



**Division of Medical Services  
Program Planning & Development**

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**TO:** Arkansas Medicaid Health Care Providers – Hospice

**DATE:** December 1, 2007

**SUBJECT:** Provider Manual Update Transmittal #62

<u>REMOVE</u>		<u>INSERT</u>	
<b>Section</b>	<b>Date</b>	<b>Section</b>	<b>Date</b>
211.210	11-1-06	211.210	12-1-07
211.220	11-1-06	211.220	12-1-07
211.230	11-1-06	211.230	12-1-07
211.240	10-13-03	211.240	12-1-07
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—	—	250.240	12-1-07
251.000	12/1/05	—	—
252.000	blank	—	—
252.100	11-1-06	—	—
252.200	10-13-03	—	—
252.300	11-1-06	—	—
252.310	10-13-03	—	—
252.400	Blank	—	—

<b><u>REMOVE</u></b>		<b><u>INSERT</u></b>	
<b>Section</b>	<b>Date</b>	<b>Section</b>	<b>Date</b>
252.410	11-1-06	—	—
252.420	11-1-06	—	—
253.000	Blank	—	—
253.100	10-13-03	—	—
253.200	10-13-03	—	—
253.300	11-1-06	—	—
253.310	11-1-06	—	—
253.400	10-13-03	—	—

**Explanation of Updates**

Effective November 30, 2007, EDS will not accept INH claim forms. This provider manual update transmittal contains instructions for billing on the UB-04 claim form for Nursing Facility or ICF/MR Room and Board. Thereafter, EDS will accept only UB-04 claim forms from Hospice providers billing Medicaid on paper.

Updating Hospice Program paper Uniform Billing (form UB-04) billing instructions per National Uniform Billing Committee (NUBC) and HIPAA mandate necessitated revising the Hospice provider manual's Program Coverage and Reimbursement sections to ensure that rules and explanations in those sections are consistent and that they describe the regulations and rationale that generated the billing instructions.

Section 211.210: This section has been expanded to provide more details regarding Routine Home Care coverage.

Section 211.220: This section has been expanded to provide more details regarding Continuous Home Care coverage.

Section 211.230: This section has been expanded to provide more details regarding Inpatient Respite Care coverage.

Section 211.240: This section has been expanded to provide more details regarding General Inpatient Care coverage.

Section 213.000: This section has been expanded to provide more details regarding Hospice care benefit limits, benefit extensions and rules for benefit limit requests

Section: 240.001: This is a new introductory section.

Section 240.100: This section has been expanded and revised to describe Medicaid's methodology for Hospice reimbursement.

Section 240.110: This section has been expanded and revised to describe Medicaid's methodology for Hospice Routine Home Care reimbursement.

Section 240.120: This section has been expanded and revised to describe Medicaid's methodology for Hospice Continuous Home Care reimbursement.

Section 240.130: This section has been expanded and revised to describe Medicaid's methodology for Hospice Inpatient Respite Care reimbursement.

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Section 240.140: This section has been revised to describe Medicaid's methodology for Hospice General Inpatient Care reimbursement.

Section 250.100: This section merges information from former sections 251.000 and 252.300.

Section 250.200: This new section includes some rules and information from former section 252.300.

Section 250.210: This section replaces former section 252.100.

Section 250.211: This new section regards billing for covered physician services related to Hospice care.

Section 250.220: This new section explains that the Hospice Program has two sets of billing instructions and why that is so.

Section 250.221: This new section gives an overview of and general instructions for Hospice billing.

Section 250.230: This section replaces former section 252.310, updating paper billing instructions for the four categories of Hospice care.

Section 250.240: This section establishes billing instructions for paper UB-04 claims for Nursing Facility or ICF/MR Room and Board.

Paper versions of this update transmittal have updated pages attached to file in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes have already been incorporated.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at 501-682-8323 or 501-682-6789 (TDD). If you have questions regarding this transmittal, please contact the EDS Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at 501-376-2211.

Arkansas Medicaid provider manuals, provider manual update transmittals, proposed rules for public comment, official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: [www.medicaid.state.ar.us](http://www.medicaid.state.ar.us).

Thank you for your participation in the Arkansas Medicaid Program.



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Roy Jeffus, Director

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**211.210 Routine Home Care**

12-1-07

- A. Routine Home Care includes core and supplemental services as detailed in the plan of care.
- B. When a hospice patient is at his or her place of residence or at a nursing facility or ICF/MR in which he or she resides and the patient receives less than eight hours of Hospice care in one calendar day (midnight through 11:59 P.M.), that day is a Routine Home Care day.
  - 1. The discharge day and any days beyond the fifth day of an Inpatient Respite Care stay are covered as home care days (Routine or Continuous as appropriate), unless the patient is discharged deceased, in which case Medicaid covers the discharge day as an Inpatient Respite Care day.
  - 2. The discharge day of a General Inpatient Stay is covered as a home care day (Routine or Continuous as appropriate) unless the patient is discharged deceased, in which case Medicaid covers the discharge day as a General Inpatient Care day.
- C. Routine Home Care is a covered service for Hospice patients who reside in nursing facilities or ICF/MRs in accordance with the rules described at section 210.200, part E.
- D. When a Hospice patient expires at home or at a nursing facility or ICF/MR in which he or she has chosen Hospice care, Medicaid covers the patient's date of death as either a Routine Home Care day or a Continuous Home Care day, whichever category of care applies.

