


PROVIDER BULLETIN

No. 16-07

DATE: February 1, 2016

TO: Nebraska Medicaid Providers

FROM: Calder A. Lynch, Director 
Division of Medicaid and Long-Term Care

BY: Ellen McMillan, Program Specialist RN
Health Services

RE: Hospice Payment Methodology Changes

Please share this information with administrative, clinical, and billing staff.

The purpose of this bulletin is to offer information regarding hospice payment methodology changes effective January 1, 2016, for Nebraska Medicaid fee-for-service clients.

The Centers for Medicare and Medicaid Services (CMS) has issued a final rule that changes the payment methodology for hospice routine home care. This will result in the following changes:

- A higher base payment rate for the first sixty (60) days of hospice care and a reduced base payment rate for days thereafter.
- A service intensity add-on (SIA) payment for hospice services provided by a registered nurse and/or social worker during the last seven days of a patient's life. This SIA payment is in addition to the current per diem rate for hospice routine home care.

Please note: Due to necessary system changes, some HCPCS codes will require retro adjustments that will be applied at a later date. Medicaid will provide retro payments and refund requests to providers for dates of service beginning January 1, 2016, once the necessary system changes have been implemented. The Department will contact providers when these system changes are completed.

Billing for the base payment rate:

1. For days 1-60, providers bill HCPCS code T2042 U1 which will pay at the rate on the October 1, 2015, fee schedule. Retro adjustments will be made once system changes are in place to pay providers the difference between the fee schedule rates (varies by region) and the CMS directed January 1, 2016, rate (\$186.84).

2. For days 61 forward, providers bill HCPCS code T2042. This code will pay the CMS directed January 1, 2016, rate (\$146.83). Retro adjustments will not be necessary if providers bill the CMS directed rate. If providers do not bill the CMS directed rate, refund requests will be sent to providers once system changes are implemented.

Billing for the SIA payment:

1. For hospice services provided by a registered nurse, providers bill HCPCS code G0299 TD. This code will auto deny and no payment will be issued. Retro adjustments will be made once system changes are in place.
2. For hospice services provided by a social worker, providers bill HCPCS code G0155. This code will auto deny, and no payment will be issued. Retro adjustments will be made once system changes are in place.

Post authorizations:

For the SIA payment, Telligen will perform post authorizations for fee for service clients. Once the authorization request is approved, providers may bill for the SIA payment. Until system changes are in place, this payment will auto deny, but the hospice routine home care will pay.

Contact information:

Telligen is sending out a provider notification with updated instructions on how to submit requests for hospice services. To reach Telligen, call 855-638-7949.

For billing questions regarding managed care clients, please utilize the following contacts:

Arbor: Chris Sorenson at csorenson@arborhealthplan.com or 402-507-5891
Adam Steffen at asteffen@arborhealthplan.com or 402-507-5885

Aetna: AetnaBetterHealthNEProviderRelations@aetna.com or 888-784-2693, option 2 and then 3

United Healthcare: Troy Bailey at troy_bailey@uhc.com or 402-445-5316

To read the CMS update regarding these changes, please go to the following link:
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9369.pdf>

For questions regarding the information in this bulletin, please contact Ellen McMillan, Program Specialist RN, at 402-471-9119 or ellen.mcmillan@nebraska.gov.