

## Eli's Hospice Insider

### Hospice News: Know When To Ignore Claims Suspensions -- And When Not To

Don't waste time and energy when your claims get suspended, advises HHH Medicare Administrative Contractor **CGS** in its June newsletter to providers. "CGS continues to receive a high volume of calls from home health and hospice providers regarding claims that are in a suspended S/LOC," the MAC says. "These claims can be identified in the Fiscal Intermediary Standard System (FISS) by a status code beginning with an 'S' (example: S B0100)."

Important: "Generally, providers do not need to take action on claims in a suspended S/LOC," CGS stresses. "All Medicare billing transactions will temporarily suspend in different S/LOCs as they process through FISS."

Exception: You will need to act when a claim is in S B6001, CGS allows. Claims go to that location when they are selected for medical review, and you'll need to respond to the Additional Development Request with your documentation by 30 days after the request date.

For a list of CGS's other S/LOC locations and their meanings, see the newsletter at [http://cgsmedicare.com/hhh/pubs/mb\\_hhh/2012/06\\_2012/index.html](http://cgsmedicare.com/hhh/pubs/mb_hhh/2012/06_2012/index.html).