

## HOSPICE BILLING AND REIMBURSEMENT POLICY – RHO PHASE ONE

Payment policies apply to all in-network and out-of-network providers who render services to Neighborhood Health Plan of Rhode Island (Neighborhood) subscribers who are covered under the following products: **Rhody Health Options (RHO)**.

Benefit coverage limits may apply. It is the provider's responsibility to verify eligibility, coverage and authorization criteria prior to rendering services.

## GENERAL BILLING INFORMATION

Neighborhood requires hospice providers to submit professional services on the most current CMS-1500 form and institutional services on a CMS-1450 (UB-04) form.

Providers must submit one claim for care when the member is not on hospice, and then another claim for care during hospice election. These services should not be submitted on the same claim.

EDI 837P/837I claim submission & CMS-1500/CMS-1450 Paper Claim Submission:

- Submit the most updated industry standard CPT/HCPCS Level I and II and ICD-CM codes along with valid place of service codes.
- Submit required fields per claims submission guidelines outlined in Provider Manual.
- Claims will be rejected if submission guideline is not followed

Neighborhood covers the following hospice service codes. Provider must refer to their contract agreements for specific requirements.

### Outpatient Hospice Service Codes *\*not an all-inclusive list*

HCPCS Codes	Description
Q5001	Hospice or home health care provided in patient's home/residence
Q5002	Hospice or home health care provided in assisted living facility
Q5009	Hospice or home health care provided in place not otherwise specified (NOS)
S9126	Hospice care, in the home, per diem
T2042	Hospice routine home care; per diem
T2043	Hospice continuous home care; per hour

**Inpatient Hospice Service Codes *\*not an all-inclusive list***

<b>HCPCS Codes</b>	<b>Description</b>
Q5003	Hospice care provided in nursing long-term care facility (LTC) or non-skilled nursing facility (NF)
Q5004	Hospice care provided in skilled nursing facility (SNF)
Q5005	Hospice care provided in inpatient hospital
Q5006	Hospice care provided in inpatient hospice facility
Q5007	Hospice care provided in long-term care facility
Q5009	Hospice or home health care provided in place not otherwise specified (NOS)
T2044	Hospice inpatient respite care; per diem
T2045	Hospice general inpatient care; per diem
T2046	Hospice long-term care, room and board only; per diem

**Place of Service Codes**

<b>Code</b>	<b>Description</b>
12	Location, other than a hospital or other facility, where the patient receives care in a private residence
31	A facility which primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services but does not provide the level of care or treatment available in a hospital.
32	A facility which primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons, or, on a regular basis, health-related care services above the level of custodial care to other than mentally retarded individuals
34	A facility, other than a patient's home, in which palliative and supportive care for terminally ill patients and their families are provided.

**Facility Room and Board Services – Pass Through Claims**

Hospice providers submitting pass through room & board claims must use the most current UB-04 claim form or Electronic (EDI) HIPPA 5010 compliant 837I format.

**Hospice Pass Through UB Billing Requirements**

<b>Type of Bill</b>	<b>Revenue Code</b>	<b>HCPCS Code</b>	<b>Effective Date</b>
<b>81X</b>	<b>0658</b>	<b>T2046</b>	<b>11/1/2013</b>

**REIMBURSEMENT GUIDELINES**

Neighborhood hospice coverage aligns with Centers for Medicare and Medicaid Services (CMS) hospice guidelines.

**Pass-Through reimbursement methodology**

Neighborhood will pay room and board charges for Rhody Health Options (Phase One) members residing in a long term care facility when receiving hospice services. Medicare will pay for the skilled hospice services associated with the hospice stay.

Hospice agencies rendering care to patients in a long-term care facility shall submit charges equal to **ninety-five percent (95%) of the nursing home’s contracted per diem rate with Neighborhood for room and board.** The hospice agency will be reimbursed at 100% of charge less any personal contribution (applied income), if any. Hospice shall reimburse the nursing home directly.

**Date of Death**

Payment will not be made for the day of death. Please do not include the date of death in the “Statement Covers Period” (form locator 6). Units designated in form locator 46 must align with the dates in form locator 6.

**REFERENCES**

Please refer to Neighborhood’s provider website for specific provisions by product line, benefit coverage, clinical medical policies, claims submissions requirements and provider manuals and forms. <http://www.nhpri.org/Providers/Welcome.aspx> Guidelines are updated periodically. Refer to website for updates.

**VERSION HISTORY:**

Original Publication date: 6/2014  
Policy effective date: 11/2013  
Policy Changes:

**DISCLAIMER:**

This guideline is informational only, and not a guarantee of reimbursement. Claims payment is subject to Neighborhood Health Plan of RI benefit coverage, member eligibility, claim payment edit rules, coding and documentation guidelines, authorization policies, provider contract agreements and state or federal regulations. All services billed to Neighborhood for reimbursement is subject to audit. Effective dates noted reflects the date the long standing policy was documented or updated to assist with provider education, unless otherwise noted.