

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services



**News Flash** – All providers and suppliers who enrolled in the Medicare program prior to March 25, 2011, will have their enrollment revalidated under new risk screening criteria required by the Affordable Care Act (section 6401a). Do NOT send in revalidated enrollment forms until you are notified to do so by your Medicare Administrative Contractor. You will receive a notice to revalidate between now and March 2013. For more information about provider revalidation, review MLN Matters® Special Edition Article SE1126, which is available at <http://www.cms.gov/MLN MattersArticles/downloads/SE1126.pdf> on the Centers for Medicare & Medicaid Services website.

MLN Matters® Number: MM7556

Related Change Request (CR) #: 7556

Related CR Release Date: October 27, 2011

Effective Date: April 1, 2012

Related CR Transmittal #: R2326CP

Implementation Date: April 2, 2012

## Discontinuation of Hospice Late Charge Claims

### Provider Types Affected

This article is for hospice providers submitting claims to Medicare contractors (Part A/B Medicare Administrative Contractors (A/B MACs), and/or Regional Home Health Intermediaries (RHHIs)) for services provided to Medicare beneficiaries.

### What You Need to Know

**Hospices may no longer submit late charge claims for services rendered on or after April 1, 2012.** Hospices may adjust finalized claims to add late charges within the normal timely filing period as defined in the “Medicare Claims Processing Manual,” Chapter 1, Section 70. That manual chapter can be found at <http://www.cms.gov/manuals/downloads/clm104c01.pdf> on the Centers for Medicare & Medicaid Services (CMS) website.

Historically, the late charge claim has been used to submit charges for services that were omitted from a previous claim submission. As payments for institutional claims moved to bundled payment systems, late charge billing has been discontinued for

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most claim types. Instead of late charge claim submissions, previous claims submissions must be adjusted to add additional services. Hospice providers are one of the few provider types that may still submit a late charge claim to Medicare. For hospices, the late charge claim, which is identified by bill type 815 or 825, has continued to be used only for submitting professional services that were omitted from a previous claim submission. These professional services could be processed as a late charge because they are paid a separate fee amount outside the hospice per diem payment amount. However, Medicare will discontinue the use of hospice late charge claims for dates of service on or after April 1, 2012. Instead, to report such charges, hospices must submit an adjustment (or replacement) claim on bill type 817 or 827, placing all services for a billing period on one claim.

### Additional Information

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The official instruction, CR7556, issued to your RHHI, FI, or A/B MAC regarding this change may be viewed at

<http://www.cms.gov/Transmittals/downloads/R2326CP.pdf> on the CMS website.

If you have any questions, please contact your RHHI, FI or A/B MAC at their toll-free number, which may be found at

<http://www.cms.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

**News Flash - Vaccination is the Best Protection Against the Flu.** The Centers for Disease Control and Prevention is encouraging everyone 6 months of age and older to get vaccinated against the seasonal flu. The risks for complications, hospitalizations, and deaths from the flu are higher among individuals aged 65 years and older. Medicare pays for the seasonal flu vaccine and its administration for seniors and others with Medicare with no co-pay or deductible. And remember, vaccination is particularly important for healthcare workers, who may spread the flu to high-risk patients; don't forget to immunize yourself and your staff. *Protect your patients. Protect your family. Protect yourself. Get the Flu Vaccination – Not the Flu.* Remember – The flu vaccine plus its administration are covered Part B benefits. CMS has posted the 2011-2012 seasonal flu vaccine payment limits at [http://www.CMS.gov/McrPartBDrugAvgSalesPrice/10\\_VaccinesPricing.asp](http://www.CMS.gov/McrPartBDrugAvgSalesPrice/10_VaccinesPricing.asp). Note that the flu vaccine is NOT a Part D-covered drug. For more information on coverage and billing of the flu vaccine and its administration, as well as related educational provider resources, visit [http://www.CMS.gov/MLNProducts/35\\_PreventiveServices.asp](http://www.CMS.gov/MLNProducts/35_PreventiveServices.asp) and <http://www.cms.gov/immunizations>.

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