

# NETWORK Notification

Notice Date: September 11, 2020

To: Ohio Medicare Advantage, D-SNP and MyCare Providers

From: CareSource

Subject: Hospice Claim Modifier Requirement

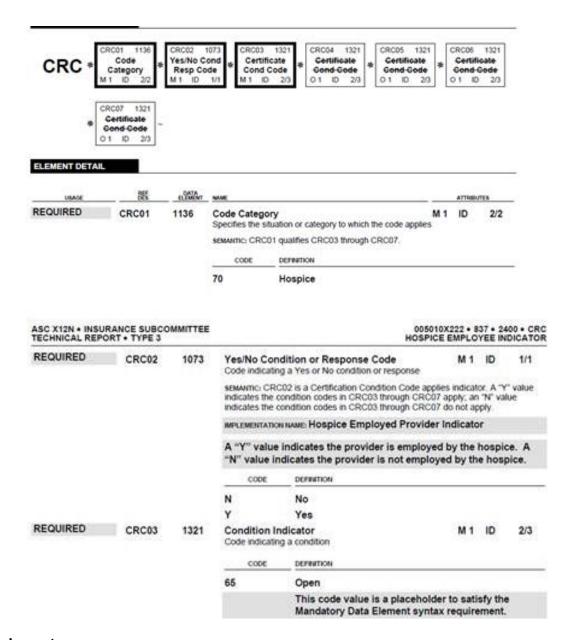
#### Summary

CareSource performs ongoing review of claims data to ensure claim are accepted, adjudicated and processed in compliance of guidelines set by Centers of Medicare & Medicaid Services (CMS). We have identified claims that are billed with Hospice Place of Service (POS) 34 are being submitted without including a hospice employee indicator.

### **Impact**

Per CMS 5010 Professional Companion Guide, the hospice employee indicator is required in Box 19 of the health care financing administration (HCFA) form, when POS 34 is present for any Medicare Advantage, D-SNP or MyCare claim. Please refer to the sample below for the correct billing of these claims.

005010X222 • 837 • 2400 • CRC ASC X12N . INSURANCE SUBCOMMITTEE HOSPICE EMPLOYEE INDICATOR TECHNICAL REPORT • TYPE 3 SEGMENT DETAIL CRC - HOSPICE EMPLOYEE INDICATOR X12 Segment Name: Conditions Indicator X12 Purpose: To supply information on conditions Loop: 2400 - SERVICE LINE NUMBER Segment Repeat: 1 Usage: SITUATIONAL Situational Rule: Required on all Medicare claims involving physician services to hospice patients. If not required by this implementation guide, do not send. TR3 Notes: 1. The maximum number of CRC segments which can occur per Loop ID-2400 is 3. Submitters are free to mix and match the three types of service line level CRC segments shown in this implementation guide to meet their billing or reporting needs but no more than a total of 3 CRC segments per Loop ID-2400 are allowed. 2. The example shows the method used to indicate whether the rendering provider is an employee of the hospice. TR3 Example: CRC+70+Y+65~



## **Importance**

Including the hospice employee indicator on hospice claims will help ensure your claims are processed timely and accurately.

For your convenience, you can follow this link to the CMS.gov site to access the Companion Guide. <a href="https://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/CompanionGuides">https://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/CompanionGuides</a>

#### **Questions?**

For questions, please contact Provider Services at **1-800-488-0134** (Monday through Friday, 8 a.m. to 6 p.m. Eastern Standard Time).

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