Agenda

• Tiered payments for Routine Home Care
  • Rates
  • Claims processing
  • Service Intensity Add-on
  • HCPCS
  • EOB Codes
Tiered Payments for Routine Home Care

- Two-Tiered Methodology for Hospice Claims
  - Effective January 1, 2016
  - Claims for procedure code T2042
  - Based on days of care
## Daily Rates

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Days of Care</th>
<th>Daily Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>T2042</td>
<td>Routine Home Care – days 1-60</td>
<td>$247.18</td>
</tr>
<tr>
<td>T2042</td>
<td>Routine Home Care – days 61+</td>
<td>$194.13</td>
</tr>
</tbody>
</table>
Days of Care

- Calculated as claims are processed
- Claims 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:
  • Visit is made by social worker or registered nurse (RN) in the last seven days of life not including date of death
    o RI Medicaid does not pay for the date of discharge/death
  • It is an add-on payment to the T2042 routine home care rate
HCPCS

• The Service Intensity Add-On Payments are billed in 15-minute units
• $15.30 per unit
• Not to exceed 16 units per day (4 hours) and only during the last 7 days of life not including date of death (RI Medicaid does not pay for the date of discharge/death)

<table>
<thead>
<tr>
<th>Visit Description</th>
<th>HCPCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Social Worker-Hospice Setting</td>
<td>G0155</td>
</tr>
<tr>
<td>Skilled Nursing RN Visit-Hospice Setting</td>
<td>G0299</td>
</tr>
</tbody>
</table>
Date of Death

• Before submitting claim for SIA payment, the provider needs to 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
## EOB Messages-Tiered Payments

<table>
<thead>
<tr>
<th>EOB</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>EOB 093-Payment amount reduced to maximum allowable amount</td>
<td>This will post when amount billed is greater than the allowed amount</td>
</tr>
<tr>
<td>EOB 464-Hospice service reimbursed at lower rate Tier 2</td>
<td>This 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)</td>
</tr>
</tbody>
</table>

A claim can have more than one EOB when it includes services that are paid at both Tier 1 and Tier 2 rates.
# EOB Messages- Service Intensity Payment (SIA)

<table>
<thead>
<tr>
<th>EOB</th>
<th>Reason</th>
</tr>
</thead>
</table>
| ESC 907 – Date of Death required for SIA Payment | • 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:  
• 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

Marlene Lamoureux, Provider Representative
Marlene.Lamoureux@gainwelltechnologies.com
401-784-3806