Medicare
Hospice Manual

Department of Health & Human Services (DHHS)
Centers for Medicare & Medicaid Services (CMS)

Transmittal 67 **Date: MAY 2, 2003**

Refer to CHANGE REQUEST 2589

HEADER SECTION NUMBERS	PAGES TO INSERT	PAGES TO DELETE
303.6	3-16.1 (1 p.)	3-16.1 – 3-16.2 (2 pp.)

NEW/REVISED MATERIAL--*EFFECTIVE DATE:* October 1, 2003
IMPLEMENTATION DATE: October 1, 2003

Section 303.5, Frequency of Billing, has been modified to assist providers in billing other insurers more timely.

DISCLAIMER: The revision date and transmittal number only apply to the redlined material. All other material was previously published in the manual and is only being reprinted.

These instructions should be implemented within your current operating budget.

FL 83. Other Physician I.D.
Required.--Enter the word "employee" or "non-employee" to describe the relationship the patient's attending physician has with you.

FL 84. Remarks
Enter any remarks needed to provide information not shown elsewhere on the bill, but are necessary for proper payment.

FL 85-6. Provider Representative Signature and Date
Required.--A hospice representative makes sure that the required physician's certification, and a signed hospice election statement are in the records before signing Form HCFA-1450. A stamped signature is acceptable.

303.2 Billing for Covered Medicare Services Unrelated to Hospice Care.--Any covered Medicare services not related to the treatment of the terminal condition for which hospice care was elected, and are furnished during a hospice election period, are billed to the intermediary or carrier for non-hospice Medicare payment. These services are billed by the provider, in accordance with existing procedures, as a new admission with appropriate query and billing actions.

303.5 Frequency of Billing.--Your intermediary will inform you about the frequency with which it can accept billing records and the frequency with which you may bill on individual cases.

In its requirements, your intermediary considers your systems operation, intermediary systems requirements, and Medicare program and administrative requirements.

For hospice short-term inpatient care, submit the monthly bill designating the inpatient services with revenue code 655 or 656, as appropriate. Submit the bill in your normal manner if the inpatient hospice care is provided under your auspices. If the non-hospice inpatient care is furnished by another entity, and they are billing Medicare directly, use occurrence span code 74 to show the period of inpatient care, as described under outpatient billing.

For hospice short-term outpatient care, submit the monthly bill designating the outpatient services with revenue code 651 or 652, as appropriate. Submit the bill in your normal manner if the outpatient hospice care is provided under your auspices. If the non-hospice outpatient care is furnished by another entity, and they are billing Medicare directly, use occurrence span code 74 to show the period of outpatient care.

303.6 Special Billing Instructions for Pneumococcal Pneumonia, Influenza Virus, and Hepatitis B Vaccines.--