

Changes in Payment Methodology

For Hospice Providers

January, 2016

Agenda

- Tiered payments for Routine Home Care
 - New rates
 - Claim processing
- Service Intensity Add-On
 - HCPCS

Tiered Payments for Routine Home Care

- Two Tiered Methodology for Hospice Claims
 - Effective January 1, 2016
 - Claims for procedure code T2042 subject to new payment methodology
 - Based on days of care



Daily Rates

Procedure Code	Days of Care	Daily Rate
T2042	Routine Home Care – Days 1-60	\$187.08
T2042	Routine Home Care – Days 61+	\$147.02

Days of Care

- Calculated as claims are processed
- Could pay for non- consecutive days – Example below
 - Claim paid at the higher rate for the month of January (31 units)
 - Claim for February dates of service denies for incorrect billing
 - Claim for March dates of service is processed, prior to the corrected February claim submission
 - March claim could pay at higher rate for the remaining 29 units available
 - When February claim resubmitted, it will pay at lower rate as the 60 days have been exhausted
- If patient elects to leave hospice care for a minimum of 60 days, and a subsequent period of hospice care is then re-elected, the counter restarts, and days 1-60 are paid at the higher rate.

Service Intensity Add-On Payment

- Service Intensity Add - On Payment is available when:
 - Date of service is after January 1, 2016
 - Visit is made by social worker or registered nurse (RN) in the last seven days of life not including date of death
 - It is an add-on payment to the T2042 routine home care rate



HCPCS

- The Service Intensity Add-On Payment is billed in 15 minute units
- \$9.85 per unit
- Not to exceed 16 units per day (4 hours) during the last 7 days of life not including date of death

Visit Description	HCPCS
Clinical Social Worker – Hospice Setting	G0155
Skilled Nursing (RN) Visit – Hospice Setting	G0299

Date of Death

- Before submitting claim for payment, verify the date of death is recorded in the Healthcare Portal
- If the date of death is not present, the claim will suspend for 45 days
- If after 45 days, the date of death is still not present, the claim will deny



Eligibility Verification Response [Back to Eligibility Verification Request](#) ?

Verification Response ID 201423000013 [Expand All](#) | [Collapse All](#)

Response Text  Recipient ended Coverage for all/part of the requested period. Please consider Health Plan coverage dates when billing.

Recipient Information [-]

Recipient ID	Recipient Name
Birth Date	Gender Female
Date Of Death	-

EOB Messages- Tiered Payments

EOB	Reason
EOB 093 – Payment amount reduced to maximum allowable amount	Will post when amount billed is greater than the allowed amount
EOB 464-Hospice service reimbursed at lower rate (Tier 2)	Will post for claim details paid at the lower rate based on calculation of the total units/days greater than 60 days for hospice service (T2042)

A claim can have more than one EOB when it includes services that are paid at both the Tier 1 and Tier 2 rates.

EOB Messages- Service Intensity Payment (SIA)

EOB	Reason
ESC 907 – Date of Death required for SIA Payment	<ul style="list-style-type: none"> • If no date of death is present in MMIS, the claim will suspend for 45 days. • If after 45 days, no date of death is still present, the claim will then deny for EOB 908.
EOB 908 – Date of Death required for SIA Payment	This will post if the date of death is not present after 45 days.
EOB 931 – Must bill T2042 & SIA W/IN last 7 days of Life	This will post if: <ul style="list-style-type: none"> • If the dates of service are not within the dates of service for T2042, or: • The dates of service are not within the last 7 days of life not including date of death

Thank you

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