
Charge-Description	Charge-Code	Start-Date	End-Date	Type	Rate	Allow
Blanket Proration	BLANKETRATE	1/1/2015		F	0.00	<input checked="" type="checkbox"/>
Continuous Care	CONTINUOUS	1/1/2015		P	98.00	<input checked="" type="checkbox"/>
Hospice Service Intensity Adj	HOSPICESIA	1/1/2016		P	98.00	<input checked="" type="checkbox"/>
Inpatient Care	INPATIENT	1/1/2015		P	98.00	<input checked="" type="checkbox"/>
Respite Care	RESPITE	1/1/2015		P	98.00	<input checked="" type="checkbox"/>
Room and Board Allen's	R&BALLEN	1/1/2015		P	0.00	<input type="checkbox"/>
Routine HC	ROUTINE	1/1/2015		P	98.00	<input checked="" type="checkbox"/>

Rev-Code:  HCPC/Other:

Find Save Cancel Print Add Delete Clone

**Process:**

SIA charges are created when the Hospice LOC report is run. This report should be reviewed as part of the standard billing process prior to generating hospice Billing Audits. If your agency process is such that the report is not reviewed in detail, you must at a minimum jump to the last page of the report in order to generate the SIA charge for all qualifying patients.

- Go to Charge>Hospice LOC Report.
- Choose the Billing Period and select the Insurance or Insurance Rev type and Preview. The Hospice SIA charge will automatically be generated for claims that meets the SIA requirements.

**Example:**

3/21/2016 2:23:19 PM **Hospice LOC Report** Page 2  
 Patient Sequence All Records: 2/1/2016 To: 2/29/2016 ABC Home Health & Hospice

Andersen, David - 40HH 987 Hightail Ave, Neptune NJ 84040

**Routine Home Care** Start: 10/01/2015 End: 12/31/2099 Admit 10/01/2015 Disch 02/25/2016 Days: 25  
 Insurance: Medicare Hospice - 60001 Base-Rate: 186.84 Bill-Rate: 161.16 Bill-Amt: 3,166.25 Bill-CBSA: 0.8000  
 Rev-Code: 0651 Routine Home Care Late-Base: 146.83 Late-Rate: 126.65 SIA-Hours: 4.00 SIA-Amt: 135.83  
 Cert-From: 12/30/2015 To: 03/28/2016 DOD: 02/25/2016 Benefit-Start: 10/01/2015  
 Diag-1: H63 - Typical atrial flutter Diag-2: C880 - Waldenström macroglobulinemia Diag-3: R000 - Tachycardia unspecified

Care-Period	Location	Days	County	CBSA/Rate	Q-Code	Specialty	NPI#
02/01/2016 - 02/25/2016	Country Care LLC ALF	25	Autauga County	33860	8 Q5002	ALF	

Date	Start-Time	Code	Description	Employee	Qty	Skill-Time	Tot-Time	Status
2/1/2016		ROUTINE	Routine Home Care	Nurse, Test	1	0.00	0.00	b
2/2/2016		ROUTINE	Routine Home Care	Nurse, Test	1	0.00	0.00	b
2/3/2016		ROUTINE	Routine Home Care	Nurse, Test	1	0.00	0.00	b
2/4/2016		ROUTINE	Routine Home Care	Nurse, Test	1	0.00	0.00	b
2/5/2016		ROUTINE	Routine Home Care	Nurse, Test	1	0.00	0.00	b
2/6/2016		ROUTINE	Routine Home Care	Nurse, Test	1	0.00	0.00	b
2/7/2016		ROUTINE	Routine Home Care	Nurse, Test	1	0.00	0.00	b
2/8/2016		ROUTINE	Routine Home Care	Nurse, Test	1	0.00	0.00	b
2/9/2016		ROUTINE	Routine Home Care	Nurse, Test	1	0.00	0.00	b
2/10/2016		ROUTINE	Routine Home Care	Nurse, Test	1	0.00	0.00	b
2/10/2016		SNVT	Skilled Nurse Visit	Hospice, Employee	1	2.00	2.00	b
2/11/2016		ROUTINE	Routine Home Care	Nurse, Test	1	0.00	0.00	b
2/12/2016		ROUTINE	Routine Home Care	Nurse, Test	1	0.00	0.00	b
2/13/2016		ROUTINE	Routine Home Care	Nurse, Test	1	0.00	0.00	b
2/14/2016		ROUTINE	Routine Home Care	Nurse, Test	1	0.00	0.00	b
2/15/2016		ROUTINE	Routine Home Care	Nurse, Test	1	0.00	0.00	b
2/16/2016		ROUTINE	Routine Home Care	Nurse, Test	1	0.00	0.00	b
2/17/2016		ROUTINE	Routine Home Care	Nurse, Test	1	0.00	0.00	b
2/18/2016		ROUTINE	Routine Home Care	Nurse, Test	1	0.00	0.00	b
2/19/2016		ROUTINE	Routine Home Care	Nurse, Test	1	0.00	0.00	b
2/20/2016		ROUTINE	Routine Home Care	Nurse, Test	1	0.00	0.00	b
2/21/2016		ROUTINE	Routine Home Care	Nurse, Test	1	0.00	0.00	b
2/22/2016		ROUTINE	Routine Home Care	Nurse, Test	1	0.00	0.00	b
2/23/2016		ROUTINE	Routine Home Care	Nurse, Test	1	0.00	0.00	b
2/23/2016		SNVT	Skilled Nurse Visit	Default, Employee	1	4.00	4.00	b
2/23/2016		HOSPICESIA	Hospice Service Intensity Adj	Default, Employee	0	0.00	0.00	b
2/24/2016		ROUTINE	Routine Home Care	Nurse, Test	1	0.00	0.00	b
2/25/2016		ROUTINE	Routine Home Care	Nurse, Test	1	0.00	0.00	b
LOC Totals:					27	6.00	6.00	

Tot-Bill-Amt: 3,166.25 Tot-Days: 25

- Run the Billing Audit Report following your normal process. The SIA amount will be included on the audit with the amount going to the Hospice payer.

