

# Government Programs: Hospice Care Billing Requirement Updates

Posted March 1, 2019

It has come to our attention that there may be some confusion about the Illinois Department of Healthcare and Family Services (HFS) updated hospice billing codes, specifically for physician services and service intensity add-on payments, so we'd like to provide some clarification. Hospice providers will continue to obtain authorizations and submit claims to Blue Cross and Blue Shield of Illinois (BCBSIL) for Blue Cross Community Health Plans<sup>SM</sup> (BCCHP<sup>SM</sup>) and Blue Cross Community MMAI (Medicare-Medicaid Plan)<sup>SM</sup> hospice room and board. Providers must submit claims and authorization requests for the Medicare benefit portion of MMAI and BCCHP Managed Long Term Supports and Services (MLTSS) population to the Centers for Medicare & Medicaid Services (CMS). BCBSIL will remain the payer for Medicare Part D non-hospice covered drugs.

## Physician Services Revenue Codes 0657

Physician services provided by a provider who is an employee of the hospice provider, or by arrangement with the hospice provider, will be reimbursed based according to HFS fee. The reimbursement is in addition to the hospice per diem rate, and excludes those services performed by the provider serving as medical director and/or the provider member of the hospice interdisciplinary group.

The costs of services of the medical director and/or the provider member of the interdisciplinary group are included in the reimbursement rates for routine home care, continuous home care and inpatient respite care.

## Service Intensity Add-on Payment – Revenue Codes 055X and 056X

Service intensity add-on payments may be billed for visits by a social worker or registered nurse and must be billed as follows:

- **Billing for Registered Nurse Services:**  
Services provided by a registered nurse must be billed with the Healthcare Common Procedure Coding System (HCPCS) code G0299 and Revenue Code 055X
- **Billing for Social Work Services:**  
Services provided by a social worker must be billed with HCPCS code G0155 and Revenue Code 056X. This service may not be provided by a social worker via telephone.

If the rates applied to the claim differ from the [HFS fee schedule](#), please contact our Claims Department at 877-723-7702 (MMAI) and 877-860-2837 (BCCHP/MLTSS) or your Provider Network Consultant (PNC) for assistance.

| Revenue Code  | Authorization and Claim Submission   |
|---|--|
| <b>0651, 0652, 0655, 0656</b><br><br><b>SIA: 055X, 056X – Must be accompanied with required HCPCS</b> | <u><b>BCCHP (not MLTSS members)</b></u><br>➤ Authorization is required<br>➤ Submit claims to BCBSIL<br><br><u><b>MMAI and BCCHP (MLTSS members)</b></u><br>Submit claims and authorization requests to CMS |

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| <b>0657</b> | <b><u>BCCHP (not MLTSS members)</u></b> <ul style="list-style-type: none"><li>➤ Authorization <b><u>NOT</u></b> required</li><li>➤ Submit claims to BCBSIL</li></ul> <b><u>MMAI and BCCHP (MLTSS members)</u></b> <p>Submit claims and authorization requests to CMS</p> |
| <b>0658</b> | <b><u>MMAI, BCCHP (including MLTSS members)</u></b> <ul style="list-style-type: none"><li>➤ Authorization <b><u>NOT</u></b> required</li><li>➤ Submit claims to BCBSIL</li></ul>   |