**211.220 Continuous Home Care**

12-1-07

- A. Continuous home care is provided only during a period of crisis in which more than routine care is required to achieve palliation or management of the patient's acute medical symptoms.
- B. For a day of Hospice care to qualify as a Continuous Home Care day, a minimum of eight hours of care must be provided during a twenty-four hour calendar day, which is midnight through 11:59 P.M.
  - 1. Care need not be continuous; for instance, four hours of care may be provided in the morning and an additional four hours or more later in the day.
  - 2. A nurse must be providing care for more than half of the total period of care each day.
  - 3. Homemaker and aide services may be provided to supplement the nursing care.
- C. Continuous Home Care is a covered service for Hospice patients who reside in nursing facilities or ICF/MRs in accordance with the rules described at section 210.200, part E.
- D. When a Hospice patient expires at home or at a nursing facility or ICF/MR in which he or she has chosen Hospice care, Medicaid covers the patient's date of death as either a Routine Home Care day or a Continuous Home Care day, whichever category of care applies.

**211.230 Inpatient Respite Care**

12-1-07

- A. Inpatient Respite Care is short-term inpatient care of the terminally ill beneficiary, in a hospital or other qualified facility, provided to relieve the family members or other caregivers at the beneficiary's home.
1. Inpatient Respite Care is covered only twice (without a benefit extension) and for no more than five consecutive days per stay.
  2. The sixth and subsequent days of an Inpatient Respite Care stay are covered as Routine Home Care or Continuous Home Care days, whichever category applies, unless the patient is discharged deceased, in which case the discharge day is covered as an Inpatient Respite Care day.
  3. Additional Inpatient Respite Care stays (but not additional days within a stay) may be available by benefit extension request. See section 213.000, part C, subparts 2 and 3 for details pertaining to benefit extension requests.
- B. A Hospice patient may have Inpatient Respite Care at an acute care hospital, in a licensed Hospice inpatient facility or in a skilled nursing facility that meets the standards at 42 CFR § 418.100(a) and 418.100(e), and which is associated with or has an arrangement with the Hospice provider to furnish Inpatient Respite Care, and which is equipped to provide appropriate accommodations, equipment, services, supplies etc., all in accordance with the beneficiary's plan of care.
- C. Hospice patients residing in nursing facilities or ICF/MRs (in accordance with the rules described at section 210.200, part E) are not eligible for Inpatient Respite Care.

**211.240 General Inpatient Care**

12-1-07

General Inpatient Care, at a hospital or other qualified facility, may be required for procedures that cannot be provided in a home or other outpatient setting, but which are necessary for pain control or for acute or chronic symptom management.

- A. A Hospice patient may have General Inpatient Care at an acute care hospital, in a licensed Hospice inpatient facility or in a skilled nursing facility that meets the standards at 42 CFR § 418.100(a) and 418.100(e), and which is associated with or has an arrangement with the Hospice provider to furnish General Inpatient Care, and which is equipped to provide appropriate accommodations, equipment, services, supplies etc., all in accordance with the beneficiary's Hospice plan of care.
- B. Medicaid covers the discharge day from General Inpatient Care as a home care day, Routine or Continuous as applicable, unless the patient is discharged deceased, in which case Medicaid covers the day as a General Inpatient Care day.

**213.000 Benefit Limits**

12-1-07

- A. Arkansas Medicaid Hospice coverage is based on providers' furnishing medical and other services and on their providing specified categories of care during renewable election periods of mandated duration.
1. Election periods are of ninety-day and sixty-day duration.
  2. Each of the first and second election periods is ninety days, followed by an unlimited number of sixty-day election periods.

3. Having once elected Hospice, a patient is not required to elect Hospice again, unless he or she revokes Hospice care or is discharged from Hospice care, in which case the patient may re-elect Hospice care only after the last day of the election period in which the revocation or discharge occurred.
  4. The conditions set forth in section 210.200 are required for initial Hospice election and for Hospice re-election.
- B. Continuous Home Care coverage is limited to periods of crisis.
- C. Inpatient Respite Care is limited to two periods of no more than five consecutive days each.
1. The Arkansas Medicaid Program will not extend the Inpatient Respite Care benefit beyond five days per stay; counting the admission day but not counting the discharge day, which is covered as a Routine Home Care day or a Continuous Home Care day, as applicable.
    - a. A discharge day is covered as an Inpatient Respite Care day only if the patient is discharged deceased on that date.
    - b. When, as infrequently happens, the beneficiary is not discharged by the end of the sixth day, Medicaid covers the sixth and subsequent days (if any) as Routine Home Care days.
  2. The Arkansas Medicaid Program will consider extending the Inpatient Respite Care benefit to permit additional stays. Send written benefit extension requests to the Arkansas Division of Medical Services, Utilization Review Section. [View or print the Arkansas Division of Medical Services, Utilization Review Section contact information.](#)
  3. The request must justify the need for an additional period of Inpatient Respite Care, specify the number of days of respite (up to five) needed, and include the names, addresses and telephone numbers of the caregivers requesting the additional Inpatient Respite Care.

## 240.000 REIMBURSEMENT

### 240.001 Introduction to Hospice Reimbursement Methodology 12-1-07

- A. Medicaid pays enrolled Hospices for four categories of Hospice care.
- B. Medicaid pays for Medicaid-enrolled physician's services for Hospice patients.
- C. Medicaid reimburses enrolled Hospices for a Hospice patient's room and board in a nursing facility or an Intermediate Care Facility for the Mentally Retarded (ICF/MR) when the patient is eligible for Medicaid long-term care assistance and he or she requests Hospice care in the long-term care facility.

### 240.100 Hospice Categories of Care Reimbursement Methodology 12-1-07

Reimbursement for Hospice direct care is at one of four adjusted prospective rates, only one of which applies to any given day in which a beneficiary who has elected Hospice is, in accordance with an authorized Hospice plan of care, under the care of a Medicaid-enrolled Hospice.

- A. One prospective reimbursement rate (daily or hourly as applicable) corresponds to each category of Hospice care.
  1. Hospice home and inpatient care reimbursement is by daily prospective rate.

