

PROVIDER BULLETIN

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October 1, 2022

HOSPICE EFFECTIVE: OCTOBER 1, 2022 APPLIES TO: HOSPICE PROVIDERS

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ANNUAL HOSPICE RATE CHANGE

The MO HealthNet Division (MHD) hospice payment rates effective for dates of service October 1, 2022 through September 30, 2023, are provided in [Attachment A](#). As in previous years, these rates are listed by Core Based Statistical Area (CBSA).

In order to comply with the Balanced Budget Act of 1997, hospice providers must use the Attachment A rate schedule when billing for services provided in an individual's home when that residence is outside the CBSA in which your agency is located. If services are provided in a CBSA with a higher rate than the CBSA rate for the location of your agency, please notify the MHD Clinical Services Unit via email at MHD.ClinicalServices@dss.mo.gov. Your email should include your provider name, NPI number, residence service counties, and a request for the higher rate for the CBSA to be placed on your file. This will allow you to be reimbursed at the appropriate CBSA rate.

CMS issued a final rule, CMS-1629-F, which created two routine home care daily payment rates. One rate is for the first 60 days of care and another rate is for care beyond 60 days. Hospice providers must bill the correct rate for the appropriate period of routine home care days. The MHD generates retrospective quarterly reports to ensure providers are billing the correct rate. Identified overpayments due to incorrect billing of the higher rate will be recouped from providers.

SERVICE INTENSITY ADD-ON

CMS-1629-F also established a payment rate called the Service Intensity Add-on (SIA). This payment is made for a visit by a social worker or a registered nurse (RN) when provided during routine home care in the last seven days of a patient's life. The SIA payment is in addition to the routine home care rate. The SIA payment rate is shown on Attachment A and is limited to four hours combined for both RNs and social workers on each date of service. The SIA payment is only for those social worker and RN services provided during an in-person visit and does not apply to phone visits. Hospice providers must differentiate between nursing services provided by a registered nurse (RN) and nursing services provided by a licensed practical nurse (LPN) because an LPN is not eligible for the SIA payment. CMS has established two procedure codes for providers to distinguish between RN services, G0299 (direct skilled nursing services of a registered nurse, RN, in the home health or hospice setting) and LPN services, G0300 (direct skilled nursing of a LPN, in the home health or hospice setting). The procedure code for social work services is G0155 (medical social service visit). Revenue code 551 (skilled nursing) must be used with procedure code G0299 and revenue 561 (medical social service visit) must be used with procedure code G0155, or claims will deny. SIA services must be billed for each date of service. A date span cannot be used.

HOSPICE ENROLLMENT HISTORY IN CYBERACCESS

CyberAccess includes a feature to allow users to view the MHD participants' hospice enrollment history. The enrollment history is valuable information for providers to determine the correct routine home care daily rate. CyberAccess is a web-based tool that also allows physicians to prescribe electronically, view diagnosis data, receive alerts, select appropriate preferred medications, and to electronically request drug and medical prior authorizations for MHD participants. The MHD contracts with Conduent to provide CyberAccess. To become a CyberAccess user, contact the Conduent help desk at 888-581-9797 or send an E-mail to CyberAccessHelpdesk@conduent.com.

MO HEALTHNET EDUCATION AND TRAINING

The MHD Education and Training Unit educates providers on proper billing methods and procedures for claim filing, including eMOMED. Visit the [Education and Training Resource page](#) for more information. Enroll in an upcoming webinar via our [Provider Training Calendar](#). Contact Education and Training at MHD.ProvTrain@dss.mo.gov or by phone at 573-751-6683.

APPLICABILITY

The information in this bulletin applies to the MHD fee-for-service program and may apply to the MHD managed care program, as well. MHD's fee-for-service policies set the basic coverage policies for benefits and limitations in the managed care program. The managed care health plans have additional flexibilities in operating their respective programs, such as determining which services require prior authorization, and details required for claims submission. Certain services, such as pharmacy, are "carved out" of managed care and will be paid through the fee-for-service program. To ensure your understanding of this bulletin's applicability to each managed care health plan, please contact your health plan directly, or contact MHD.MCCommunications@dss.mo.gov.

Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Web site at <http://dss.mo.gov/mhd> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

MO HealthNet Managed Care: The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the MO HealthNet card or by calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the red or white card.

**Provider Communications Hotline
573-751-2896**