

Eli's Hospice Insider

Hospice Notes: Ace Sequential Billing Requirements For Billing Success

Failing to follow sequential billing rules for hospice is not only cash flow-draining, it's also a threat to your compliance status. So says HHH Medicare Administrative Contractor **CGS** in a recent post to its website.

"As a Medicare provider, you are responsible to ensure compliance with Medicare regulations; therefore, this article serves as a reminder of the sequential billing requirement," CGS says.

"Reason code 37402 is consistently the top claim submission error (CSE) for hospice providers," the MAC says. "From January through August 2017, CSE data shows an average of 2,437 claims per month received the out of sequence error."

You may know you have to bill hospice claims in sequence. But did you realize you have to correct them that way also?

"If the January claim is in RTP because of an invalid HCPC code, and the February claim was submitted, the February claim will go to RTP because no prior claim was found," CGS explains. "You must first correct the January claim out of RTP. Once the January claim is corrected and moves to a suspended status/location, the February claim can be F9ed out of RTP."

More tips: Hospice claims must conform to calendar months; be consecutive with no gaps; and be billed monthly, CGS says. More information on hospice sequential billing is at www.cgsmedicare.com/hhh/pubs/news/2017/0917/cope4540.html.