2. Reimbursement for Continuous Home Care is at an hourly prospective rate.
- B. The Centers for Medicare and Medicaid Services (CMS) annually establishes and publishes in the *Federal Register*, Hospice care reimbursement baseline prospective rates for dates of service from October 1 of the year of their publication through September 30 of the following year (i.e., the federal fiscal year, October 1 through September 30).
1. Payment for the two home-care categories varies by vicinity, reflecting adjustment by indices linked to the patient's home address.
  2. Payment for the two inpatient care categories varies by vicinity, reflecting adjustment by indices linked to the Hospice's location.
- C. CMS has established for every county and parish in the United States, *Hospice Wage Index* factors by which each state's Medicaid Agency adjusts the wage component of the annually established base prospective rate for each Hospice care category.
1. CMS annually determines and publishes in the *Federal Register*, each base prospective rate's corresponding wage component for dates of service on and after October 1 of the year of publication through September 30 of the following year (the federal fiscal year, October 1 through September 30).
  2. Each state's Medicaid Agency calculates reimbursement for one unit of service of a Hospice care category by applying the local wage index multiplier to the wage component of the category's prospective rate and then adding the product to the non-wage portion of the same category's base prospective rate.
    - a. For Routine Home Care and Continuous Home Care reimbursement, the local wage index multiplier is that of the county or parish in which Medicaid's records reflect the Hospice patient's home address.
    - b. For Inpatient Respite Care and General Inpatient Care reimbursement, the local wage index multiplier is that of the county or parish in which the Hospice provider is located.

## 240.110

## Routine Home Care

12-1-07

- A. The Routine Home Care adjusted prospective rate is a daily rate.
- B. The Medicaid Program reimburses Hospice providers at the applicable Routine Home Care rate for each day of an authorized election period which is not reimbursed at the applicable prospective rate for another Hospice category of care.
- C. Routine Home Care includes core and supplemental services as detailed in the plan of care.
1. Medicaid pays for Routine Home Care regardless of the amount (if less than eight hours in a calendar day), the frequency or the type of service provided on a given day, but only if on that day the Hospice provider is fulfilling the requirements of the beneficiary's authorized Hospice plan of care.
  2. Medicaid pays for Routine Home Care as described in subpart C.1 and in accordance with an authorized Hospice plan of care, for a nursing facility or ICF/MR resident who has elected Hospice home care in that setting.
  3. Medicaid pays the Hospice provider for Routine Home Care as described in subpart C.1 for a day of the election period during which a patient with an authorized Hospice plan of care receives outpatient services for conditions related or unrelated to his or her terminal illness.

## 240.120

## Continuous Home Care

12-1-07

- A. Medicaid pays Hospices for Continuous Home Care according to the hours of care provided on a given day.
1. Reimbursement for Continuous Home Care requires a minimum of (not required by Medicaid to be consecutive) eight hours of on-site care in a twenty-four hour period comprising a calendar day, and it also requires that half or more of the care (by the clock and documented) be performed by a Licensed Practical Nurse (LPN) or a Registered Nurse (RN).
  2. For Hospice care, a twenty-four hour period is always a single calendar day from midnight through 11:59 P.M.
- B. The Continuous Home Care base prospective rate annually set and published by CMS is a daily prospective rate (i.e., not yet locally adjusted and converted to an hourly rate) for twenty-four hours of Continuous Home Care in a single calendar day.
1. The daily prospective rate allowed for the locality of the patient's address is calculated by multiplying the wage component of the base daily prospective rate by the applicable Hospice Wage Index multiplier and then adding the resulting adjusted wage component to the non-wage component.
  2. The Continuous Home Care hourly rate is one twenty-fourth of the locally adjusted daily prospective rate.
    - a. The Hospice bills Medicaid for the hours of direct care, not to exceed twenty-four hours per calendar day.
    - b. When billing Medicaid for Continuous Home Care, one hour equals one unit of service.
      - i. When the provider totals the hours of Continuous Home Care on a given calendar day, a final remainder of one to fifty-nine minutes may be billed as one unit (one hour) of service.
      - ii. Medicaid allows only one such "rounded off" unit per calendar day. Refer to part C of this section for examples.
  3. Service logs containing the exact times of day that services begin and end must support the billing.
    - a. An interruption or a break in service is considered an ending time of service and must be documented.
    - b. Resumption of service must be recorded as a beginning time of service.
- C. Examples of calculating units of service for Continuous Home Care.
1. A nurse logs in to attend a patient four times in a particular day:
    - a. Once for 3 hours and 13 minutes,
    - b. Once for 2 hours and 5 minutes,
    - c. Once for 2 hours and 33 minutes and
    - d. Once for 1 hour and 26 minutes.
  2. The nurse's total service time is 557 minutes, which is 9 hours and 17 minutes.
  3. Medicaid's rules give the provider permission to bill the 17 minutes as a full hour of care (resulting in 10 billable hours) if the nurse's services are the only Hospice services furnished the patient in the 24-hour period.

4. To continue the example to account for services furnished in addition to the nurse's care: A Home Health Aide performed personal care services.
  - a. The aide's log indicates 137 minutes (2 hours and 17 minutes) of service time on that date.
  - b. The provider
    - i. Adds the whole hours furnished of each service ( $9 + 2 = 11$ ),
    - ii. Then adds the odd minutes from each shift ( $17 + 17 = 34$ ) and
    - iii. Reports the day's 34 odd minutes of service as a whole hour, for a total of 12 billable hours ( $9 + 2 + 1 = 12$ ) or 12 units of service.
  - c. An alternative method of calculating the units of service is to add the service times in minutes.
    - i. 557 minutes plus 137 minutes equals 694 minutes.
    - ii. 694 minutes divided by 60 equals 11 hours and 34 minutes.
    - iii. The provider may round the final remainder of 34 minutes to 1 hour, which is 1 unit of service.
    - iv.  $11 + 1 = 12$ , for 12 billable units of Continuous Home Care service.

