



Reimbursement Policy for Hospice

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plan document supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

Policy Overview

Molina Healthcare provides hospice care services tailored to patients who are facing terminal illnesses. Hospice care is a specialized approach dedicated to enhancing the quality of life for individuals dealing with life-limiting conditions. Our hospice services prioritize the well-being of patients and their families, encompassing comprehensive pain management, symptom alleviation, emotional assistance, and spiritual guidance. These supportive hospice services are accessible to our members who have a life expectancy of six months or less. Hospice care is available for two 90-day periods and an unlimited number of 60-day periods during the remainder of the hospice patient's lifetime if approved by a physician.

Hospice Billing Guidelines

When a member chooses to access hospice benefits, all services pertaining to the terminal illness/condition(s) should be invoiced to and compensated by the assigned and/or rendering Hospice Agency, unless otherwise specified in the contract.

When hospice care is chosen, other healthcare providers can only bill for services under specific circumstances. For instance, if a hospice patient receives services from their primary care provider (PCP), and the services are directly related to the terminal illness and/or condition, those services will be covered by the assigned and/or rendering Hospice Agency, and not by Molina Healthcare.

Reimbursement Guidelines

In Home Hospice Overlapping

- **Hospice overlapping with other provider types:**
 - Hospices should not encounter overlapping situations with other provider types as hospice care can be provided in any location that the beneficiary/patient resides whether temporarily or permanently. Once enrolled in the hospice Medicare benefit, the hospice is responsible for managing the patient's care that is related to the terminal illness. All services related to the terminal illness are to be billed to Medicare by the hospice agency. The hospice should also coordinate with other providers for services that are not related to the terminal illness to ensure accurate billing of non-related services.



Hospice Overlapping Room and Board

- Providers of all kinds whose claims overlap with a hospice election should reach out to the hospice agency to determine if the services are connected to the terminal illness. If they are related, payment arrangements should be coordinated with the hospice provider. Services unrelated to the terminal illness should be invoiced with a 07 Condition Code. If a member is receiving inpatient care at a hospice facility, no separate claims for room and board at another facility should be submitted. Claims that are not submitted in accordance with the guidelines provided in the linked documents below may be subject to denial or recovery of incorrectly paid claims.

Termination of Hospice Benefits

- If a member decides to revoke their hospice benefits election, the Hospice Agency must notify Molina Healthcare within 24 to 72 hours of the member's termination status.

Hospice Overlapping Reimbursement

- Molina Healthcare will assess and recover any services that overlap, in terms of rendering, billing, and reimbursement, between the initial and final days of the member's Hospice Election.

Supplemental Information

Definitions

Term	Definition
CMS	The Centers for Medicare & Medicaid Services. It is a federal agency within the United States Department of Health and Human Services that administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children's Health Insurance Program (CHIP), and health insurance portability standards.

State Exceptions

State	Exception
Florida	<p style="text-align: center;"><u>Medicaid Exclusion</u></p> <ol style="list-style-type: none"> 1. General Non-Covered Criteria <ol style="list-style-type: none"> a. Services related to this policy are not reimbursed when any of the following apply: b. The service does not meet the medical necessity criteria listed in section 1.0 c. The recipient does not meet the eligibility requirements listed in section 2.0. d. The service unnecessarily duplicates another provider's service. 2. Specific Non-Covered Criteria <ol style="list-style-type: none"> a. Florida Medicaid does not reimburse for the following: b. Curative treatment for recipients ages 21 years and older who have elected hospice. c. Room and board for a recipient residing in a nursing facility on the date of death or discharge from hospice. 3. Services for recipients who have elected hospice and are enrolled in the following: <ol style="list-style-type: none"> a. Program of All-Inclusive Care for the Elderly (PACE) b. Program of All-Inclusive Care for Children (PACC)

Documentation History

Type	Date	Action
Published		
Revised Date		

References

This policy was developed using.

- CMS
- State Medicaid Regulatory Guidance
- State Contracts

State/Agency	Document Name/Description	Link/Document
CMS	DME Equipment billing during hospice	0114-Durable Medical Equipment Billed during Hospice Period: Unbundling CMS
CMS	Benefit policy	Medicare Benefit Policy Manual (cms.gov)
CMS	Ambulance Service Billed During Hospice	https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Recovery-Audit-Program/Approved-RAC-Topics-Items/0163-Ambulance-Services-Billed-during-Hospice-Unbundling#:~:text=Ambulance%20transports%20of%20a%20hospice,responsibility%20of%20the%20hospice%20provider
CMS	Hospice transfer situations: Hospices are expected to ensure that they are verifying a beneficiary's status in the hospice program. When the patient has chosen to change hospices during an election period, the transferring and receiving hospice are expected to agree upon a transfer date before the transfer takes place. The beneficiary or authorized representative is required to ensure that a transfer notice is on file with both hospices at the time of the transfer. Given that hospice beneficiaries are terminally ill and may not be able to complete the necessary transfer notification, hospice agencies are encouraged to assist the patient or	CMS IOM, Pub. 100-02, Chapter 9, section 20.1

