

A L E R T

September 5, 2014

TO: Hospice Providers

RE: Changes to Reimbursement for Levels of Care - *Claims Processing for the Hospice Program*

Effective October 1, 2014, the following billing changes will be implemented for Hospice levels of care:

1. Hospice Providers will be required to span bill claims (up to one month) – billing only one detail line per claim.
2. Hospice Providers should bill one procedure code for one unit/per day of service for all hospice procedure codes except *T2045 General Inpatient Care/per day*, which can be billed with *T2042 Routine Home Care/per day*. T2042 should be billed on a separate claim with overlapping dates of service.

NOTE: This does not include *T2042-SC Continuous Care*. The Continuous Care billed amount must be calculated based upon the number of hours of care provided. The units will continue to be based upon the number of days.

The Agency will conduct a retrospective review of Hospice claims going back one year. If a Hospice Provider has “double-billed” and received reimbursement from the Agency within the review period, the Agency will recoup monies that were reimbursed for the erroneous billing.

For questions regarding this Alert, please contact Felicha Fisher, Hospice Program Manager @ (334) 353-5153 or felicha.fisher@medicaid.alabama.gov .