



June 4, 2018 (Updated July 25, 2018)

Web Announcement 1607

Attention Provider Type 64 (Hospice):

Submission/Resubmission of Claims Using Revenue Codes

Update to [Web Announcement 1533](#): The Division of Health Care Financing and Policy (DHCFP) has established provider specific rates for provider type (PT) 64 (Hospice) in order to ensure they are reimbursed correctly. The established rates apply to revenue codes only.

As of October 2, 2017, PT 64 must bill using revenue codes only. Procedure codes or revenue/procedure code combinations can no longer be used by PT 64 for billing purposes. In order to correct previous billing problems, this change is retroactive for dates of service from January 1, 2016, through October 1, 2017.

PT 64 must use the following revenue codes when billing for hospice services:

Revenue Code	Description	Codes Replaced
0551	Service Intensity Add-On for the last 7 Days of Life (RN, LPN, Social Worker)	Replaces codes G0155, G0299 and G0300 with the U2 Modifier
0650	Routine Hospice Care Days 1-60	Replaces code Q5001 with the U2 Modifier
0651	Routine Hospice Care Days 61+	Replaces code Q5001
0652	Continuous Home Care	
0655	Inpatient Respite Care	
0656	General Inpatient Care	

The PT 64 Billing Guide is in the process of being updated to reflect the aforementioned changes. The updated Billing Guide will be posted on the [Providers Billing Information](#) webpage.

DHCFP has approved timely filing to be bypassed from August 1, 2018, to November 30, 2018, on PT 64 Hospice claims with dates of service on or after January 1, 2016, through October 1, 2017, that were previously submitted with the procedure based pricing logic. The claims may be voided electronically or by paper submission. Providers must verify that the void for the old claim has processed before resubmitting the revised claim. Electronic claims processing may take up to one week. Paper claims may take up to 30 days to process if submitted correctly. Electronic claims submitted before the Thursday 4 p.m. Pacific Time deadline will be processed that week and may be resubmitted the following week upon invoice verification if submitted correctly.

DHCFP will bypass timely filing from August 1, 2018, through November 30, 2018.

Claims with dates of service on or after January 1, 2016, through October 1, 2017, submitted after **November 30, 2018**, will be subject to timely filing denial.

PT 64 providers may contact the Nevada Medicaid Customer Service Call Center at (877) 638-3472 with questions regarding this web announcement.