# **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

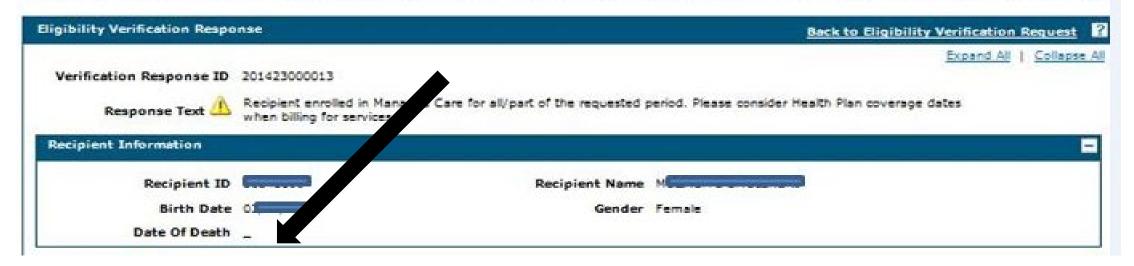






#### **Date of Death**

- 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





## **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> <li>If no date of death is present in MMIS, the claim will suspend for 45 days.</li> <li>If after 45 days, no date of death is still present, the claim will then deny for EOB 908.</li> </ul>
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	<ul> <li>This will post if:</li> <li>If the dates of service are not within the dates of service for T2042, or:</li> <li>The dates of service are not within the last 7 days of life not including date of death</li> </ul>

#### **Thank You**

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