Hospice Payment Methodology

January 2025

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STATE OF RHODE ISLAND

Agenda

- Tiered payments for Routine Home Care
  - Rates
  - Claims processing
  - Service Intensity Add-on
  - HCPCS
  - EOB Codes

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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

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Daily Rates

Procedure Code	Days of Care
T2042	Routine Home Care Tier 1– days 1-60
T2042	Routine Home Care Tier 2– days 61+

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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

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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

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HCPCS

- The Service Intensity Add-On Payments are billed in 15-minute units
- 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

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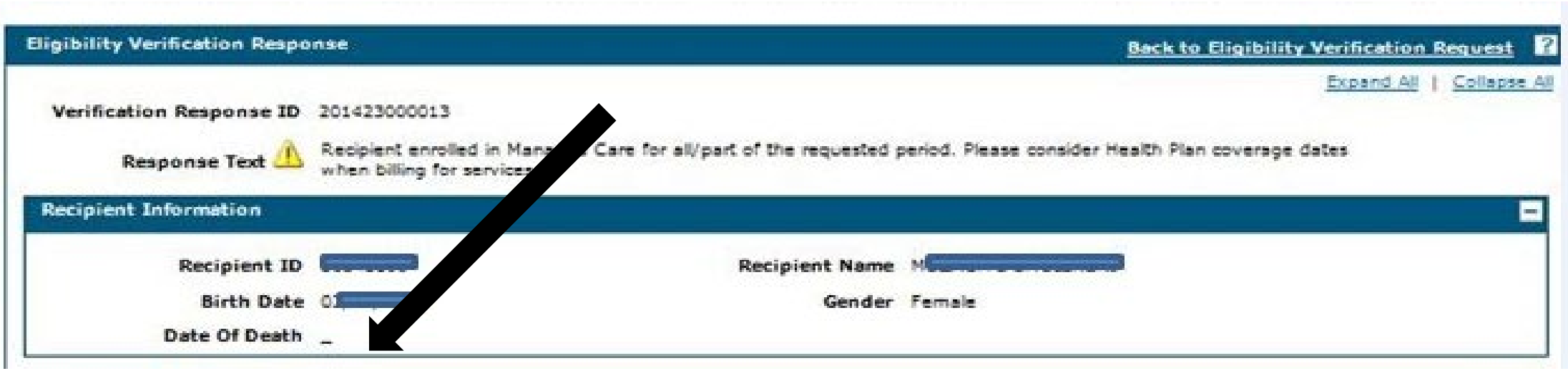
Date of Death

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

Questions ?

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