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Hospice Services

Overview

A hospice is defined as an organization that provides medical, social and psychological services in the home or inpatient facility as palliative treatment for patients with a terminal illness and life expectancy of less than six months.

Preauthorization is required for all Hospice services.

BCBSND reimburses freestanding and hospital-based hospice services on a uniform fee schedule rate. Reimbursement is based on the lesser of charges or fee schedule amount. There are five levels of hospice care, which include many different services.

- Routine Home Care – Various core services provided on an intermittent basis in accordance with individual patient needs and requirements. Routine home care is billed as a daily rate.
- Continuous Home Care – To qualify for continuous home care, a minimum of eight hours of care per 24 hour period is required with four of these hours being consecutive and requiring nursing care.
- Inpatient Respite Care – Provides a brief period of rest for the family by hospitalizing the patient and providing routine level of care. There is a limit of five consecutive days per month for this level of care.
- General Inpatient Care – This level of care is necessary when the patient is unable to be managed at home and hospitalization is required to control distressing symptoms. This level includes all care and services related to the terminal illness.
- Respite Home Care – Provides up to eight hours of relief or rest to the family during a 24-hour period in addition to provision of routine home care services. There is a limit of five consecutive days per month for this level of care.

Hospice services and rates include:

- Skilled nursing care
- Personal care aide
- Medical social services
- Counseling/pastoral care
- Bereavement services
- Physical and occupational therapy
- Dietary counseling and volunteer coordination

All necessary medical equipment, supplies, drugs and biological are included in the fee schedule rate.

These services should be billed separately:

- Charges related to physician services, outpatient radiation therapy and/or chemotherapy used to control distressing symptoms
- Treatment for conditions unrelated to the terminal illness
- Enteral feedings
- Total Parenteral Nutrition (TPN)
- Medically necessary diagnostic services

Billing Instructions

Hospice services, with the exception of related physician services, are billed under the hospice NPI on a UB-04 claim form. If a patient is admitted to an acute hospital for general inpatient care or inpatient respite care, the services must be billed by hospice under the hospice NPI, not the acute hospital NPI. A hospice may provide follow-up care to the family after the death of the patient but these services are not separately billable.

The type of bill used for hospice services is 81X for a freestanding, non-hospital based hospice, or 82X for a hospital-based hospice.

The following revenue codes and HCPCS codes must be submitted for hospice services. The units used should reflect the type of service provided as noted in the code definitions. Claims will be returned to the provider if the billing requirements for revenue codes and HCPCS codes are not met.

Rev Code	Definition	HCPCS	Definition	Units
0651	Routine Home Care	T2042	Hospice routine home care; per diem	# of days
0652	Continuous Home Care	T2043	Hospice continuous home care; per hour	# of hours
0655	Inpatient Respite Care	T2044	Hospice inpatient respite care; per diem	# of days
0656	General Inpatient Care (non-respite)	T2045	Hospice general inpatient care; per diem	# of days
0659	Other Hospice Service (use for respite home care)	S9125	Respite care, in the home, per diem	# of days

This policy does not apply to FEP.