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Organizational Administration — Policy #104

Billing – Hospice Services

Federal Regulations: 418.100(e), 418.302	**Effective Date: December 27, 2018**
State Regulations: TX 97.254; 30.60	**Revision Date(s): February 27, 2023**

PURPOSE: To ensure compliance with federal and other payor source regulations and requirements.

POLICY: Hospice ensures accurate and timely patient billing. ICD-10 codes and billing codes are based on the patient's clinical condition as reflected in the clinical record and comply with applicable coding rules and guidelines. Billing occurs on a timely basis per payor source requirements.

PROCEDURE:

1) Clinical staff coordinates appropriate ICD-10 code(s) with physician from those codes that reflect a terminal illness and communicates for billing process. Active diagnoses ICD-10 codes are identified and submitted on the claim.

2) IDG determines level of care as identified in the plan of care and communicate for billing process.

3) Admission date and election of benefit is communicated for the billing process through the admission process.

4) The hospice files the Notice of Election (NOE) with the Medicare contractor (MAC) within 5 calendar days after the effective date of the election.
   a) If hospice fails to file the required NOE within the 5 calendar days, Medicare will not cover or pay for days of hospice care from the effective date until the date of the filing of the NOE.
   b) The NOE must be submitted to and accepted by MAC to be considered timely in accordance with the CMS hospice billing manual.
   c) Exceptional circumstances may exist for filing the NOE late. Refer to the CMS hospice billing manual to determine what an exceptional circumstance is and how to process.

5) Billing occurs only after written certifications/recertifications, elections and consents and any other required documents have been properly obtained and processed.

6) Hospice does not intentionally bill more than one payor as the primary source, nor does it bill the same payor more than once for the same service.

7) Overpayments are refunded to the appropriate party as soon as possible but not more than 60 days of after the identification of the overpayments.

8) Any overpayments that are not refunded in 60 days will be reported to the Compliance Officer for investigation.

9) The hospice files a notice of termination / revocation (NOTR) with its MAC within 5-calendar days after the effective date of the live discharge or revocation, unless it has already filed a final claim for that beneficiary.