

See <u>Web Announcement 1533</u> for updated billing instructions.

October 19, 2016 Announcement 1250

Attention Provider Type 64: Routine Home Care Hospice Rate Methodology Update

Effective on claims with dates of service on or after January 1, 2016, a dual rate has been established for Routine Home Care (RHC) hospice services provided by provider type (PT) 64 (Hospice), which pays a higher base rate for the first 60 days of hospice care and a reduced base rate for days thereafter. An add-on payment has been established for services provided by a registered nurse or social worker during the last seven days of a recipient's life.

New Billing Instructions for PT 64:

- Use revenue code 0651 (Hospice Service-Routine-Home Care) and HCPCS code Q5001 (Hospice or home health care provided in patient's home/residence) along with add on modifier U2 for routine home day care for the first 60 days (RHC). Do not use modifier U2 for routine home days 61 and over.
- Bill Registered Nurse services for the last seven days of a recipient's life with revenue code 0551 and HCPCS code G0162 (Skilled services by a registered nurse for management and evaluation of the plan of care, each 15 minutes) with modifier U2.
- Bill Social Worker services for the last seven days of a recipient's life with revenue code 0561 and HCPCS code G0155 (Services of clinical social worker in home health or hospice settings, each 15 minutes) with modifier U2.
- If a recipient is discharged and readmitted within 60 days of that discharge, then the day count would start back to the discharge day. If the recipient was on hospice for only five days, does not receive hospice care for 50 days and is then re-admitted, the provider has 55 more days of the higher RHC rate. If a recipient is discharged and does not have hospice services for at least 60 days in a row and is re-admitted, the provider starts all over with the 60-day higher rate.

Claims submitted by PT 64 for procedure code Q5001 with dates of service on or after January 1, 2016, through September 18, 2016, that did not pay at the appropriate rates will be automatically reprocessed. A future web announcement will notify providers when the claims will be reprocessed.