Medicare Claims Processing Manual

Chapter 11 - Processing Hospice Claims

Crosswalk

New Chap	New Sect	Int. Pub 13-3	Carrier Pub 14-3	HO Pub 10	HSP Pub 21	Other	Description
11	10	A3-3140, A3-3143,	B3-4175			AB-02-009, AB-03-008	Overview
11	20				HSP-201		Hospice Notice of Election
11	20.1				HSP-201		Procedures for Hospice Election
11	20.1.1				HSP-302		Notice of Election (NOE) - Form CMS-1450
11	20.1.2			HO-460	HSP-302.1		Completing the Uniform (Institutional Provider) Bill (Form CMS-1450) for Hospice Election
11	20.1.3				HSP-302.2		FI Reply to Notice of Election
11	30						Billing and Payment for General Hospice Services
11	30.1	A3-3143.2			HSP-401, HSP-402 HSP-402.5	A-03-016	Levels of Care

New Chap	New Sect	Int. Pub 13-3	Carrier Pub 14-3	HO Pub 10	HSP Pub 21	Other	Description
11	30.2				HSP-403, HSP-404	9/5/01 ARA update memo, A-02-059	Payment Rates
11	30.3	A3-3648			HSP-302, HSP-303- HSP- 303.1		Data Required on Claim to Intermediary
11	40	A3-3141.1	B3-4175, B3-2020G, B3-15513		HSP-406		Billing and Payment for Hospice Services Provided by a Physician
11	40.1		B3-4175, B3-2020G, B3-15513		HSP-406		Types of Physician Services
11	40.1.1				HSP-406		Administrative Activities
11	40.1.2				HSP-406		Patient Care Services
11	40.1.3		B3-4175, B3-4175.1, B3-4175.4		HSP-406		Attending Physician Services
11	40.1.3.1		B3-2020G, B3-15513				Care Plan Oversight
11	40.2		B3-4175.2, B3-4175.4				Carrier Processing of Claims for Hospice Beneficiaries
11	40.2.1	A3-3141.1					Claims After the End of Hospice Election Period

New Chap	New Sect	Int. Pub 13-3	Carrier Pub 14-3	HO Pub 10	HSP Pub 21	Other	Description
11	40.2.2		B3-4175.3				Claims From Medicare + Choice Organizations
11	50		B3-4175.2		HSP-303.2	AB-02-015	Billing and Payment for Services Unrelated to Terminal Illness
11	60					A-02-102	Billing and Payment for Services Provided by Hospices Under Contractual Arrangements With Other Institutions
11	60.1					A-02-102	Instructions for the Contractual Arrangement
11	60.2					A-02-102	Clarification of the Payment for Contracted Services
11	70	A3-3142			HSP-410		Deductible and Coinsurance for Hospice Benefit
11	70.1	A3-3142			HSP-410		General
11	70.2	A3-3142			HSP-410		Coinsurance on Outpatient Drugs and Biologicals
11	70.3	A3-3142			HSP-410		Coinsurance on Inpatient Respite Care
11	80						Caps and Limitations on Hospice Payments
11	80.1				HSP-405		Limitation on Payments for Inpatient Care
11	80.2				HSP-407-407.1		Cap on Overall Hospice Reimbursement
11	80.2.1				HSP-407-407.1		Services Counted

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11	80.2.2				HSP-407-407.1		Counting Beneficiaries for Calculation
11	80.2.3				HSP-407-407.1		Adjustments to Cap Amount
11	90				HSP-303.5		Frequency of Billing
11	100				HSP-304		Medical Review of Hospice Claims
11	110		B3-7012			TM HSP R64, TM A3-R1846	Medicare Summary Notice (MSN) Messages/ASC X12N Remittance Advice Adjustment Reason and Remark Codes
11	120		B3-4175.1, B3-4175.6				Contractor Responsibilities for Publishing Hospice Information