



## REIMBURSEMENT POLICY STATEMENT OHIO MYCARE POLICIES

Policy Name	Policy Number	Effective Date
Nursing Facilities Hospice	PY-0347	08/01/2020
Policy Type		
Medical	Administrative	Pharmacy
<b>REIMBURSEMENT</b>		

Reimbursement Policy Statement: Reimbursement Policies prepared by CSMG Co. and its affiliates (including CareSource) are intended to provide a general reference regarding billing, coding, and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.

In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased, or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any federal or state coverage mandate, Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

This Policy does not ensure an authorization or Reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced herein. If there is a conflict between this Policy and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

CSMG Co. and its affiliates may use reasonable discretion in interpreting and applying this Policy to services provided in a particular case and may modify this Policy at any time.

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**A. Subject**  
**Nursing Facilities Hospice**

**B. Background**

Reimbursement policies are designed to assist you when submitting claims to CareSource. They are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. Reimbursement will be established based upon a review of the actual services provided to a member and will be determined when the claim is received for processing. Health care providers and their office staff are encouraged to use self-service channels to verify member's eligibility.

It is the responsibility of the submitting provider to submit the most accurate and appropriate CPT/HCPCS code(s) for the product or service that is being provided. The inclusion of a code in this policy does not imply any right to reimbursement or guarantee claims payment.

CareSource will reimburse Nursing Facilities (NF) or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) for the services provided to CareSource MyCare Ohio members as detailed within this policy.

**C. Definitions**

- **Hospice care program** - means a coordinated program of home, outpatient, and inpatient care and services that is operated by a person or public agency and that provides the following care and services to hospice patients, including services as indicated below to hospice patients' families, through a medically directed interdisciplinary team, under interdisciplinary plans of care established pursuant to section 3712.06 of the Revised Code, in order to meet the physical, psychological, social, spiritual, and other special needs that are experienced during the final stages of illness, dying, and bereavement.
- **Hospice patient** - means a patient, other than a pediatric respite care patient, who has been diagnosed with a terminal illness, has a life expectancy of six months or less, and has voluntarily requested and is receiving care from a person or public agency licensed under Ohio law to provide a hospice care program. Hospice care - is a type of health care that focuses on the palliation of a terminally ill patient's pain and symptoms and attending to their emotional and spiritual needs. Hospice care has a palliative focus without curative intent. Usually, it is used for people with no further options for curing their disease or in people who have decided not to pursue further options that are arduous, likely to cause more symptoms, and not likely to succeed.
- **Terminal illness** - is a qualifying condition for which a prospective patient has received a diagnosis for a life expectancy of six months or less if the illness runs its normal course



### D. Policy

- I. Prior Authorization for Hospice Services is required
  - A. Election of Hospice benefits form must be signed by CareSource member and submitted
  - B. Provider must produce and submit a Certificate of Terminal Illness form
  - C. Criteria for determination of terminal illness
    - 1. Hospice care is provided for two ninety-day periods followed by an unlimited number of sixty-day periods
    - 2. Patient must have a qualifying condition with a diagnosis for a life expectancy of six months or less if the illness runs its normal course.
    - 3. At the start of the first ninety-day benefit period, the patient must be certified as terminally ill
    - 4. The patient must be recertified as terminally ill at the start of each benefit period following the first ninety-day period by the hospice physician.
- II. Reimbursement of Hospice Services for residents of a nursing facility (NF)).
  - A. Procedure:
    - 1. The hospice facility must bill for room and board using code T2046
      - a. Reimbursement is at the rate of ninety-five percent of the rate established for the long-term care facility as reported to the Ohio Department of Medicaid
      - b. All other hospice services are required to be covered by Fee-for-Service Medicare.
    - 2. The hospice facility must bill patient liability until consumed to zero dollars
    - 3. The hospice facility must bill only for days that the individual is in the Nursing Facility overnight.
    - 4. Individuals who are MyCare and Medicaid eligible must be billed as follows:
      - a. Medicare is to be billed for services provided under the Medicare hospice benefit
      - b. Medicaid is to be billed for the individual’s room and board using code T2046
- III. Non-Covered Codes
  - A. Codes other than T2046 (Hospice long-term care, room and board only, per diem will be denied under this policy

### E. Conditions of Coverage

Reimbursement is dependent on, but not limited to, submitting Ohio Medicaid approved HCPCS and CPT codes along with appropriate modifiers. Please refer to the individual Ohio Medicaid fee schedule for appropriate codes.

- **The following list(s) of codes is provided as a reference. This list may not be all inclusive and is subject to updates.**

CPT Code	Description
T2046	Hospice long-term Care, room and board only; per diem



F. Related Policies/Rules

G. Review/Revision History

	DATE	ACTION
<b>Date Issued</b>	08/23/2017	New Policy
<b>Date Revised</b>	03/22/2020	Revised and Updated
<b>Date Effective</b>	08/01/2020	Effective Date
<b>Date Archived</b>		

H. References

1. Lawriter - Ohio Revised Code section 3712.01 Hospice care definitions, Retrieved March 22, 2020, from <http://codes.ohio.gov/orc/3712.01>
2. Lawriter - Ohio Administrative Code section 5160-56-06 Hospice services; reimbursement. Retrieved March 22, 2020, from <http://codes.ohio.gov/oac/5160-56-06>
3. Lawriter- Ohio Administrative Code section 3796:7-1-01(C) Definitions. Definition of “terminal illness”. Retrieved March 22, 2020 from <http://codes.ohio.gov/oac/3796:7-1-01>.

**The Reimbursement Policy Statement detailed above has received due consideration as defined in the Reimbursement Policy Statement Policy and is approved.**