CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-04 Medicare Claims Processing	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 13190	**Date: April 24, 2025**
	Change Request 14027

SUBJECT: Hospice Claims Billed by Terminated Hospices

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to update Fiscal Intermediary Shared System (FISS) reason code 32006 to return hospice claims correctly when billed by a terminated hospice. The CR also adds a new section, section 110 to chapter 11 of the Claims Processing Manual to reflect these instructions.

EFFECTIVE DATE: October 1, 2025
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: October 6, 2025

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N	11/110/ Payment Procedures for Terminated Hospices

III. FUNDING:
For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Business Requirements
Manual Instruction

Attachment - Business Requirements

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II. GENERAL INFORMATION

A. Background: It was recently brought to CMS' attention that claims are being processed and paid with dates of services after the termination date of the hospice on file. The regulations at 42 CFR 489.55 allow payment for hospice services for up to 30 days after a hospice terminates their Medicare provider agreement. This payment may be made if the hospice services are furnished under a plan of care established before the effective date of the termination. Medicare will continue to make payments for claims which extend beyond a provider's termination date if the hospice services are provided under a plan of care established prior to that date and if the hospice care ends within the 30-day period.

This CR provides claims processing instructions to FISS to update reason code 32006 to return hospice claims when claims billed beyond the regulation allowance. This CR also adds a new section, section 110 to chapter 11 of the Claims Processing Manual to reflect this guidance.

B. Policy: This CR contains no new policy. The CR is providing instructions to conform with longstanding policy.

III. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
14027.1	The contractors shall be aware of the manual changes to publication 100-04, chapter 11, new section 110.			X						
14027.2	The contractors shall allow hospice type of bill 81X and 82X when the statement "From" date is prior to the provider's termination date and the statement "Through" date is					X				

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
	greater than the provider's termination date up to 30 days after a hospice terminates their Medicare provider agreement. Note: The reason code edit will be the same for home health and hospice and everything else remains the same.									

IV. PROVIDER EDUCATION

Medicare Learning Network® (MLN): CMS will develop and release national provider education content and market it through the MLN Connects® newsletter shortly after we issue the CR. MACs shall link to relevant information on your website and follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 for distributing the newsletter to providers. When you follow this manual section, you don't need to separately track and report MLN content releases. You may supplement with your local educational content after we release the newsletter.

Impacted Contractors: A/B MAC Part HHH

V. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements:

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
.2	This requirement revises FISS reason code 32006.

Section B: All other recommendations and supporting information: N/A

VI. CONTACTS

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VII. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
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authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0

Medicare Claims Processing Manual
Chapter 11 - Processing Hospice Claims

Table of Contents
(Rev. 13190; Issued: 04-24-25)

110 *Payment Procedures for Terminated Hospices*

(Rev. 13190; Issued: 04-24-25; Effective: 10-01-25; Implementation:10-06-25)

Medicare regulations allow that payment may be made for hospice services for up to thirty days after a hospice terminates their Medicare provider agreement. This payment may be made if the hospice services are furnished under a plan of care established before the effective date of the termination. Medicare continues to make payments for claims which extend beyond a provider's termination date if the hospice services are provided under a plan of care established prior to that date and if the hospice period of care ends within the 30 day period.