



Revision to Processing Hospice Visit Charges on Remittance Advices and Medicare Summary Notices (MSNs) – JA6386

Related CR Release Date: April 24, 2009

Date Job Aid Revised: May 4, 2009

Effective Date: October 1, 2009

Implementation Date: October 5, 2009

Key Words MM6386, CR6386, R471OTN, Hospice, Visit, Charges

Contractors Affected

- Part A/B Medicare Administrative Contractors (A/B MACs)
- Regional Home Health Intermediaries (RHHIs)

Provider Types Affected Hospice providers submitting claims to A/B MACs and RHHIs for hospice services provided to Medicare beneficiaries



- The Centers for Medicare & Medicaid Services (CMS) is informing providers that hospice visit charges that are covered in the hospice bundled payment are showing on the MSN as non-covered.
- Change Request (CR) 6386 revises processing of hospice visit charges on remittance advices and MSNs to show these charges as covered on the remittance advice and MSN in order to reduce:
 - Confusion;
 - Improper payments by some secondary payers; and
 - Unnecessary appeals by beneficiaries.

Provider Needs to Know...	<ul style="list-style-type: none"> Charges associated with the reported hospice visits are covered under the hospice bundled payment and reflected in the payment for the level of care billed on the claim. No separate or additional payment is made for the charges reported on the revenue lines reflecting visits. To minimize confusion for these charges Medicare will change the outcome of processing these charges to reflect as covered on the remittance advice notice and the MSN. In addition, the MSN sent to the beneficiary will reflect the following message, "You should not be billed for this service. You are only responsible for any deductible and coinsurance amounts listed in the 'You May Be Billed' column."
Background	<ul style="list-style-type: none"> MLN Matters® article MM5567 entitled, <i>"Reporting of Additional Data to Describe Services on Hospice Claims,"</i> discussed the requirement for hospice providers to report the number of nursing, aides, and social worker visits on the claim. The charges associated with those visits are currently being processed as non-covered by Medicare systems with the remittance advice code 97 ("Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated."). The remittance codes are sent to supplemental payers. However, the presence of these charges appearing as non-covered on the remittance advice notice may have caused some secondary payers to make inappropriate payment for these visits. In addition, there has also been some confusion regarding these charges appearing as non-covered on the beneficiary MSN resulting in some beneficiaries requesting an appeal of the non-covered charges, although these charges are not reflected on the MSN in the "You May Be Billed" column. There is no beneficiary liability for these charges. Therefore, no appeal is necessary.
Operational Impact	N/A
Reference Materials	<p>The related MLN Matters® article can be found at http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6386.pdf on the CMS website.</p> <p>The official instruction (CR6386) issued regarding this change may be viewed at http://www.cms.hhs.gov/Transmittals/downloads/R4710TN.pdf on the CMS website.</p>

MLN Matters® article MM5567 may be reviewed at
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5567.pdf> on the CMS
website.