#### 240.130 Inpatient Respite Care

12-1-07

- A. Medicaid pays Hospice at the Inpatient Respite Care rate for each day (up to five) Inpatient Respite Care in a hospital, a licensed Hospice inpatient facility or a skilled nursing facility that meets the standards at 42 CFR § 418.100(a) and § 418.100(e).
- B. Payment for Inpatient Respite Care may be made for a maximum of five days per stay, counting the date of admission but not the date of discharge.
  1. The discharge day is payable at the Inpatient Respite Care rate only when the patient is discharged deceased on that day.
  2. Reimbursement for the sixth day (whether or not the patient is discharged that day, unless discharged deceased) and any subsequent days of the same stay is at the Routine Home Care rate, except for the day a patient is discharged deceased.
- C. The daily rate paid the Hospice provider for Inpatient Respite Care is calculated in the same manner as is the daily rate paid for Routine Home Care, except that the local wage index multiplier used in reimbursement calculations is that of the county or parish in which the Hospice provider is located.

#### 240.140 General Inpatient Care

12-1-07

- A. Reimbursement for General Inpatient Care is at the inpatient daily rate.
- B. None of the other Hospice payment rates applies to a day of Hospice General Inpatient Care except for the date of discharge (unless the patient is discharged deceased).
  1. For the day of discharge from General Inpatient Care, the appropriate home care rate applies unless the patient dies as an inpatient.
  2. When a patient is discharged deceased from General Inpatient Care, Medicaid reimburses the Hospice for the discharge day at the General Inpatient Care rate.
- C. The General Inpatient Care daily rate is calculated in the same manner as is the daily rate for Routine Home Care, except that the local wage index multiplier used in inpatient reimbursement calculations is that of the county or parish in which the Hospice provider is located.

## 250.000 BILLING PROCEDURES

### 250.100 Introduction to Billing

12-1-07

- A. Hospice providers use **Uniform Billing form (red-lined sensor paper) CMS-1450 (UB-04)** for paper **claims**.
1. Each claim may contain charges for only one beneficiary.
  2. **A Hospice claim must be for charges incurred within a single calendar month.**
- B. Section III of this manual contains information about Provider Electronic Solutions (PES) and other available options for **filing** electronic claims.
- C. Medicaid does not supply providers with Uniform Billing claim forms. Numerous **vendors** sell UB-04 claim forms. **[View a sample CMS-1450 \(UB-04\) claim form.](#)**
- D. Complete Arkansas Medicaid **Hospice Program** claims in accordance with the National Uniform Billing Committee **Official UB-04 Data Specifications Manual (UB-04 Manual)** and Arkansas Medicaid's billing instructions **and rules**.
- E. The National Uniform Billing Committee (NUBC) is a voluntary committee whose work is coordinated by the American Hospital Association (AHA).
1. **The NUBC** is the official source of information regarding the UB-04 claim form. **[View or print NUBC contact information.](#)**
  2. **The committee develops, maintains and distributes to its subscribers the UB-04 Manual and periodic updates.**
  3. **The NUBC is also a vendor of UB-04 claim forms.**

### 250.200 Paper Claim Processing and Remittance

12-1-07

- A. **Electronic billing has virtually eliminated the need for paper claims, so Arkansas Medicaid remits only once each month, reimbursement for adjudicated paper claims that could have been submitted electronically.**
- B. **However, there may be occasional instances when submitting a paper claim is necessary, for instance, to include a letter or an attachment to resolve a timely filing or eligibility issue.**
- C. **Claims that are submitted on paper solely because they require attachments or special handling are usually paid in less than 30 days after adjudication.**

### 250.210 Hospice Revenue Codes

12-1-07

**The following revenue codes must be used to bill for the four categories of Medicaid Hospice care and for Hospice Nursing Facility or ICF/MR Room and Board.**

<b>Revenue Code</b>	<b>Description</b>	<b>Unit of Service</b>
<b>0651</b>	Routine Home Care	<b>1 Day</b>
<b>0652</b>	Continuous Home Care	<b>1 Hour</b>
<b>0655</b>	Inpatient Respite Care	<b>1 Day</b>

Revenue Code	Description	Unit of Service
0656	General Inpatient Care	1 Day
0658	Nursing Facility or ICF/MR Room and Board	1 Day

#### 250.211 Hospice Physician Services

12-1-07

This provider manual does not contain billing instructions for physician services for Hospice patients. See the Arkansas Medicaid Physician/Independent Lab/CRNA/Radiation Therapy Center Provider Manual for physician billing information.

#### 250.220 Hospice Care Paper Claims

12-1-07

- A. The Hospice Program has two sets of instructions for completing paper claims, and each Hospice claim must be completed in accordance with only one of those sets of instructions.
  1. The Medicaid Management Information System (MMIS) uses Institutional Outpatient business rules to process Hospice claims for Routine Home Care, Continuous Home Care, Inpatient Respite Care and General Inpatient Care.
  2. The MMIS uses Nursing Facility business rules to process Hospice claims for Nursing Facility and ICF/MR Room and Board.
- B. Medicaid's billing rules and instructions in this provider manual, supplemented by all applicable data specifications and requirements of the NUBC UB-04 Manual, must be followed to the highest level of specificity required for Medicaid.
- C. See section 250.230 for UB-04 billing instructions to claim reimbursement for the Hospice Program's four categories of care.
- D. See section 250.240 for instructions for claiming reimbursement for Nursing Facility or ICF/MR Room and Board for Hospice patients who reside in nursing facilities or ICF/MRs.
- E. Submit to the Program's fiscal agent correctly and legibly completed UB-04 claims (red-ink sensor technology only). [View or print EDS Claims Department contact information](#). Retain claim copies with patients' records.
- F. Any provider furnishing services without verifying a beneficiary's eligibility for each date of service does so at the risk of being denied Medicaid reimbursement. Providers are strongly encouraged to print electronic eligibility verifications and retain them until paid.

