



MISSOURI
DIVISION OF MEDICAL SERVICES

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Hospice Bulletin

Due to budget constraints, paper copies of bulletins will no longer be distributed by DMS. Bulletins are now available only at the DMS Website.

Bulletins will remain on this site only until incorporated into the provider manuals as appropriate, then deleted.

Table of Contents

MC+ MANAGED CARE ..... 1
HIPAA ..... 1
CODES FOR BILLING HOSPICE SERVICES ..... 2
PATIENT STATUS ..... 2
TYPE OF SERVICE ..... 2
ATTACHMENT A ..... 3

MC+ MANAGED CARE

The information contained in this bulletin applies to coverage by the MC+ fee-for-service and Medicaid fee-for-service programs. The MC+ fee-for-service and Medicaid fee-for-service programs also provide coverage for those services carved out of the MC+ Managed Care benefit for MC+ Managed Care enrollees. Questions regarding services included in the MC+ Managed Care benefit should be directed to the enrollee's MC+ Managed Care health plan. Please check the patient's eligibility status prior to delivering a service.

HIPAA

To prepare for the mandatory implementation of Health Insurance Portability and Accountability Act (HIPAA) national standards, DMS has analyzed how Hospice providers must bill for services in order to be in compliance with the implementation of national transaction and code sets. HIPAA mandates the use of standard revenue, CPT, or HCPCS code sets; however, it does not require states to add coverage for services that it does not currently cover.

Billing providers wishing to exchange electronic transactions with Missouri Medicaid may now view the X12N Version 4010A1 Companion Guide on Missouri Medicaid's web page at www.medicaid.state.mo.us. To access the Companion Guide, select Missouri Medicaid Electronic Billing Layout Manuals; select System Manuals; select Electronic Claims Layout Manuals; select X12N Version 4010 Companion Guide. For information on Trading Partner Agreements, select Section 1 - Getting Started; select Trading Partner Registration. All questions concerning Trading Partner Agreements or provider testing schedules should be directed to the Verizon Help Desk at 573-635-3559.

**CODES FOR BILLING HOSPICE SERVICES**

Effective for dates of service on or after October 16, 2003, hospice providers *must* use the appropriate covered revenue codes shown on Attachment A. Billing with revenue codes will make Missouri Medicaid's billing requirements consistent with Medicare's billing requirements.

**PATIENT STATUS**

Effective October 16, 2003, the valid patient status codes to be utilized when submitting claims for hospice services will be:

- 50 – hospice-home
- 51 – hospice-medical facility (which includes nursing facilities)

**TYPE OF SERVICE**

Effective October 16, 2003, the type of service is no longer a valid code set under HIPAA standards. Type of service *must not* be included on any type of claim submissions on or after October 16, 2003, regardless of the dates of service submitted for adjudication.

**Provider Communications****(800) 392-0938**

or

**(573) 751-2896**

ATTACHMENT A

DESCRIPTION	DELETED PROCEDURE CODE	REPLACEMENT REVENUE CODE
Routine home care	Y9500	0651
Continuous home care	Y9501	0652
Inpatient respite care	Y9502	0655
General inpatient care	Y9503	0656
Nursing home room and board	Y9504	0658

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