HOSPICE BILLING COMPLIANCE CHECKLIST

Use this before submitting a claim, during chart audits, or when coaching staff on compliant billing practices. These are where most hospice billing vulnerabilities occur.

ELIGIBILITY AND NARRATIVE SUPPORT

- [ ] The physician narrative clearly supports terminal prognosis with clinical detail.
- [ ] Documentation shows ongoing decline or explanation for periods of stability.
- [ ] The medical director and attending have both certified eligibility properly.
- [ ] No missing visits or gaps conflict with the clinical picture.

NOTICE OF ELECTION (NOE)/NOTICE OF RE-CERTIFICATION (NORC) COMPLIANCE

- [ ] NOE submitted and accepted timely (verify acceptance date).
- [ ] NORC submitted on time for each certification period.
- [ ] Claims do not include days prior to NOE acceptance.
- [ ] All intake/eligibility documents match billing dates.

LEVEL OF CARE ACCURACY

Routine Home Care (RHC)

- [ ] Documentation supports ongoing hospice plan of care (POC).
- [ ] Visits reflect symptom management, monitoring, or education.

General Inpatient Care (GIP)

- [ ] Documentation shows uncontrolled symptoms requiring 24/7 skilled oversight.
- [ ] Evidence of frequent nursing assessments, escalated interventions, or failed attempts at lower LOC.
- [ ] Physician involvement documented.

Continuous Home Care (CHC)

- [ ] Minimum 8 hours RN/LVN care in a 24-hour window.
- [ ] Hourly documentation of active symptom management.
- [ ] Notes specify interventions, reassessments, and patient response.

Respite Care

- [ ] Documentation shows caregiver relief need.
- [ ] Stay meets respite regulations (5-day limit).

MEDICATIONS AND DURABLE MEDICAL EQUIPMENT (DME) - BUNDLED SERVICES

- [ ] All related medications billed to hospice, not Part D.
- [ ] DME items (hospital bed, oxygen, nebulizer, etc.) billed appropriately.
- [ ] Coordination of Benefits (COB) documented for Part D interactions.
- [ ] Medical director determines related vs unrelated and documents rationale.
- [ ] Vendor invoices match services actually delivered.

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VISIT SUBSTANTIATION - SHOWING VALUE AND NECESSITY

- [ ] Visits include clinical purpose, assessment, interventions, and patient response.
- [ ] Visit time and duration documented when required.
- [ ] No telephonic/virtual interactions mislabeled as in-person visits.
- [ ] All disciplines documenting per their scope.

PLAN OF CARE (POC) ALIGNMENT

- [ ] Visit notes match active goals and interventions on the POC.
- [ ] Any change in condition triggers an updated POC.
- [ ] POC reviewed and updated each certification period.

INTERDISCIPLINARY COMMUNICATION

- [ ] Clinical and billing teams have reconciled any discrepancies.
- [ ] IDT discussed eligibility, LOC changes, and symptom trends.
- [ ] Any concerns about eligibility or billing escalated to Compliance.

INTERNAL AUDIT TRIGGERS - FLAGGING CHARTS

- [ ] Long lengths of stay with limited decline.
- [ ] Multiple GIP or CHC days without strong justification.
- [ ] Late NOE or frequent corrections.
- [ ] Related medications showing up on Part D claims.
- [ ] Documentation inconsistent across disciplines.

CLAIMS ACCURACY CHECK

- [ ] Billing period dates correct.
- [ ] Level of care billed matches documentation.
- [ ] No duplicate claims.
- [ ] No claims including non-covered days.
- [ ] Adjustments or voids submitted promptly when needed.

FINAL INTEGRITY CHECK

- [ ] Does the documentation tell the same story the claim is telling?
- [ ] If audited tomorrow, would this record stand up?
- [ ] Is the billing compliant, defensible, and clearly supported?