#### 250.221 General Hospice Billing Rules

12-1-07

- A. Medicaid covers and pays for only one Hospice service per beneficiary per day, unless the beneficiary is a nursing facility or ICF/MR resident (as defined in part A1 of this section) and resides at the facility each day for which Medicaid pays the Hospice provider Nursing Facility or ICF/MR Room and Board.
  1. In the Hospice Program, a "nursing facility or ICF/MR resident" is
    - a. A Medicaid beneficiary who has applied for long-term care assistance through the Arkansas Medicaid Program,
    - b. Who has been found eligible for Arkansas Medicaid long-term care assistance and
    - c. For whose long-term care the Medicaid Program would be making a vendor

payment directly to the nursing facility or ICF/MR had the beneficiary not elected Hospice care.

2. Nursing Facility or ICF/MR Room and Board (revenue code **0658**) must be billed as the only Hospice service on a claim, because this type of claim is processed differently from Hospice home and inpatient care claims: however, a single Nursing Facility or ICF/MR Room and Board claim may include multiple dates of service within the same calendar month.
3. Hospice providers may bill Medicaid for Nursing Facility or ICF/MR Room and Board on one claim form for a period of consecutive residential days, subject to the following conditions.
  - a. The period of Nursing Facility or ICF/MR Room and Board begins on a day the beneficiary receives, in accordance with a Hospice plan of care, Routine Home Care or Continuous Home Care at the facility.
  - b. The period ends on the date of the *earliest* of the days described in subparts b, i through b, ii.
    - i. The last day of the calendar month of the claim's beginning date, even if the last day has the same date as the beginning date
    - ii. The day the patient revokes Hospice, is discharged from Hospice or expires at the facility.
    - iii. The first day after the room-and-board claim's beginning date that the beneficiary receives any category of Hospice care other than Routine Home Care or Continuous Home Care.
- B. Inpatient Respite Care (revenue code **0655**) may never be billed for the same date of service as the service date of any other Hospice service, including Nursing Facility or ICF/MR Room and Board.
- C. General Inpatient Care (revenue code 0656) may never be billed for the same date of service as that of any other Hospice service, including Nursing Facility or ICF/MR Room and Board.
- D. Routine Home Care or Continuous Home Care, as applicable and as defined, may be billed for services performed in the patient's home or other residence, a nursing facility or ICF/MR or a hospice facility accommodation (not inpatient) that meets standards for "home-like" environment.
  1. For Routine Home Care, one day (less than 8 hours of care on the same calendar day) is 1 unit of service.
  2. For Continuous Home Care, one hour (not to exceed 24 on the same calendar day) is 1 unit of service.

**250.230 Completing a UB-04 Paper Claim for Hospice Care**

12-1-07

Field #	Field name	Description
01.	(blank)	<b>Required:</b> Enter the Hospice provider's name, city, state, ZIP code and telephone number.
02.	(blank)	Not Required.

Field #	Field name	Description
03a.	PAT CNTL #	<p><b>Required:</b> This field is for accounting purposes. Enter the patient's financial account number; the number the Hospice uses to retrieve individual patients' financial account information.</p> <p>The account ("PAT CNTL") number appears on the RA, labeled "<b>MRN.</b>" This number ensures correct identification when reconciling the Medicaid remittance with patients' accounts. EDS accepts up to 16 alphanumeric characters in this field.</p>
03b.	MED REC #	<p><b>Required:</b> Enter the patient's medical record number; the number the Hospice uses to file and retrieve individual patients' medical records. EDS accepts up to 15 alphanumeric characters in this field.</p>
04.	TYPE OF BILL	<p><b>Required:</b> The first two digits must be <b>08</b> (Special Facility). The third digit must be <b>1</b> (Hospice, non-hospital based) or <b>2</b> (Hospice, hospital based). Use the applicable code from the UB-04 Manual for the fourth (i.e., frequency) digit.</p>
05.	FED TAX NO	Not required.
06.	STATEMENT COVERS PERIOD— <b>FROM</b> and <b>THROUGH</b>	<p><b>Required:</b> Enter the first and last service dates on this claim. In the Hospice Program, these dates must be within the same calendar month. The format is <b>MMDDYY</b>.</p>
07.	(blank)	Unassigned data field.
08a.	PATIENT NAME	<p><b>Required:</b> Enter the patient's last name, first name and middle initial.</p>
08b.	(blank)	Not required.
09.	PATIENT ADDRESS	Optional.
10.	BIRTH DATE	<p><b>Required:</b> Enter the patient's date of birth. The format is <b>MMDDCCYY</b>.</p>
11.	SEX	<p><b>Required:</b> Enter M for male, F for female, or U for unknown.</p>
12.	ADMISSION DATE	<p>Enter the date that hospice services began or the date that the hospice plan of care was approved, whichever date is more recent.</p> <p>If the beneficiary has elected, then revoked hospice in the past, and then later re-elected hospice, enter the date services began under the most recent re-election or the date that the most recent new plan of care was authorized, whichever is more recent.</p> <p>The format is <b>MMDDYY</b>.</p>
13.	ADMISSION HR	Not applicable to Hospice
14.	ADMISSION TYPE	Not applicable to Hospice
15.	ADMISSION SRC	Not applicable to Hospice