**Example:**

3/21/2016 2:28:58 PM	<b>Billing Audit Report</b>				Page 1		
Normal	From:2/1/2016 To:2/29/2016 Bill Date: Chg-Month						
				ABC Home Health & Hospice			
Patient: <b>Andersen, David</b>		Code: <b>40HH</b>	Admit: <b>10/1/2015</b>	Disch: <b>2/25/2016</b>	Admit No: <b>40HH</b>	Birth: <b>7/19/1927</b>	
987 Hightail Ave Neptune NJ 08404		Unit: ABC Hospice					

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Payor	Code/Plan	Contract	Start	Stop	Class	CoPay	Method
1 Medicare Hospice	60001/Master	41564564IUHUIH	01/01/2000	12/31/2099	Medicare Hospice Ins	0.00	Hospice
2 Medicaid Hospice	60013/Master		01/01/2000	12/31/2099	Medicaid Hospice Ins	100.00	Hospice

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Order Diagnosis: -----

1 I48.3	Typical atrial flutter	3 R00.0	Tachycardia unspecified
2 C88.0	Waldenstrom macroglobulinemia		

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Date	Description	Employee	Qty	Time	Total	Payor1	Payor2	Payor3	Payor4	Allow
<b>Skilled Nursing</b>										
2/10/2016	Skilled Nurse Visit	Hospice, Employee	1	2.00	150.00	0.00	0.00	0.00	0.00	150.00
2/23/2016	Skilled Nurse Visit	Default, Employee	1	4.00	150.00	0.00	0.00	0.00	0.00	150.00
		Totals:	2	6.00	300.00	0.00	0.00	0.00	0.00	300.00
<b>Non-Billable</b>										
2/23/2016	Hospice Service Intens Default,	Employee	0	4.00	135.83	133.11	0.00	0.00	0.00	2.72
		Totals:	0	4.00	135.83	133.11	0.00	0.00	0.00	2.72
<b>Routine</b>										
2/1/2016	Routine Home Care	Nurse, Test	1	0.00	126.65	126.65	0.00	0.00	0.00	0.00
2/2/2016	Routine Home Care	Nurse, Test	1	0.00	126.65	126.65	0.00	0.00	0.00	0.00
2/3/2016	Routine Home Care	Nurse, Test	1	0.00	126.65	126.65	0.00	0.00	0.00	0.00
2/4/2016	Routine Home Care	Nurse, Test	1	0.00	126.65	126.65	0.00	0.00	0.00	0.00
2/5/2016	Routine Home Care	Nurse, Test	1	0.00	126.65	126.65	0.00	0.00	0.00	0.00
2/6/2016	Routine Home Care	Nurse, Test	1	0.00	126.65	126.65	0.00	0.00	0.00	0.00
2/7/2016	Routine Home Care	Nurse, Test	1	0.00	126.65	126.65	0.00	0.00	0.00	0.00
2/8/2016	Routine Home Care	Nurse, Test	1	0.00	126.65	126.65	0.00	0.00	0.00	0.00
2/9/2016	Routine Home Care	Nurse, Test	1	0.00	126.65	126.65	0.00	0.00	0.00	0.00
2/10/2016	Routine Home Care	Nurse, Test	1	0.00	126.65	126.65	0.00	0.00	0.00	0.00
2/11/2016	Routine Home Care	Nurse, Test	1	0.00	126.65	126.65	0.00	0.00	0.00	0.00
2/12/2016	Routine Home Care	Nurse, Test	1	0.00	126.65	126.65	0.00	0.00	0.00	0.00
2/13/2016	Routine Home Care	Nurse, Test	1	0.00	126.65	126.65	0.00	0.00	0.00	0.00
2/14/2016	Routine Home Care	Nurse, Test	1	0.00	126.65	126.65	0.00	0.00	0.00	0.00
2/15/2016	Routine Home Care	Nurse, Test	1	0.00	126.65	126.65	0.00	0.00	0.00	0.00
2/16/2016	Routine Home Care	Nurse, Test	1	0.00	126.65	126.65	0.00	0.00	0.00	0.00
2/17/2016	Routine Home Care	Nurse, Test	1	0.00	126.65	126.65	0.00	0.00	0.00	0.00
2/18/2016	Routine Home Care	Nurse, Test	1	0.00	126.65	126.65	0.00	0.00	0.00	0.00
2/19/2016	Routine Home Care	Nurse, Test	1	0.00	126.65	126.65	0.00	0.00	0.00	0.00
2/20/2016	Routine Home Care	Nurse, Test	1	0.00	126.65	126.65	0.00	0.00	0.00	0.00
2/21/2016	Routine Home Care	Nurse, Test	1	0.00	126.65	126.65	0.00	0.00	0.00	0.00
2/22/2016	Routine Home Care	Nurse, Test	1	0.00	126.65	126.65	0.00	0.00	0.00	0.00
2/23/2016	Routine Home Care	Nurse, Test	1	0.00	126.65	126.65	0.00	0.00	0.00	0.00
2/24/2016	Routine Home Care	Nurse, Test	1	0.00	126.65	126.65	0.00	0.00	0.00	0.00
2/25/2016	Routine Home Care	Nurse, Test	1	0.00	126.65	126.65	0.00	0.00	0.00	0.00
		Totals:	25	0.00	3166.25	3166.25	0.00	0.00	0.00	0.00
		Pat Totals:	27	10.00	3602.08	3299.36	0.00	0.00	0.00	302.72