




PROVIDER BULLETIN

No. 19-15

DATE: October 31, 2019

TO: All Providers Participating in Nebraska Medicaid Program

FROM: Matthew A. Van Patton, DHA, Director
Division of Medicaid & Long-Term Care 

BY: Denise Woolman, Program Specialist RN

RE: Hospice Service Intensity Add-on (SIA) payments for **fee-for-service** Medicaid

This provider bulletin (PB) is being issued to notify Medicaid providers of upcoming changes to the **fee-for-service** Hospice Service Intensity Add-on (SIA) payment process.

This provider bulletin is a follow-up to PB 16-07 issued February 1, 2016. PB 16-07 informed providers that no payments would be issued for hospice services provided by a registered nurse or social worker billed using Healthcare Common Procedure Coding System (HCPCS) codes G0299 TD and G0155 until necessary system changes had taken place.

Effective 11/18/2019 providers may begin billing for hospice Registered Nurse and social worker services using HCPCS codes G0299 TD and G0155 provided to **fee-for-service** Medicaid members in accordance with The Centers for Medicare and Medicaid Services (CMS) FY 2016 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements (Final Rule), with the following requirements:

- The day is an RHC level of care day.
- The day occurs during the last seven days of life (and the beneficiary is discharged deceased).
- Service is provided by a Registered Nurse (RN) or social worker that day for at least 15 minutes and up to 4 hours total.
- The service is not provided by a social worker via telephone.
- The SIA Payment amount shall equal:
 - The number of hours (in 15 minute increments) of service provided by an RN or social worker during the last seven days of life for a minimum of 15 minutes and up to 4 hours total per day;
 - Multiplied by the current hospice Continuous Home Care (CHC) hourly rate per 15 minutes x visit units (not greater than 16); and
 - Adjusted for geographic differences in wages.

Authorization:

If authorizations were not previously obtained through Telligen for SIA services, providers will have 6 months from the issuance of this provider bulletin to obtain retro-authorization for SIA services through Telligen. Any retro-authorization request submitted after the 6 month period will be denied as past the timely filing period.

Claims submission: The SIA payment rate is shown on Attachment A and is limited to **four hours combined for both RNs and social workers on each date of service**. The SIA payment is only for those social worker and RN services provided during an in-person visit and does not apply to phone visits.

All **fee-for-service** claim submissions for SIA hospice services provided prior to the effective date of this provider bulletin must be submitted within 6 months of the provider bulletin effective date.

For claims previously submitted where **payment was denied** due to the state system limitation, Medicaid will reprocess the claim. If you do not receive a remittance notification or payment on a specific claim within 30 days of the date of this bulletin please submit an adjustment request.

For claims previously submitted where the claim was **deleted** due to the state system limitation, please submit a new claim with the appropriate billing information using the HCPCS codes G0299 TD and G0155 for SIA services provided.

To avoid system auto-denials, when submitting new claims that are past the timely filing period:

1. Electronic claims must be transmitted in a special batch that does not include any other type of claim. Prior to submission, the provider must email the EDI Help Desk at DHHS.MedicaidEDI@nebraska.gov and provide the file name, date, and time of the file submission.
2. Paper claims should be **submitted to Medicaid at the following address:**

Nebraska Medicaid Claims
Attention: Gloria Overstreet, Personal & Confidential
PO Box 95026,
Lincoln, NE. 68509-5026

Paper and electronic claims for SIA services provided after the effective date of this provider bulletin can be submitted using the standard submittal process.

Please see 471 Nebraska Administrative Code (NAC) 36 for all other requirements of hospice fee-for-service prior authorization and claims submission.

If you have questions regarding this bulletin, please contact Denise Woolman at (402) 471-0569, or via email at: DHHS.MedicaidHomeHealth@nebraska.gov. This provider bulletin applies only to provision of hospice SIA services for **fee-for-service** Medicaid. For prior authorization/claim submission requirements for managed care members, please contact the appropriate managed care organization.

Provider Bulletins, such as this one, are posted on the DHHS website at <http://dhhs.ne.gov/pages/Medicaid-Provider-Bulletins.aspx>. Please subscribe to the page to help you stay up-to-date about new Provider Bulletins.

Attachment A

The seven day maximum number of reimbursable units is **112 units**. All claims must be submitted with documentation demonstrating the necessity of the services provided. Documentation submitted should reflect the arrival and departure time of the professional providing the services.

The SIA payment will only apply to visits that occur prior to death. Visits that occur after death/ post mortem are not eligible for the SIA payment. In addition, per CMS policy a visit is not eligible for SIA payment when no direct patient care is provided.

FY16 SIA		FY17 SIA		FY18 SIA		FY19 SIA		FY20 SIA	
CBSA	Rate	CBSA	Rate	CBSA	Rate	CBSA	Rate	CBSA	Rate
30700	38.57	30700	39.02	30700	\$ 39.41	30700	40.77	30700	57.00
24260	37.26	24260	36.68	24260	\$ 37.24	24260	39.72	24260	56.49
36540	38.46	36540	39.03	36540	\$ 39.50	36540	39.95	36540	55.32
43580	36.44	43580	36.40	43580	\$ 37.21	43580	37.13	43580	52.10
99928	36.40	99928	35.93	99928	\$ 37.50	99928	38.26	99928	53.90

Payment Calculation

The SIA Payment amount shall equal:

- The number of hours (in 15-minute increments) of service provided by an RN or social worker during the last seven days of life up to four hours total per day;
- Multiplied by the current hospice Continuous Home Care (CHC) hourly rate per 15 minutes X visit units (not greater than 16).

Example 1:

An RN billed 3 units for a visit (1 unit = 15 minutes) 3 units equal 0.75 hour.

How to calculate for the SIA payment

1. Calculate the time: 45 minutes = .75 hour
2. The wage adjusted rate for CHC used in this example is \$38.57. *(This rate is for demonstration purposes and will change each year according to the adjusted rates).*
3. Multiply the wage adjusted rate for CHC by the total time.

Calculation: $\$38.57 \times .75 = \28.93

Example 2:

This example illustrates how to calculate a SIA payment for two separate visits on a single date of service. In this example, the beneficiary had both a nursing and social worker visit on the same day prior to the beneficiary's death.

The RN billed 3 units (1 unit = 15 minutes). The Social Worker billed 4 units.

How to calculate for the SIA payment

1. Calculate the total time for the nurse and social worker visit (3+4= 7 units) 7 units =1.75 hour.
2. The wage adjusted rate for the CHC used in this example is \$38.57. *(This rate is for demonstration purposes and will change each year according to the adjusted rates).*

3. Multiply the wage adjusted rate for CHC by the total time.

Calculation: $\$38.57 \times 1.75 \text{ hour} = \67.50 .

Example 3:

This example illustrates how to calculate the SIA payment when the beneficiary dies on the date of service. In this example services were rendered prior to the beneficiary's death and post mortem.

A social worker billed for six units (1 unit = 15 minutes). Six units equal 1.5 hour. There is a separate RN visit on the same day, after the beneficiary's death for six units.

How to calculate for the SIA payment

1. Calculate the time: 1 hour and 30 minutes = 1.50
2. The wage adjusted rate for the CHC used in this example is $\$38.57$. *(This rate is for demonstration purposes and will change each year according to the adjusted rates).*
3. Multiply the wage adjusted rate for CHC by the total time.

Calculation: $\$38.57 \times 1.50 = \57.86

Documentation shows that the RN visit occurred post mortem. Visits that occur after death are not eligible for the SIA payment. Therefore, in this example only the RN visit is not eligible to receive an SIA.