Field #	Field name	Description
16.	DHR	Not applicable to Hospice
17.	STAT	<b>Required:</b> From the UB-04 manual, enter the code indicating the patient's disposition or discharge status on the Statement Covers Period THROUGH date (field 6).
18.-28.	CONDITION CODES	Enter when applicable. See the UB-04 Manual for requirements and for the codes used to identify conditions or events relating to this bill.
29.	ACDT STATE	Not required.
30.	(blank)	Unassigned data field.
31.-34.	OCCURRENCE CODES AND DATES	Enter when applicable. See the UB-04 Manual.
35.-36.	OCCURRENCE SPAN CODES AND DATES	Not applicable to Hospice
37.	(blank)	Unassigned data field
38.	Responsible Party Name and Address	Not applicable to Hospice
39.	VALUE CODES	<b>Required</b> when the claim is for only one consecutive period (within the same calendar month) of one Hospice care category ( <b>except Continuous Home Care</b> ) and that consecutive period is identical to the period identified by the Statement Covers Period (field 6) FROM and THROUGH dates  Not applicable to Continuous Home Care.
a.	CODE	When applicable, as determined by the VALUE CODES requirement rule, enter 80.
b.	AMOUNT	When applicable, as determined by the VALUE CODES requirement rule, enter the number of days between the Statement Covers Period FROM date and THROUGH date (field 6), inclusive.
40.	VALUE CODES	Not required.
41.	VALUE CODES	Not required.
42.	REV CD	<b>Required:</b> Enter the applicable Hospice Program revenue code. When the claim is for Continuous Home Care, enter revenue code <b>0652</b> once for each date of service
43.	DESCRIPTION	<b>Required:</b> From the UB-04 Manual, enter the Hospice revenue code's Standard Abbreviation. Required only on paper claims
44.	HPCPS/RATE/HIPPS CODE	Not applicable to Hospice

Field #	Field name	Description
45.	SERV DATE	<p><b>Required on claims for Continuous Home Care.</b> Enter the applicable date of service for each entry of revenue code <b>0652</b>. Every service date must be within the Statement Covers Period FROM and THROUGH dates (field 6), inclusive.</p> <p><b>Required</b> when the claim is for non-sequential service dates for one Hospice care category (excluding Continuous Home Care, which has its own billing rules) or for more than one Hospice care category.</p> <p>When required, enter a service date for each entry of each Hospice revenue code. Service dates must be within the Statement Covers Period FROM and THROUGH dates (field 6), inclusive.</p>
46.	SERV UNITS	When service dates are required in field 45, service units are required in field 46. For Continuous Home Care, enter total hours of service for each service date. For the other three categories of Hospice care, enter "1" for each service date when service dates are required.
47.	TOTAL CHARGES	<b>Required:</b> Enter the total charge for the revenue code on each line (Units times the charge for one unit of service).
48.	NON-COVERED CHARGES	Not applicable to Hospice
49.	(blank)	Unassigned data field.
50.	PAYER NAME	<b>Required:</b> Enter "Medicaid"
51.	HEALTH PLAN ID	Not required.
52.	REL INFO	<p><b>Required: One of two alternative entries</b></p> <p>1) "I" ("Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes") when the Hospice provider has not collected a Release of Information Certification Signature from the patient or the patient's representative, or</p> <p>2) "Y" ("Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim").</p> <p><b>This is a HIPAA Privacy Rule requirement.</b></p>
53.	ASG BEN	Not applicable to Hospice
54.	PRIOR PAYMENTS	<b>Required when applicable.</b> Enter all payments made by any other parties toward this bill. See the UB-04 Manual
55.	EST AMOUNT DUE	Not applicable to Medicaid
56.	NPI	Not required on paper claims.
57.	OTHER PRV ID	<b>Required:</b> Enter the 9-digit Arkansas Medicaid provider ID number of the billing Hospice provider.
58. A, B, C	INSURED'S NAME	Not applicable to Medicaid.

Field #	Field name	Description
59. A, B, C	P REL	Not applicable to Medicaid.
60. A, B, C	INSURED'S UNIQUE ID	<b>Required;</b> Enter the patient's Medicaid identification number.
61. A, B, C	GROUP NAME	<b>Required</b> when the patient is insured by another payer or other payers. Refer to the UB-04 manual.
62. A, B, C	INSURANCE GROUP NO	<b>Required</b> when applicable. See the UB-04 Manual.
63. A, B, C	TREATMENT AUTHORIZATION CODES	<b>Required</b> only when a benefit extension was required for an Inpatient Respite Care stay.  When required, enter the benefit extension control number.
64. A, B, C	DOCUMENT CONTROL NUMBER	Field used internally by Arkansas Medicaid. No provider input.
65. A, B, C	EMPLOYER NAME	<b>Required</b> when a beneficiary is covered by other insurance through an employer. Enter the employer's name.
66.	DX	Do not use.
67.	(blank)	<b>Required</b> when applicable. Enter any ICD-9-CM diagnosis codes for other conditions that coexist with the terminal condition.
68.	(blank)	Unassigned data field.
69.	ADMIT DX	<b>Required.</b> Enter the most specific ICD-9-CM diagnosis code that corresponds to the beneficiary's terminal condition.
70.	PATIENT REASON DX	Not applicable to Hospice
71.	PPS CODE	Not required.
72.	ECI	Not applicable to Hospice).
73.	(blank)	Unassigned data field.
74.	PRINCIPAL PROCEDURE CODE AND DATE and OTHER PROCEDURE CODES AND DATES	Not applicable to Hospice.
75.	(blank)	Unassigned data field.
76.	ATTENDING NPI	NPI not required.
	QUAL	<b>Required:</b> Enter <b>0B</b> , indicating state license number. Enter the attending physician's state license number in the second part of the field.
	LAST	<b>Required:</b> Enter the last name of the primary attending physician during this episode of care.

