

Eli's Hospice Insider

Hospice News: Don't Bill More Than Monthly

If you submit more than one claim per hospice patient per month, you're on **Palmetto GBA's** bad list.

"Hospice providers should only bill one claim per month, per patient in order to be in compliance with Medicare regulations," Palmetto says in a new post to its website. "Hospice providers may not submit weekly claims and claims may not span from one month to the next."

For example: If a patient is admitted on April 5, his first claim shouldn't span from April 5 to May 4. It should include April 5 through April 30, then a new billing period should span May 1 through May 31. In other words, "for admissions, the first claim will be dated from admission through the end of the month even if this initial claim spans only several days," Palmetto explains. "Subsequent claims will be submitted as the entire calendar month until a discharge claim is submitted."

Bottom line: "Monthly billing should conform to a calendar month (i.e. limit services to those in the same calendar month if services began mid-month) rather than a 30 day period which could span two calendar months," Palmetto instructs hospices.

Medicare allows three exceptions to the monthly billing requirement for hospice, Palmetto points out: TOB 811/821 -- Admit Through Discharge Claim, TOB 812/822 -- Interim First Claim, and TOB 814/824 - Interim Last Claim.