State/Agency	Document Name/Description	Link/Document
	representative with completing the transfer agreement and notifying the other hospice.	
Novitas Solutions	Hospice overlapping with other provider types: Hospices should not encounter overlapping situations with other provider types as hospice care can be provided in any location that the beneficiary/patient resides whether temporarily or permanently. Once enrolled in the hospice Medicare benefit, the hospice is responsible for managing the patient's care that is related to the terminal illness. All services related to the terminal illness are to be billed to Medicare by the hospice agency. The hospice should also coordinate with other providers for services that are not related to the terminal illness to ensure accurate billing of non-related services.	Interactive voice response unit (IVR) Part A - [all other questions]
Novitas	Hospice Modifiers GV and GW	https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00003600
NY	NY Therapy	https://www.health.ny.gov/health_care/medicaid/program/longterm/hospice.htm#:~:text=Hospice%20can%20also%20provide%20home,and%20short%2Dterm%20inpatient%20care
NY	NY Hospice Manual	https://www.emedny.org/ProviderManuals/Hospice/PDFS/Hospice%20Manual%20Policy%20Section.pdf
FL	FL Medicaid Hospice Manual	https://ahca.myflorida.com/medicaid/review/Specific/59G-4.140_Hospice_Coverage_Policy.pdf
IL	IL Medicaid Hospice Manual	https://www2.illinois.gov/hfs/SiteCollectionDocuments/hospicehandbook.pdf
OH	OH Laws & Administrative Rules	https://codes.ohio.gov/ohio-administrative-code/rule-5160-56-05
MA	130 MCR: Hospice Services	130 CMR 437 (mass.gov)

State/Agency	Document Name/Description	Link/Document
AZ	Section 310- Covered Services	https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/NotEffective/300/310J.pdf
CA	Hospice Services and Medi-Cal Managed Care	https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2007/MMCDAPL07014.pdf
KY	Title 907 Ch 001, Regulation 340 - Reimbursement for Hospice Services	https://apps.legislature.ky.gov/Law/KAR/titles/907/001/340/ https://www.chfs.ky.gov/agencies/dms/dpo/bpb/Pages/hospice.aspx
MI	MI Medicaid Provider Manual	https://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf
MI	Hospice 101	https://www.michigan.gov/-/media/Project/Websites/mdhhs/Folder3/Folder98/Folder2/Folder198/Folder1/Folder298/Hospice_101_2021.pdf?rev=2ba95edea8bf489e8d7ccd6559a505a8
MS	Hospice Care Service	https://medicaid.ms.gov/programs/hospice/
NM	Hospice Care Service	https://www.srca.nm.gov/parts/title08/08.325.0004.html https://www.hsd.state.nm.us/providers/provider-packets/
SC	Hospice Care Service	https://www.scdhhs.gov/internet/pdf/manuals-archive/Hospice/Manual.pdf
TX	Hospice Care Service	https://www.hhs.texas.gov/handbooks/medicaid-elderly-people-disabilities-handbook/a-5000-texas-medicaid-hospice-program
UT	Hospice Care Service	https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/Hospice/Hospice.pdf
VA	Hospice Care Service	https://www.dmas.virginia.gov/media/5412/hospice-chapter-5-updated-1-3-2023-draft-1.pdf



State/Agency	Document Name/Description	Link/Document
WA	Hospice Care Service	https://www.hca.wa.gov/assets/billers-and-providers/Hospice-bg-20200101.pdf
WI	Hospice Care Service	https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Print.aspx?ia=1&p=1&sa=40&s=5&c=30&nt=#~:text=Nursing%20Home%20Room%20and%20Board%20for%20Hospice%20Members&text=For%20hospice%20members%20who%20permanently,disabled%20or%20developmentally%20disabled%20resident.
CMS	Medicare Claims Processing Manual Chapter 11 - Processing Hospice Claims	Medicare Claims Processing Manual (cms.gov)
CMS	Non-Invasive Abdominal / Visceral Vascular Studies	LCD - Non-Invasive Abdominal / Visceral Vascular Studies (L35755) (cms.gov)