Field #	Field name	Description
	FIRST	<b>Required:</b> Enter the primary attending physician's first name.
77.	OPERATING NPI	Not applicable to Hospice
	QUAL	Not applicable to Hospice
	LAST	Not applicable to Hospice
	FIRST	Not applicable to Hospice
78.	OTHER NPI	NPI not required.
	QUAL	<b>Required:</b> Enter <b>0B</b> , indicating state license number. Enter the referring physician's state license number in the second part of the field.
	LAST	<b>Required:</b> Enter the referring physician's last name.
	FIRST	<b>Required:</b> Enter the referring physician's first name. <b>NOTE:</b> When there is no referring physician, enter the same information entered in field 76.
79.	OTHER NPI	NPI not required.
	QUAL	<b>Required for Inpatient Respite Care and General Inpatient Care claims.</b> Enter <b>0B</b> , indicating state license number. Enter the inpatient facility's state license number in the second part of the field.
	LAST	Not applicable
	FIRST	Not applicable.
80.	REMARKS	For provider's use. Providers may enter the inpatient facility's name and/or other notes here.
81.	CC	Not used.

**250.240** **Completing a UB-04 Claim Form for Nursing Facility or ICF/MR Room and Boards**

12-1-07

Field #	Field name	Description
01.	(blank)	<b>Required:</b> Enter the billing (i.e., Hospice) provider's name, address and telephone number.
02.	(blank)	Not required
03a.	PAT CNTL #	<b>Required:</b> Enter the patient's financial account number; the number the Hospice uses to retrieve individual patients' financial account information. This account number appears on the RA, labeled " <b>MRN.</b> " Use this number to ensure correct identification when reconciling the Medicaid remittance with patients' accounts. EDS accepts up to 16 alphanumeric characters in this field.

Field #	Field name	Description
03b.	MED REC #	<b>Required:</b> Enter the patient's medical record number; the number the Hospice uses to file and retrieve individual patients' medical records. EDS accepts up to 15 alphanumeric characters in this field.
04.	TYPE OF BILL	<b>Required:</b> The first two digits must be <b>08</b> (Special Facility). The third digit must be <b>1</b> (Hospice, non-hospital based) or <b>2</b> (Hospice, hospital based). Use the applicable frequency code from the UB-04 Manual for the fourth digit.
05.	FED TAX NO	Not required.
06.	STATEMENT COVERS PERIOD— <b>FROM</b> and <b>THROUGH</b>	<p><b>Required</b></p> <p>The <b>FROM</b> date in field 06 is the date of the first day on this claim for which the Hospice provider claims reimbursement for nursing facility or ICF/MR room and board. The format is <b>MMDDYY</b>.</p> <p>The <b>THROUGH</b> date in field 06 is either the patient's discharge date or the last day on this claim for which the Hospice provider claims reimbursement for Nursing Facility or ICF/MR Room and Board. When a patient is temporarily transferred to a hospital, an Inpatient Hospice Facility or home, the transfer date is a discharge date with respect to Nursing Facility or ICF/MR Room and Board reimbursement. The date that Hospice home care in the facility resumes or the date that the patient's Hospice plan of care is approved, whichever is more recent, is the FROM date in field 06 of the next claim for that patient's Nursing Facility or ICF/MR Room and Board.</p> <p>In the Hospice Program, the "STATEMENT COVERS PERIOD" <b>FROM</b> and <b>THROUGH</b> dates must always be within the same calendar month. The format is <b>MMDDYY</b>.</p>
07.	(blank)	Unassigned data field.
08a.	PATIENT NAME	<b>Required:</b> Enter the patient's last name, first name and middle initial.
08b.	(blank)	Not required.
09.	PATIENT ADDRESS	Optional.
10.	BIRTH DATE	<b>Required:</b> Enter the patient's date of birth. The format is <b>MMDDYYYY</b> .
11.	SEX	<b>Required:</b> Enter M for male, F for female, or U for unknown.

Field #	Field name	Description
12.	ADMISSION DATE	<p><b>Required:</b> Enter the date that nursing facility or ICF/MR Hospice services began at this facility or the date that the plan of care was approved for nursing facility or ICF/MR Hospice home care, whichever date is more recent.</p> <p>When a Hospice client has been discharged and temporarily transferred to a hospital, an Inpatient Hospice Facility, a different nursing facility or ICF/MR or home, and then readmitted to this facility, enter the readmission date, the date that nursing facility or ICF/MR Hospice services resumed at this facility or the date that a new or revised plan of care for Hospice home care in this facility was approved, whichever date is more recent.</p> <p>If the beneficiary has elected, and then revoked nursing facility or ICF/MR Hospice home care in the past; and then later re-elected nursing facility or ICF/MR Hospice home care, enter the date that Hospice care resumed under the re-election or the date that the new plan of care was authorized, whichever is more recent. The format is <b>MMDDYY</b>.</p>
13.	ADMISSION HR	Not applicable to Hospice
14.	ADMISSION TYPE	Not applicable to Hospice
15.	ADMISSION SRC	Not applicable to Hospice
16.	DHR	Not applicable to Hospice
17.	STAT	<b>Required:</b> From the UB-04 manual, enter the patient status code indicating the patient's disposition or discharge status on the "STATEMENT COVERS PERIOD" <b>THROUGH</b> date (field 06).
18.-28.	CONDITION CODES	<b>Required</b> when applicable. See the UB-04 Manual for any applicable requirements and for the NUBC-authorized codes that identify conditions or events relating to this bill. Use only condition codes that are NUBC-approved for the service date(s).
29.	ACDT STATE	Not applicable to Hospice
30.	(blank)	Unassigned data field.
31.-34.	OCCURRENCE CODES AND DATES	Not applicable to Hospice nursing facility or ICF/MR Room and Board.
35.-36.	OCCURRENCE SPAN CODES AND DATES	Not applicable to Hospice nursing facility or ICF/MR Room and Board.
37.	(blank)	Unassigned data field
38.	Responsible Party Name and Address	Not applicable to Hospice nursing facility or ICF/MR Room and Board.
39.	VALUE CODES	<b>Required</b>

