

Hospice Payment Methodology

March 2021

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

Procedure Code	Days of Care	Daily Rate
T2042	Routine Home Care – days 1-60	\$247.18
T2042	Routine Home Care – days 61+	\$194.13

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**
 - 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)

Visit Description	HCPCS
Clinical Social Worker-Hospice Setting	G0155
Skilled Nursing RN Visit-Hospice Setting	G0299

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



Eligibility Verification Response [Back to Eligibility Verification Request](#) [Expand All](#) | [Collapse All](#)

Verification Response ID 201423000013

Response Text  Recipient enrolled in Medicaid Care for all/part of the requested period. Please consider Health Plan coverage dates when billing for services.

Recipient Information

Recipient ID	[REDACTED]	Recipient Name	M [REDACTED]
Birth Date	03 [REDACTED]	Gender	Female
Date Of Death	-		

EOB Messages-Tiered Payments

EOB	Reason
EOB 093-Payment amount reduced to maximum allowable amount	This will post when amount billed is greater than the allowed amount
EOB 464-Hospice service reimbursed at lower rate Tier 2	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)

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)

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	<p>This will post if:</p> <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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