

Eli's Hospice Insider

Reimbursement: New Edits Will Reject These Hospice Claims

Pay attention to exact dates for your monthly billing practices.

You'll soon need to tighten up your tracking of monthly claim submissions for each beneficiary, thanks to Medicare contractors' new system edits.

The **Centers for Medicare & Medicaid Services** handed down Change Request 8142, which instructs Regional Home Health Intermediaries and Medicare Administrative Contractors to implement certain system edits. The edits further reinforce the calendar-month billing requirement for hospice providers, according to **Palmetto GBA**.

Get ready: The edits will return hospice claims when you submit more than one claim per month per beneficiary, or when you submit claims spanning more than one calendar month. Specifically, your Medicare contractor will return claims for bill types 81x or 82x when:

There is a patient status code of 30 and the claim's through date does not equal the last day of the billing period month.

The claim from and through dates span multiple months.

When: The system edits will be effective for claims with dates of service on or after July 1, 2013.

Note: You can view CR 8142 at www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2642CP.pdf.