Field #	Field name	Description
a.	CODE AMOUNT	Enter <b>80</b> . <b>Required:</b> Enter the number of days for which nursing facility or ICF/MR room and board is due, as indicated by the "STATEMENT COVERS PERIOD" <b>FROM</b> and <b>THROUGH</b> dates. The <b>THROUGH</b> date is covered unless it is a transfer date or a discharge date.
40.	VALUE CODES	Not required.
41.	VALUE CODES	Not required.
42.	REV CD	<b>Required:</b> Enter <b>0658</b>
43.	DESCRIPTION	<b>Required:</b> Enter the revenue code's standard abbreviation, "HOSPICE/R&B NURSE FAC."
44.	HCPCS/RATE/HIPPS CODE	Not applicable to Hospice
45.	SERV DATE	Not applicable to Hospice Nursing Facility or ICF/MR Room and Board
46.	SERV UNITS	Not applicable to Hospice Nursing Facility or ICF/MR Room and Board
47.	TOTAL CHARGES	<b>Required:</b> Enter the total charge. The daily room and board rate times the covered days equals the total charge.
48.	NON-COVERED CHARGES	Not applicable to Hospice
49.	(blank)	Unassigned data field.
50.	PAYER NAME	<b>Required:</b> Enter "Medicaid."
51.	HEALTH PLAN ID	Not required.
52.	REL INFO	<b>Required: One of two alternative entries;</b> 1) "I" ("Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes") when the Hospice provider has not collected a Release of Information Certification Signature from the patient or the patient's representative, and state or federal laws do not supersede the HIPAA Privacy Rule by requiring that a signature be collected; or 2) "Y" ("Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim"). <b>Completing this field as instructed is a HIPAA Privacy Rule requirement.</b>
53.	ASG BEN	Not applicable to Medicaid
54.	PRIOR PAYMENTS	Required when applicable. Enter the total amount paid by any parties (other than Medicaid) toward this bill. See the UB-04 Manual for details.
55.	EST AMOUNT DUE	Not applicable to Medicaid

Field #	Field name	Description
56.	NPI	Not required on paper claims.
57.	OTHER PRV ID	Enter the 9-digit Arkansas Medicaid provider ID number of the billing (i.e., Hospice) provider.
58. A, B, C	INSURED'S NAME	Not applicable to Medicaid.
59. A, B, C	P REL	Not applicable to Medicaid.
60. A, B, C	INSURED'S UNIQUE ID	Enter the patient's Medicaid identification number.
61. A, B, C	GROUP NAME	If the patient is insured by another payer or other payers, see the UB-04 manual.
62. A, B, C	INSURANCE GROUP NO	When applicable, see the UB-04 Manual.
63. A, B, C	TREATMENT AUTHORIZATION CODES	Not applicable to Hospice nursing facility or ICF/MR room and board.
64. A, B, C	DOCUMENT CONTROL NUMBER	Field used internally by Arkansas Medicaid. No provider input is permitted.
65. A, B, C	EMPLOYER NAME	When a beneficiary is covered by other insurance through an employer, enter the employer's name.
66.	DX	Diagnosis Version Qualifier. Enter "9"
67.	(watermarked)	Enter the ICD-9-CM diagnosis code corresponding to the beneficiary's terminal condition.
67 A-Q	(watermarked)	Enter the ICD-9-CM diagnosis codes corresponding to other conditions that coexist with the terminal condition.
68.	(blank)	Unassigned data field.
69.	ADMIT DX	Not applicable to Hospice nursing facility or ICF/MR room and board.
70.	PATIENT REASON DX	Not applicable to Hospice
71.	PPS CODE	Not applicable to Hospice
72	ECI	Not applicable to Hospice.
73.	(blank)	Unassigned data field.
74.	PRINCIPAL PROCEDURE CODE AND DATE and OTHER PROCEDURE CODES AND DATES	Not applicable to Hospice.
75.	(blank)	Unassigned data field.
76.	ATTENDING NPI	NPI not required.

Field #	Field name	Description
	QUAL	Enter <b>0B</b> , indicating state license number. Enter the primary attending physician's state license number in the second part of the field.
	LAST	Enter the primary attending physician's last name.
	FIRST	Enter the primary attending physician's first name.
77.	OPERATING NPI	Not applicable to Hospice
	QUAL	Not applicable to Hospice
	LAST	Not applicable to Hospice
	FIRST	Not applicable to Hospice
78.	OTHER NPI	NPI not required.
	QUAL	Enter <b>0B</b> , indicating state license number. Enter the referring physician's state license number in the second part of the field.
	LAST	Enter the referring physician's last name.
	FIRST	Enter the referring physician's first name. <b>NOTE:</b> When there is no referring physician, enter the primary attending physician's information in accordance with the instructions for this field.
79.	OTHER NPI	NPI is not required
	QUAL	Enter <b>0B</b> , indicating state license number. Enter, in the second part of the field, the state license number of the nursing facility or ICF/MR in which the patient resides.
	LAST	Enter the name of the nursing facility or the ICF/MR in which the patient resides
	FIRST	Not applicable.
80.	REMARKS	For provider's use.
81.	CC	Not used.