DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

News Flash –

Reminder --- Products from the Medicare Learning Network® (MLN)

- "Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) Standards," Web Based Training, ICN C00140

MLN Matters® Number: MM8142

Related CR Release Date: January 31, 2013

Related CR Transmittal #: R2642CP

Related Change Request (CR) #: CR 8142

Effective Date: July 1, 2013

Implementation Date: July 1, 2013

Hospice Monthly Billing Requirement

Provider Types Affected

This MLN Matters® Article is intended for hospices submitting claims to Medicare contractors (Regional Home Health Intermediaries (RHHI) and A/B Medicare Administrative Contractors (MACs)) for services to Medicare beneficiaries.

What You Need to Know

This article is based on Change Request (CR) 8142, which implements system edits to return hospice claims to the provider when the hospice has submitted more than one claim per month per beneficiary or when the hospice has submitted claims spanning more than one calendar month, effective for claims with dates of service on or after July 1, 2013. There is no change in policy with CR8142. Make sure that your billing staff are aware of this clarification.

Background

Hospices are subject to the repetitive billing requirements as provided in the "Medicare Claims Processing Manual", Chapter 1, Section 50.2.2. This requirement was further clarified in Chapter 11, Section 90 of the same manual, requiring that Hospice providers conform to calendar month billing. CR8142 instruction enforces the calendar month billing requirement and establishes standard system edits to return claims to hospice providers when more than one claim per beneficiary is received in a single month, beginning with dates of service on or after July 1, 2013. The only exception to this processing requirement is if the beneficiary was discharged from the hospice or revoked the hospice election and later re-elected the benefit during the same month.

Specifically, Medicare will return to the hospice provider (RTP) claims (bill types 81x or 82x) with dates of service on or after July 1, 2013 when;

- There is a patient status code of 30 and the thru date of the claim does not equal the last day of the billing period month: or
- The claim from and thru dates span multiple months.

Additional Information

The official instruction, CR 8142, issued to your RHHI or A/B MAC regarding this change, may be viewed at http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2642CP.pdf on the Centers for Medicare & Medicaid Services (CMS) website.

If you have any questions, please contact your RHHI or A/B MAC at their toll-free number, which may be found at http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html on the CMS website.