



February 4, 2022

Honorable Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health & Human Services  
Washington, DC 20201

Dear Administrator LaSure:

As organizations that represent the full array of hospice and community-based palliative care providers across the United States, we thank you for your commitment to ensuring access to high-quality hospice and palliative care for some of our nation's most vulnerable patients and their loved ones. We are particularly appreciative of the flexibilities that the Centers for Medicare & Medicaid Services (CMS) has granted under which hospice providers are able to deliver hospice services using telecommunications technology when determined appropriate by the interdisciplinary team (IDT) and ordered on a patient's plan of care. These flexibilities have been essential to the continued delivery of vital hospice services to Medicare beneficiaries and their family members and to ensuring that they continue to receive the full benefit that hospice care has to offer.

CMS has specified that visits performed using telecommunications technology (with the exception of medical social service telephone calls) should not be included on the hospice claim. The current prohibition on reporting of technology-based visits on hospice claims severely limits the ability of CMS, hospice providers and other stakeholders to determine the full scope of patient and family interactions being conducted by various hospice care disciplines, to assess the value of the use of technologies on the delivery of hospice services, and to evaluate the impact such visits may have on the quality of care

provided. The national organizations represented here all agree that telehealth visits should be added to the hospice claim form and have supported that addition in various comment letters over the last two years.

During the January 2022 meeting of the Medicare Payment Advisory Commission (MedPAC), the Commission approved a recommendation for the hospice chapter that the Secretary of Health & Human Services collect data on telehealth visits going forward as long as the agency permits telehealth visits in hospice. In putting forth the recommendation for the MedPAC March 2022 Report to Congress, Commission staff noted that, "Requiring hospices to report telehealth visits would increase the program's ability to monitor beneficiary access to care."

**Recommendation:** The national organizations strongly recommend that CMS implement a modifier or HCPCS code and create a field on the hospice claim for telehealth visits from any discipline, to more accurately represent the full range of visits that hospices provide.

Under existing claims submission requirements, hospices are expected to include physician, nursing, medical social service, PT, OT, SLP, and hospice aide visits (as well as medical social services telephone calls) using a specified revenue code on the claim. It should be noted that CMS does not require collection of data on visits performed by chaplains, which we believe is a significant shortcoming in data collection as chaplains are vital members of the IDT and the provision of chaplain services is a distinguishing element of the hospice benefit.

**Recommendation:** We strongly encourage CMS to take the necessary steps to establish a HCPCS code specifically for chaplains in hospice and require reporting of chaplain visits on claims. The Healthcare Chaplaincy Network presented a request for the development of a HCPCS code for hospice chaplains at the July 7, 2021, meeting of the CMS HCPCS committee ([Request # 21.023](#) -- Request to revise three existing HCPCS Level II codes for Chaplain spiritual care.) Both the National Hospice and Palliative Care Organization and the National Association for Home Care & Hospice submitted comments. The request was denied, as follows:

#### **CMS FINAL HCPCS CODING DECISION**

We appreciate the comments provided at the public meeting in response to our published preliminary recommendation, and we understand the desire for HCPCS Level II codes to assist with the collection of standardized data for chaplain spiritual care. However, CMS is still not aware of a claims processing need on the part of other insurers for reporting chaplain activity other than the Department of Veterans Affairs. CMS' final decision is to maintain the existing Chaplain codes for use by the Department of Veterans Affairs.

We strongly urge CMS to reconsider its rejection of the recommendation to create a HCPCS code for reporting of visits by hospice chaplains as collection of data on such visits would give CMS, researchers, and other hospice stakeholders and policymakers more accurate information related to the variety of services provided to patients who elect hospice care and allow for development of additional quality measures going forward.

While some of our organizations have previously communicated with CMS representatives at various levels to encourage collection of visit data on technology-based and chaplain visits, MedPAC's recent action has prompted us to communicate jointly to you, urging prompt action to begin collection of data

on technology-based and chaplain visits on hospice claims to allow for proper monitoring of utilization of such visits and to assess their impact on quality of care.

If you have any questions regarding this issue, we are providing contact information for representatives of our organizations below. We thank you for your consideration of our request.

Sincerely,

**National Association for Home Care & Hospice**  
**National Hospice and Palliative Care Organization**  
**LeadingAge**  
**National Partnership for Healthcare and Hospice Innovation**

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