

# EMPOWER

## Medicare Billing, Myth vs. Fact

### How Many Do You Know?



#### MYTH

Medicare provides ongoing coverage for hospice services without any time limitations.



#### FACT

Providers may bill Medicare for services as long as the patient's prognosis is  $\leq 6$  months. If the patient's condition improves, they may no longer qualify for Medicare coverage.

Medicare covers all hospice-related expenses at 100%.



Medicare excludes room & board in non-approved inpatient hospice facilities and may not cover services or treatments unrelated to the terminal illness.

Hospice companies are reimbursed by Medicare on a fixed rate, regardless of the care provided.



Medicare reimburses hospice companies based on a daily rate that varies with the level of care provided, reflecting the services delivered and patient needs.

Physicians cannot bill for services provided to hospice patients.



Physician services are billed at a per diem rate or separately based on the hospice agency arrangement and CPT code. Physicians can bill Part B for services unrelated to the hospice diagnosis.

My hospice company doesn't need to worry about ADRs because we're following Medicare guidelines.



According to CMS, about 10% of hospice claims receive an ADR. While this doesn't imply wrongdoing, ADRs must be handled correctly and promptly to avoid further issues.

Medicare hospice coverage and billing regulations frequently change, and non-compliance can severely affect your bottom line and business viability. Empower your team with our expertise while retaining control, allowing your staff to focus on providing quality care.