

Hospice benefits for Medi-Cal Managed Care (Medi-Cal) members

Effective November 1, 2019, hospice services are no longer the responsibility of the participating medical group (PMG). Hospice providers should no longer send eligible claims to the PMG for hospice service payments. Eligible claims for hospice services will be reimbursed as risk to Anthem Blue Cross (Anthem).

Anthem expects hospice providers to bill services on a facility claim (*UB-04*) in accordance with the guidance provided below. Claims that do not follow the documented guidelines may be denied for incorrectly billed services. Hospice providers are allowed to bill for services as follows:

- Routine home care
- Continuous home care
- Inpatient respite care or inpatient care
- General

To ensure compliance with the Anthem billing guidelines, hospice providers should use the following billing criteria:

- Bill with the appropriate type of bill codes:
 - 81*: special facility — hospice (nonhospital-based) for home care
 - 82*: special facility — hospice (hospital-based)
 - 28*: skilled nursing — swing beds
 - 21*: skilled nursing — inpatient (includes Medicare Part A)
 - 22*: skilled nursing — inpatient (includes Medicare Part B)
- Bill with the appropriate revenue and HCPCS codes for hospice services:
 - Revenue code 0650 and HCPCS code Q5001 — routine home care (days 1 to 60)
 - Revenue code 0659 and HCPCS code Q5001 — routine home care (days 61+)
 - Revenue code 0652 and HCPCS code Q5001 — continuous hospice care provided in patient's home/residence
 - Revenue code 0655 and HCPCS code Q5004 — hospice care provided when patient is inpatient (respite care) in SNF
 - Revenue code 0656 and HCPCS code Q5005 — hospice care provided when patient is inpatient (no respite care) hospital
 - Revenue code 0657 and CPT codes 99304-99310, 99497-99498
 - Revenue code 0552 and HCPCS code Q5001 Service Intensity ADD_ON (SIA) — one unit = 15 minutes up to 16 units per day is allowed during the last seven days of life
 - Use one of the following discharge status codes in box 17 on *UB-04* to receive SIA payment:
 - 40 — expired at home
 - 41 — expired in a medical facility, such as a hospice, nursing facility level A, nursing facility level B or freestanding
 - 42 — expired — place unknown

<https://mediproviders.anthem.com/ca>

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- **Note:** The SIA payment (revenue code 0552- with HCPCS code Q5001) is only reimbursed when billed with routine home care (revenue code 650 and/or 659 with HCPCS code Q5001)

SNF for hospice member's R&B billing criteria

Per the Department of Health Care Services, hospice providers will bill Anthem directly for SNF R&B charges. Claims are reimbursed at 95% of the state SNF rate. Hospice providers will then reimburse the SNFs. SNFs may not bill Anthem. SNFs are not allowed to charge hospice providers more than 95% of the state SNF rate. Bill this service on a separate *UB-04* or *837I* claim form.

- Bill with revenue code 0658 and HCPCS code T2046 — SNF R&B only.

Medicare does not cover SNF R&B for hospice members. Medicare denial documentation is not required with these claims. Bill Anthem directly.

Authorization and claim submission

No prior authorization (PA) is required for contracted hospice providers. Nonparticipating providers must receive PA. Claims reimbursement is in accordance with the hospice rates based on the Medi-Cal member's county.