



# PROVIDER BULLETIN

No. 05-04

February 15, 2005

**To:** Hospice Providers Participating in the Nebraska Medicaid Program

**From:** Mary Jo Iwan, Administrator

**By:** Heather Leschinsky, Program Specialist

**RE:** Prior Authorization Requests and Updates

This Provider Bulletin is intended to clarify several issues which have been noted upon review of the Hospice Prior Authorization requests. It is provided in collaboration with HHSS staff and the Nebraska Hospice and Palliative Care Association.

The following suggestions will assist HHSS staff in processing requests in a more timely manner:

1. The Prior Authorization Request needs to list the ICD-9 code and primary terminal diagnosis. If the request does not have the ICD-9 code listed, the request will be returned thus delaying the authorization. Also, make sure the terminal diagnosis is consistent throughout all documents. When the terminal diagnosis is cancer, the ICD-9 code needs to relate to the primary site of the cancer and not to where the cancer has metasized.
2. Please identify the meaning of your agency coding when listing covered and non-covered medications, supplies, equipment, or biologicals. Coding covered and non-covered items may be understood to your staff as each agency has a format specific for their program, but this coding may not always be understood by HHSS staff. Agencies are not being asked to change their process, only to identify their process. Also, please do not list "Medicaid" when the hospice is covering the item. If "Medicaid" is listed, then it must be a medication, supply, equipment, or biological not related to the terminal illness.
3. The Plan of Care needs to specify who the caregiver is or is going to be. If the patient does not have a caregiver upon admission, indicate what the plan for caregiving will be when the need arises.

**NOTE:** The Prior Authorization form has been revised and is included with this mailing. Please note the addition to required attachments for review: "Clinical Criteria to support terminal status or supportive documentation for functional decline." This additional information provided initially will assist HHSS staff in

processing requests in a more timely manner. Please make copies of this form as needed.

The following information is general information as it relates to the Medicaid Hospice Program.

1. Included in this mailing is the appendix process for the Hospice Billing instructions. Providers will be receiving their approved Prior Authorizations requests and will be able to begin billing once a Prior Authorization number is obtained. **Please note:** Per Medicaid Regulations, providers are only allowed to bill for services up to 1 year from date of services (471NAC3-002.01).
2. The Medicaid Hospice Provider Handbook is being finalized and will be mailed to current hospice providers when it is completed and ready for distribution. The handbook includes Medicaid regulation for the Hospice benefit, fee schedule information, prior authorization information, and billing instructions.
3. Please remember that when e-mailing HHSS staff, do not include client name or any other identifying information. This is due to HIPPA regulations and for the privacy of your clients. Please only include general information in e-mails and use the phone or fax system for client specific information.

If you have any questions on the Prior Authorization process or any other information in this bulletin, please call the Hospice Program Specialist, Heather Leschinsky, at 402-471-9389.